A PUBLICATION FOR FRIENDS OF DUKE COMPREHENSIVE CANCER CENTER

Duke Comprehensive Cancer Center notes

Spring 2003 What's inside

Dr. H. Kim Lyerly

is named Director of Duke Comprehensive Cancer Center

H. Kim Lyerly, M.D., was named the next director of the Duke Comprehensive Cancer Center by R. Sanders Williams, M.D., vice chancellor for academic affairs and dean of the School of Medicine at Duke, on April 29, 2003.

Dr. Lyerly currently serves as professor of surgery, associate professor of pathology and assistant professor of immunology at Duke University Medical Center and member of the Duke Comprehensive Cancer Center.

"Dr. Lyerly was chosen from an outstanding field of candidates from across the country," Williams said. "He is an exceptional researcher, educator, clinician and administrator who began his career at Duke and has remained here as a valuable member of the Medical Center and the Cancer Center leadership teams. He is highly respected within Duke University Medical Center and by his colleagues across the country."

Dr. Lyerly is the fourth director in the Cancer Center's 31-year history. He succeeds Michael Colvin, M.D., who served as director of the Center from 1995 to 2002, and Darell Bigner, M.D., Ph.D., who assumed the role of director pro tempore in February of 2002.

Dr. Lyerly is well known for his innovation in bringing basic science concepts into clinical testing and was part of the team of investigators who first reported the use of AZT for the treatment of HIV infection. He developed strategies targeting virally associated tumors with viral-specific immune cells and was the first to show this approach to be effective in eradicating tumors in mice, a technique that is now in clinical practice. He was a pioneer in the clinical testing of gene therapies for breast cancer, colon cancer, lung cancer and pancreatic cancer. For this work, he has been awarded peer-reviewed funding from the National Cancer Institute for the past 10 years.

He is a member of numerous professional societies, including the American College of Surgeons, of which he is a fellow and serves as the vice-chair of their oncology group and as chair of its Basic and Correlative Science Committee. Additionally, he is a councilor and member of the Executive Council of the Association for Academic Surgery. Other selected memberships include: American Society of Microbiology, Society for Biological Therapy, American Society of Gene Therapy and the Society of Surgical Oncology. He serves on the editorial boards of 12 professional journals and is an ad hoc reviewer for 17 other journals.

"In his capacity as director," continued Williams, "Dr. Lyerly aims to create for investigators and patients at Duke the nation's best environment for bringing scientific discoveries rapidly into clinical practice." ●

Walk With "*Angels*" a Huge Success

This year's Angels Among Us 5K and Family Fun Walk drew its largest crowd ever and raised more money than ever before. More than 320 runners and 1,000 walkers participated in the event, raising more than $362,000. One hundred percent of the proceeds go to benefit brain tumor research and clinical trials at the Brain Tumor Center at Duke.

Held on Saturday, March 22, at Wallace Wade Stadium, the event commemorated the tenth anniversary of "Angels" and celebrated a Decade of Hope. Participants came from all across the United States and throughout North Carolina. Walking teams like Justin's Buddies were comprised of as many as 150 members. Team Epperson of Atlanta was the top money–raising team, bringing in an astounding $66,995.

In addition to the 5K run and walk, the family event featured activities including music by David Bailey—a Duke brain tumor patient who was featured on 60 Minutes—as well as food, face painting, local team mascots, a raffle, and many other activities for children and families. ●

Max Schow, Eliza Schow and Ellie Nye of Justin's Buddies team.

Top Fundraising Teams

1 Team Epperson Marietta, GA $66,995.00	**3 Justin Carney Team** Clifton, VA $25,362.00	**5 Chris Cash Team** Durham, NC $17,460.00	**7 Shearer Family Team** Nicholasville, KY $11,335.00	**9 Team Kate** Emerald Isle/Carrboro, NC $9,100.00
2 Team Kramer Timonium, MD $43,189.00	**4 Mangum Community Team** Bahama, NC $22,837.25	**6 Jasper's Team** Henderson, NC $16,637.37	**8 Dream Team** Greensboro, NC $9,355.50	**10 Justin's Buddies** Durham, NC $7,734.00

from the director

I am honored to address you in this issue of Cancer Center Notes as the new director of the Duke Comprehensive Cancer Center. I would first like to take this opportunity to thank Dr. Darell Bigner for his outstanding leadership during that last 16 months as he served as director pro tempore. Leading during a transition is never easy, but I know everyone can agree that Dr. Bigner did an extraordinary job and should be commended.

Periods of transition can be the impetus for thoughtful reflection, careful consideration of options, and action toward significant goals. I am excited about the prospect of what the future holds for the Cancer Center. My goals for the Cancer Center reflect the broad and deep institutional commitment to developing programs of excellence to improve the lives of patients with cancer, based on outstanding patient care, teaching, and research. The opportunities to have an impact on improving the lives of patients with cancer have never been greater, and the Cancer Center will make every effort to align and address these opportunities.

I am thrilled to have the opportunity to work with a group of extraordinary colleagues including Dr. Jack Keene, Dr. Jeffrey Crawford, Dr. Thomas D'Amico, and Kevin Sowers, to lead the Center. This team, along with every member of the Cancer Center, work diligently to ensure that the Cancer Center continues to make significant advancements in the fight against cancer. And great progress has and continues to be made.

In this issue of Cancer Center Notes, you'll observe this progress in the works and witness the accomplishments Cancer Center physicians, nurses, researchers, students, volunteers, staff, donors and patients. We will guide you through exciting new research and clinical trials to current care and treatment. You'll experience "first-hand" a day in the life of Dr. Joseph Moore, a Cancer Center oncologist, and read about the inspiring journey of cancer patient Robin Joseph.

I thank all of you for your interest in and support of the Cancer Center. I am excited about working with you and for you in the years to come to ensure that the Duke Comprehensive Cancer Center continues to be recognized as one of the premiere centers in the world.

Some of our readers have been randomly selected and will soon receive a readership survey in the mail. I invite you to complete the enclosed readership survey and return it to us. With your feedback, we can determine how to inform and engage you most effectively and how the newsletter can change to better meet your needs.

Dr. H. Kim Lyerly
Director

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Cancer Center Ads Win Kudos

Three print ads promoting the Duke Comprehensive Cancer Center have won a Gold ADDY® in the "Public Service Campaigns" category from the Ad Club of the Triad and in the Southeast Regional Competition. The ads now advance to the national competition. Sponsored by the American Advertising Federation, the ADDY Awards are the largest advertising competition in the nation and one of the most prestigious.

The ads, created by Trone Advertising of Greensboro, North Carolina, as a charitable contribution to the Cancer Center, are part of a campaign entitled "Space in Time." One of the ads has already appeared in Money Magazine.

"We're very pleased with the award and especially pleased to be able to work with the Cancer Center on projects like this," said Ross Harris, senior vice president of Trone and a member of the Cancer Center's Citizens Advisory Board. "Increasing awareness of Duke's leading-edge research and wonderful clinical care can only do good." ●

Straight from the Source's Mouth

Did you know that Duke University Medical Center makes the news more than 600 times every month? At that rate, you're bound to miss many of the intriguing stories born at the Medical Center every day—including highlights of the very discoveries that just might interest you the most.

Now you can read about these stories directly from your desktop by visiting dukemednews.org, the Medical Center News Office website. Here you'll find the latest news releases and extensive background information on medicine and biomedical research at Duke, as well as interesting articles from DukeMed Magazine and health briefs and tips on a variety of medical conditions and new treatments.

The site recently won a national Award of Excellence from the Association of American Medical Colleges. For specific information about cancer treatments, clinical trials, doctors and staff, visit the Cancer Center's own website at www.cancer.duke.edu. ●

Southeastern Brain Tumor Foundation Awards First Duke Grant

The Southeastern Brain Tumor Foundation has awarded a $30,000 grant to Jeremy Rich, MD, of the Cancer Center for his research on brain tumors. This is the first grant awarded to Duke by the Southeastern Brain Tumor Foundation, a non-profit, charitable organization established in 1995 to improve the lives of brain tumor patients and their families through information, education, and emotional support. Rich is currently leading a study of the use of small-molecule PDGFR inhibitors to improve the effectiveness of chemotherapy treatment for brain tumors. Genetic expression of PDGFR, or platelet-derived growth factor receptors, is involved in a number of cancers. ●

Research notes

Breakthrough in Breast Cancer Care

Results of a new study led by Cancer Center oncologist Kimberly Blackwell, MD, indicate that breast cancer tumors that have stopped responding to the drug tamoxifen actually change their cellular characteristics and become responsive to other types of drugs, including Herceptin®. Tamoxifen and Herceptin are two frontline drugs that shrink breast cancer tumors, yet their mechanisms of action are quite different.

According to Dr. Blackwell, tamoxifen resistance is considered a major setback in the treatment of breast cancer, because physicians must then try other hormonal therapies that may or may not work. Blackwell's study found that tamoxifen's cascade of cellular changes leads to other developments within cancer cells and make them more receptive to Herceptin.

"We have, in essence, identified a whole new approach to treating tamoxifen-resistant tumors," said Dr. Blackwell. "Our findings could mean a major advance in the care of thousands of women who have limited options for cancer treatment once their tumors spontaneously stop responding to tamoxifen." ●

Flax-Rich Diet May Fight Prostate Cancer

A diet rich in flaxseed seems to reduce the size, aggressiveness, and severity of tumors in mice that have been genetically engineered to develop prostate cancer, according to new research led by Wendy Demark-Wahnefried, PhD, associate professor within Duke's division of urology. In 3 percent of the mice, the flaxseed diet kept them from getting the disease at all.

Other clinical studies have suggested that dietary fiber reduces cancer risk, and omega-3 fatty acids also have shown a protective benefit against cancer. Flaxseed, the richest plant source of omega-3 fatty acids, is high in fiber. Flaxseed is also a source of lignan, a specific family of fiber-related compounds that may help inhibit cancers that are receptive to hormones such as estrogen and testosterone.

"We're cautiously optimistic about these findings," said Dr. Demark-Wahnefried. "The amount of flaxseed given to each mouse was 5 percent of its total food intake, which would be very difficult for humans to eat, but it does signal that we're on the right track." According to Dr. Demark-Wahnefried, planned clinical trials must be completed before dietary flaxseed is conclusively proven to be a useful protective against prostate cancer in humans.

The research was sponsored by the National Institute on Aging, the National Cancer Institute, and the Committee for Urologic Research Education and Development at Duke University Medical Center. ●

Imaging Tools Help Target Tumor Treatment

One of the biggest challenges in using radiation therapy to treat lung cancer is targeting the tumor. The goal is to deliver a safe, effective dose of radiation while minimizing incidental damage to surrounding, normal tissue in the lung, heart and esophagus.

"The problem we've had for the past 50 years in the treatment of lung cancer is that the normal tissues in and around the chest don't tolerate radiation that well," explained Lawrence Marks, MD, professor of radiation oncology and member of the Cancer Center. "We've always been limited in how much radiation we can give, and that's made it even more difficult to treat or cure lung cancer."

"What we and others have been able to do is develop tools that enable us to better understand how the normal tissue reacts to the radiation so we can better understand how to optimally deliver the radiation," said Dr. Marks. "It's always a trade-off. You have to deliver some dose to some normal tissue. By studying the response of the heart and lung to radiation, we have a better understanding of how much is safe to deliver."

Dr. Marks says this process has been made possible in large part by tremendous advances in imaging. He credits 3-D imaging tools such as Positron Emission Tomography (PET) and Single Photon Emission Computed Tomography (SPECT) scans for helping aim the radiation more accurately to better target the tumor and reduce the risk of collateral damage. These tools, now in use at most major medical centers, have become valuable for physicians and technicians trying to isolate a tumor in the lung to receive the proper dose of radiation. ●

Grants and Awards

Victoria Seewaldt, MD, was awarded a $50,000 grant from the V Foundation for Cancer Research to continue her work in breast cancer research. The grant will enable Dr. Seewaldt to translate her research findings from the lab to the Cancer Center's new breast cancer prevention clinic.

Wendy Demark-Wahnefried, PhD, has been named a Komen Survivorship Professor of the Year. The award is made by The Susan G. Komen Breast Cancer Foundation to honor and support research and education that focuses on survivorship and quality of life issues for breast cancer survivors. As recipient of the award, Dr. Demark received a gift of $20,000 for use in advancing breast cancer survivorship.

Kelly Marcom, MD, was awarded a $4,000 grant from The Sisko Foundation for support of the breast cancer prevention program he directs. The Sisko Foundation's mission is "to raise awareness of breast cancer, fund improvements in research and treatment, and support breast cancer patients and their families to reduce and eventually eliminate the effects of this disease."

Female MDs are Often More Likely to Recommend Mammograms

Physicians disagree on whether and how often to recommend mammograms for women in their 40s. But researchers from the Department of Veterans Affairs (VA) and Duke Comprehensive Cancer Center say female doctors are more likely to recommend the procedure.

Mammography screening guidelines are controversial for women in their 40s. The American Cancer Society recommends an annual mammogram, and the National Cancer Institute suggests a screening every year or two. Meanwhile the National Institutes of Health recommend that patients make informed decisions about mammography with the help of their health care providers. But these are only guidelines – it is the caregiver who ultimately decides whether to recommend mammography.

In the study conducted, investigators questioned 1,287 patients in their 40s and 50s about recommendations for mammography. Among women in their 40s, those who had a female health care provider were more likely to report having received a recommendation for screening mammography than those who had a male provider.

According to lead author of the study Kelli Dominick, PhD, of the VA Health Services Research and Development Division, these results are consistent with prior studies suggesting female providers may be more prevention-oriented than male providers. Celette Sugg Skinner, PhD, Associate Professor of Surgery at the Cancer Center, was one of the co-authors.

"Our study did not permit us to examine reasons behind these differences, but other studies have shown that female providers spend more time with patients, provide more information and are generally more prevention-oriented and person-oriented," said Dr. Dominick. "Some of these gender differences may underlie the findings in our own study."

Investigators also questioned women in their 50s for whom screening mammography recommendations were more consistent. However, a surprising trend emerged. There were no differences between patients of male and female providers, but recommendations varied according to physician specialty. Patients of primary care providers were more likely to report a mammography recommendation than patients of OB/GYNs.

"Considering previous research, this was an unexpected finding. It may reflect the increasing role of primary care doctors in recommending and providing preventive health care services," said Dr. Dominick.

In light of the continuing controversy about mammography guidelines for women in their 40s, said Dr. Dominick, further exploration of male and female physicians' attitudes toward screening is important. "As we study this in greater depth, the reasons for these gender differences may become more clear and our findings more helpful," she said. ●

Joseph Moore, MD
Hematology-Oncology

First-Hand Dr. Joseph Moore

I got up at 5:30 a.m. today, as I do every single day of the year. I often wake up moments before my alarm clock goes off—after all these years, I'm programmed. Arriving at Duke about an hour later, I pick up a triple cappuccino in the cafeteria and sip it while conferring with my colleagues Jon Gockerman, MD, and Carlos De Castro, MD, at our daily 7 a.m. meeting. Then it's on to rounds. One week out of three I round in the hospital; the other two weeks I make clinic rounds. First I get together with the interns, residents, fellows, and others who may be joining us, such as medical students and pharmacists. We review new cases, then we begin seeing patients.

On any given day, my team has about 25 patients in the hospital, and about 40 more whom we see in clinic. I visit with all of our patients, examine them, and dictate notes for their charts. I confer with my colleagues throughout the day as necessary, plus review x-rays, bone marrow scans, and various other studies. I don't stop for lunch—I just gobble a handful of trail mix (which I keep in my office) or sip a cup of soup on the fly. If someone brings in cookies or cake, I'll grab some—and probably wash it down with another triple cappuccino.

Around 7 p.m. during my hospital weeks, I round again with the oncology fellow or resident on call and see every patient once more. Clinic-week evenings usually find me catching up on paperwork or checking in with colleagues on investigative protocols. I get home around 8:30 or 9 at night.

Fortunately, my wife of 32 years, Alice, is wonderfully patient with me and my demanding schedule. Alice is a gourmet cook, so every night we sit down and relax over an excellent meal together. I might watch a bit of sports on TV—especially if the Blue Devils are playing basketball—and try to get through most of The New York Times before my eyes close around midnight.

I travel around the Southeast frequently, giving educational talks and collaborating with colleagues at fellow institutions who are part of the Duke Oncology Consortium. Alice and I also enjoy getting together with our three grown daughters every few months, sometimes meeting them at our vacation home on the Chesapeake. On the odd weekend day off, I may take a walk with our "pound hound," Bandit (what with dog-sitting for our daughters, we sometimes have up to three pooches in our house), or pursue my interest in all things Japanese—from collecting porcelains to reading contemporary Japanese novels. I also love working in the yard—it's the greatest therapy there is.

I don't really need much R & R because I love what I do and have never wanted to do anything else. There were no physicians in my family, but somehow, from the time I was a boy growing up in a tiny Georgia town, I knew I wanted to be a doctor. I went to Emory, got my medical degree at Johns Hopkins, then spent a couple of years working for the National Institutes of Health in Hawaii. Some very impressive cancer specialists came there to speak, and listening to them is what inspired me to specialize in oncology.

I arrived at Duke for an oncology fellowship in 1975. Alice and I thought we'd be here for just a few years, but when I was asked to stay, I did—and I've never regretted it. I'm continually impressed by how, here at Duke, we're able to link clinical care and research to get extraordinary things done. We're on the brink of some real breakthroughs in the understanding and treatment of cancer, we've got terrific people, and we're poised to do even greater things in the years ahead.

What really keeps me going is my patients. I admire them deeply: their strength, their optimism. It's very fatiguing, both physically and emotionally, to fight cancer, whether you're a patient or a physician. But we all help each other and learn from each other. I truly believe there's no one whom I can't help somehow. I may not be able to cure them, but I can relieve some of their symptoms, or ease their anxieties just by being available and letting them know I'm truly interested in their well-being.

It's so gratifying for me to see patients I've treated for 20 years or more doing well. We cure some people every year, so my circle of friendships with former patients keeps growing. They let me know how much they, too, value our relationship in all kinds of ways. They give me a hug when they come in for their annual checkup, they write nice notes, they bring in holiday treats. Some have their own families now, and I'm an informal uncle to many of their children.

I've been caring for Robin for about three years now(see profile on pg. 5). I recently provided her with an experimental therapy that is already showing results, and should give her some very good years. There are no guarantees in life, and certainly no guarantees with cancer. But if you can help someone enjoy a better quality of life and reap some extra years of survival, there's simply no better feeling in the world. ●

Genetic Technique Could Reduce, **Improve Chemotherapy**

Cancer Center oncologists are testing a new technique called gene expression profiling that could spare millions of women from needlessly receiving toxic chemotherapy.

"The value in gene expression profiling is that we can subtype each breast cancer, then tailor treatments to target that specific tumor's defects," said Matthew Ellis, MD, director of the breast cancer program at Duke, who is leading the research. "This would allow us to know when we should use hormonal therapies and when we should add chemotherapy. It would also help us determine new strategies to target hormonal therapy resistance.

"Currently, we have no predictive model to determine who will respond to hormonal therapies and who won't, so we prescribe chemotherapy as a backup measure to ensure the cancer's demise," Dr. Ellis adds. "This one-treatment-fits-all approach leads to a huge amount of over treatment, with up to 50 percent of women unnecessarily receiving chemotherapy."

The new technique uses a commercially available gene chip to create a genetic "fingerprint" of each tumor. "The gene chip allows us to measure levels of various genes that give rise to drug resistance, so we can paint a picture of what a responding cancer cell looks like and what an unresponsive cell looks like," said Dr. Ellis. "With these fingerprints, we can develop new drugs that target the cellular signaling pathways that have malfunctioned."

Oncologists are testing the technique through a multi-center, $3.7 million study funded by the Avon Foundation and the National Cancer Institute. ●

First-Hand Robin Joseph, cancer patient

I've been fighting cancer for five years now. The year prior to a cancer diagnosis, the fall of 1997, I had a painful case of swollen glands that simply would not go away. I also had a low-grade fever. My primary care physician, of whom I think most highly, was stumped. Test results were misleading, and so, of course, the antibiotics and other medications I received were ineffective. I spent nearly a full year trying to get an accurate diagnosis.

Finally, I underwent a lymph node biopsy. While still awaiting the lab results, I took a walk with a friend and bet her $20 that I was going to be told I had cancer that day. Unfortunately, I won the bet: No sooner did we get back to my house than the phone rang. It was my doctor, telling me that I had stage 4 non-Hodgkin's lymphoma.

My first two years of treatment were at another hospital. My oncologist was technically excellent, but he had a rather cold and impersonal manner. The treatment facilities were crowded and dingy. There was no cancer support program to speak of—just a few pleasant elderly ladies offering soft drinks and magazines. Fortunately, I have a truly wonderful support network of a very special spouse, family, friends and colleagues who rallied to my aid. But after nine months of multi-drug chemotherapy, I fell into a repetitive cycle of remission and relapse.

The entire summer of 2000 was spent in the hospital having a stem cell transplant. I lost so much weight that I went from a size 12 to a size 4 and lost all of my hair for the second time. I finally began to recover the following January—only to relapse again ten months later. By then, I had realized that my cancer was probably not going to be cured, but was going to be around for the long haul as a chronic disease. A member of my fellowship told me about Dr. Joseph Moore at the Duke Comprehensive Cancer Center (see profile on page 4), and I decided to seek him out. I was willing to live with cancer, but I wanted an oncologist that I could really talk to and trust.

As soon as I got to Duke, I felt like I was in cancer treatment heaven. The therapy rooms are spacious, and the atmosphere is great. Everyone—from the receptionists to the nurses to the phlebotomists—is friendly and warm. Volunteer from the Duke Cancer Patient Support Program offer all types of services, from counseling with patients and families to bringing in flowers from their gardens. It made me think of the theme from the TV show *Cheers*: "Everyone knows your name." And Dr. Moore has proven to be a remarkable person as well as a physician. He's so caring and genuine: When he looks at you, it's as if you're the only person in the room.

Dr. Moore suggested two more treatments of a monoclonal antibody called Rituxan, but my relapses kept getting shorter in duration. By the Spring of 2002, I had relapsed again. A new chemoradiotherapy called Zevalin had just become available a few months before, and we decided to give it a try. One of Dr. Moore's nurses worked tirelessly to set up the protocol for Zevalin, as I was the first Duke patient to receive this treatment. It was a two-treatment regimen, and I felt better almost immediately. The only side effect was an extended period of low blood counts, which lasted into 2003. I have recently seen Dr. Moore and have been told I am in remission and that I should expect two or three more years or maybe more of full remission.

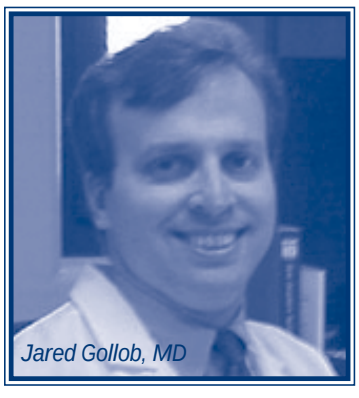
In addition to the excellent medical care Dr. Moore has provided me, I've been greatly impressed by Duke's Cancer Patient Support Program, under the direction of Rachel Schanberg and her caring staff. This program has been of tremendous value to me during my illness. As a cancer patient at Duke, this program provides help for the challenges facing cancer patients and their families. The program has made such an impact on me that I decided to become one of their volunteers. I was a professional counselor before I got cancer and now, working with cancer patients, I feel as if I've found my niche. I volunteer once or twice weekly and find it exceptionally rewarding.

I'm resuming almost all of my normal activities including yoga, walking with my dogs, hiking, biking and gardening. In April, I took my first vacation since 2001 and went to San Francisco for two weeks to visit friends. I've got a neat little sailboat I'm eager to take out on the water again. Every day is so precious to me now, and I am having a great time. Whatever comes up, I know that I can deal with it because I've had angels along the way, and many of them are cancer patient support folks. Spring is here, a time of rebirth and renewal…the perfect time to be in remission and healthy at last. ●

Robin Joseph
Cancer Patient

Biologic Therapy Program Expands Treatment Options

A growing body of evidence suggests that harnessing the body's own immune response can offer significant benefits in the fight against cancer. To apply this approach—known as immunotherapy or biologic therapy—in the care of patients with all stages of malignant melanoma and renal cell cancer, the Cancer Center's Biologic Therapy Program was launched last fall.



Jared Gollob, MD

According to Jared Gollob, MD, Associate Professor of Medicine and Director of the Biologic Therapy Program, the program focuses on the use and investigation of a variety of biologic agents in the treatment of solid tumors. "This type of therapy is especially important for patients with all stages of melanoma and renal cell cancer," Dr. Gollob says, "because these two cancers are often not very responsive to traditional chemotherapy."

In biologic therapy, substances derived from the body's own immune system are used to fight cancer by stimulating the immune system so that it attacks or inhibits the growth of tumor cells. Patients may receive a single biologic agent, such as interleukin, or a combination of two or more biologic agents. Biologic therapy can also be used in combination with chemotherapy, radiation, or surgery.

The members of the Biologic Therapy Program work closely with the departments of surgery and pathology and dermatology division to provide a multidisciplinary approach to the diagnosis and treatment of melanoma and with the urology division to provide the same multidisciplinary approach for patients with renal cell cancer.

"We provide a comprehensive approach for our patients," Dr. Gollob says. "Our laboratory works to improve prevention and detection techniques as well as to develop and offer novel treatments. Currently, numerous groundbreaking clinical trials are under way."

Gollob came to Duke last August specifically to begin the Biologic Therapy Program. Prior to joining Duke, Gollob was an assistant professor at Harvard Medical School and Associate Director of the Biologic Therapy Program at Beth Israel Deaconess Medical Center. "It's very exciting to be here at Duke," he says, "creating a program that can offer patients new therapies and new hope." ●

Award notes

Investigators Honored

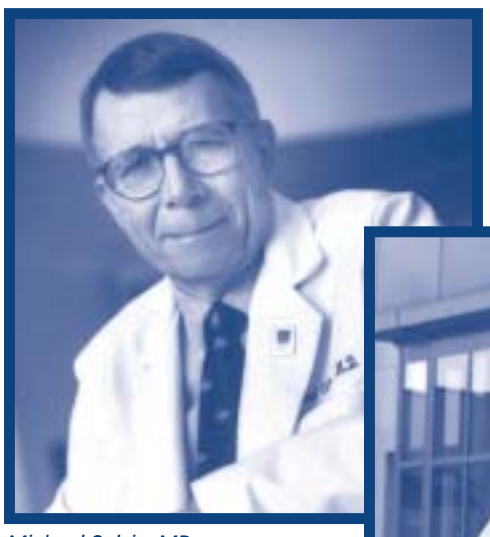
The Duke Comprehensive Cancer Center honored two investigators for their contributions to the field of cancer research at the Cancer Center's annual meeting in March.

O. Michael Colvin, MD, the William W. Shingleton Professor of Cancer Research at Duke and former director of the Cancer Center, was presented with the 2003 Rundles Award for his outstanding leadership and accomplishments including his success in bone marrow stem cell isolation.

Victoria Seewaldt, MD, Associate Professor of Medical Oncology, received the 2003 Joklik Award in recognition of her groundbreaking research in the biological mechanisms of breast cancer prevention with the drug tamoxifen.

The R. Wayne Rundles Award for Excellence in Cancer Research is presented annually to a Duke investigator whose research has made an important contribution to the detection, treatment, or prevention of cancer. The award pays tribute to Dr. Wayne Rundles, a pioneer in chemotherapy and leader in the development of national cancer programs and policies.

The W. K. Joklik Award for Excellence in Basic Cancer Research also is presented annually to an investigator at Duke whose research has made an important advance in basic cancer research. The award is presented in honor of Wolfgang (Bill) Joklik, D.Phil., a world-renowned cancer researcher and cofounder of the Duke Comprehensive Cancer Center. ●



Michael Colvin, MD

Victoria Seewaldt, MD

Researcher Receives Kimmel Award

Robert Wechsler-Reya, Ph.D., Assistant Professor in the Department of Pharmacology and Cancer Biology at Duke, has been awarded the 2003 Scholar Award from the Sidney Kimmel Foundation for Cancer Research, which will provide him with $100,000 in cancer research funding per year for two years. Dr. Wechsler-Reya is one of only 10 applicants nationwide to receive this prestigious, extremely competitive award.

Recipients of the Scholar Award are chosen by a medical advisory board consisting of distinguished cancer researchers who seek "accomplished young investigators dedicated to a career in cancer research." Applicants are judged on the basis of quality of prior work, research proposed, and letters of support.

Dr. Wechsler-Reya's work focuses on the molecular basis of medulloblastoma, the most common malignant brain tumor in children. Medulloblastoma is an extremely aggressive tumor, and about half the children who develop it die within five years.

"To develop more effective treatments for medulloblastoma," said Dr. Wechsler-Reya, "it is critical to identify the genes that control normal brain development, and determine how these genes are altered in brain tumors. The Kimmel Foundation Scholar Award will provide invaluable support for my work in this area. With this support, I hope that I can help improve the odds of survival for the next child who is diagnosed with this disease." ●

Chui Receives First Silber Research Prize

The first annual Robert Silber, MD, Memorial Research Prize has been awarded to Stephen Chui, MD. The award, which was established by Dr. Silber's family, recognizes an outstanding hematology-oncology fellow at Duke for excellence in research.

Dr. Silber, a clinical professor of medicine at Duke, died in 1998 after a remarkable career. He served as director of the New York University School of Medicine's hematology division from 1968-1992 before joining Duke. Dr. Silber's scientific research focused chiefly on leukemia and on the treatment of hematologic malignancies. After coming to Duke, he worked closely with the hematology-oncology fellows.

"Dr. Chui represents all that Dr. Silber admired in a researcher," said Marilyn Telen, MD, chief of hematology in the Department of Medicine at Duke University Medical Center. "His efforts represent a combination of significant work and a high degree of innovation."

Dr. Chui's research focuses on immunity and its potential therapeutic applications. "We are trying to demonstrate that the immune system can be consistently directed against cancers," explained Dr. Chui. "It is commonly accepted that the body is making abnormal cells with malignant characteristics. The theory of cancer immunosurveillance is that the body's immune system is usually removing abnormal cells. However, sometimes the immune system does not recognize the abnormal cells, resulting in the development of cancer."

"Dr. Silber is referred to in such high esteem within the hematology-oncology division," said Dr. Chui. "People compare themselves to Dr. Silber with regard to what they want to accomplish. It is an honor to be recognized by the division and to be connected to Dr. Silber in this way." ●

Bigner Receives Third NCI MERIT Award

Darell Bigner, MD, PhD, has received a third consecutive award from the National Cancer Institute's (NCI) MERIT Award program to continue his research and investigation on the immunological and biological studies of brain tumors. This grant is presently in its 33rd consecutive year of funding. Approval for the award was granted in February by the National Cancer Advisory Board (NCAB).

The MERIT (Method to Extend Research in Time) Award is a highly selective award presented by the National Institutes of Health (NIH) that recognizes superior researchers who have demonstrated outstanding competence and productivity in research endeavors. The NCI is a component of the NIH. Less than five percent of NIH investigators are selected to receive this prestigious award. The MERIT Award enables investigators the opportunity to gain long-term, stable grant support for up to ten years at a time, which fosters their creativity and eliminates the burdens associated with frequent preparation and submission of research grant applications. Michael Zalutsky, PhD, a professor in the Department of Radiology, is the only other member of the Duke Comprehensive Cancer Center who holds a MERIT award from the NCI.

The renewal of this application provides Bigner with approximately $3.2 million in support over the next five years in order to continue research to further develop and evaluate antibody-based targeted therapy for brain tumors.

There were more than 17,000 new cases of primary malignant tumors diagnosed in 2002, and more than 13,100 deaths. Over the last 30 years, there has been little progress in the treatment of malignant gliomas. Glioblastoma multiformes are malignant brain tumors characterized by aggressive local infiltration and invasion of surrounding brain tissue. The limited responsiveness of these tumors to conventional modes of treatment underscores the critical need to design and test new treatments.

The peer review Summary Statement of Bigner's award states, "This was considered to be an excellent application from a top-notch investigator that will hopefully bring the glioma world one step closer to a promising therapeutic treatment for gliomas. . . Dr. Bigner is the baron of glioma radioimmunology. The progress achieved from 1995 through 2002 has been spectacular."

"The [new] studies are likely to yield novel and important data on the significance and relevance of the different molecular targets in malignant gliomas. . . [Dr. Bigner] and his collaborators represent a group of outstanding and experienced investigators with an outstanding track record."

"I am extremely pleased to have received a renewal of this award," said Bigner. "The MERIT Award is critical to the progress of research and ultimately new cancer treatments because it allows investigators to continue their work with complete focus, knowing that funding is taken care of and that important work can continue without pause." ●

Carol R. Smith Endowment Established With $1M Gift

The Duke Brain Tumor Program has received a $1 million gift from Park B. Smith, Sr. of New York. The gift, made in memory of Smith's wife, will establish the Carol R. Smith Endowment for Faculty Research at the Duke Comprehensive Cancer Center.

Carol Smith was one week shy of her 50th birthday when she was diagnosed with glioblastoma multiforme, the most deadly form of brain cancer. She was given just three to six months to live. The Smiths came to Duke after learning about the aggressive cancer-battling approach of Henry Friedman, MD, and Allan Friedman, MD, co-directors of Duke's clinical neuro-oncology program. Despite the aggressive treatment, Carol Smith died on March 16, 2002, 21 months after her diagnosis. Smith said he and his wife were grateful for the additional time together.

"My gift is a gift of hope," said Smith. "Sooner or later, through trial and error, somebody will find a cure. It will take money, and I'm hoping that, in some small way, the Carol R. Smith Endowment will play a part in the ultimate cure."

"Duke is committed to giving our patients every possible chance at a future," said Henry Friedman. "We continue to make progress and, with the investments of people like Park Smith, we will find a cure."

$1M Gift Launches Cless Brain Tumor Research Fund

Gerhard and Ruth Cless have made a $1 million gift to the Duke Brain Tumor Program to create the Bryan Cless Brain Tumor Research Fund at the Duke Comprehensive Cancer Center. The gift was made in honor of the couple's son, Bryan, who was diagnosed with a brain tumor in 2002 and is currently receiving treatment at Duke.

Gary and Ruth Cless

"This is a wonderful gift, and we are extremely grateful to Gary and Ruth Cless for their generosity," said Darell Bigner, MD, PhD, leader of the Neuro-Oncology Program at the Duke Comprehensive Cancer Center. "This funding will be instrumental in our efforts to continue aggressive research to find new treatments and, ultimately, a cure for this disease."

"We are so pleased to have been able to offer this gift to the Brain Tumor Program at Duke," said Gerhard Cless. "Brain tumors are an orphan disease. There is no shortage of ideas about how to treat and cure brain tumors; there is only a shortage of funds. Our hope is that the creation of the Bryan Cless Brain Tumor Research Fund will help facilitate much-needed research."

Special Events Calendar

May 3
Rainbow of Heroes Walk
Location: Duke's Center for Living Outdoor Track, Durham, NC
Jane Schroeder (919) 668-1128

May 17
Gail Parkins Memorial Ovarian Awareness Walk
Location: Falls Village, Raleigh, NC
Melanie Bacheler (919) 848-8014

May 31
The Joann Gaddy Grimes Bike & Walk to Fight Cancer
Location: Hagan-Stone Park, Greensboro, NC
Michele Wittman (919) 403-3416

July 7
The Dr. Jon Spicehandler Invitational Golf Tournament
Location: Golf Club, Baltusrol, NJ
Jamilla Sullivan (973) 376-0904

August 18
Scramble for Hope at the Point
Location: Mooresville, NC
Paul Reeve (704) 662-9563

September 11
Hope for Kids with Cancer Golf Tournament
Location: Fayetteville, NC
Johnny Dawkins (910) 486-4444

September 13
Mark Sloan Golf Tournament
Location: Myrtle Beach, SC
Nancy Lonson (919) 667-2606

October 11
Duke Blue Devil Iron Distance Triathlon
Location: Falls Lake, Raleigh/Durham, NC
Dorrys McArdle (919) 667-2616

October 18
Hopebuilders 5K
Location: Charlotte, NC
Ellen Stainback, (919) 667-2603

October 24-25
Cape Lookout Albacore Festival
Location: Morehead City, NC
Ellen Stainback, (919) 667-2603

November 8
Take a Seat Gala
Location: North Pavilion, Duke Campus
Michele Wittman (919) 403-3416

November 15
Teens Fighting Cancer Block Party
Location: Durham Arts Council, Durham, NC
Lisa D'Amico (919) 667-2613

William Harris of Charlotte, North Carolina, has been named 2003 Chairman of the Brain Tumor Program Board of Advisors.

Gala Event Garners Cancer Patient Support Program Funds

Cuisine from some of the Triangle area's finest chefs, a lively performance by can-can dancers, and a spectacular auction were just some of the featured attractions at the third annual Rockus Bacchus fund-raiser, which took place February 1 at the Washington Duke Inn & Golf Club in Durham. The French-themed evening included a five-course meal, with each course prepared by a different local chef.

Proceeds from the event benefit the Duke Cancer Patient Support Program, which provides resources to patients battling cancer and their families. ●

Biotechnology Expert Draws Crowd

Lori B. Andrews, JD, director of the Institute for Science, Law, and Technology, was the featured speaker at the Emerson Lectureship on April 22 at the Gay and Erskine Love Family Auditorium. Andrews, an internationally recognized expert on biotechnologies, delivered a thought-provoking lecture entitled, "People as Products: Gene Patents, Tissue Markets, and the Ethics of Biotech," to a crowd of students, physicians and visitors.

The annual lectureship honors Nancy Weaver Emerson and is sponsored by the Duke Comprehensive Cancer Center, the Duke Center for the Study of Medical Ethics and Humanities, and the Nancy Weaver Emerson Lectureship. ●

Seminar Offers Inspiration, Honors Survivor

The latest in the Power of Knowledge Seminar Series was held May 5 at the Sheraton Chapel Hill. The event, which benefits the Duke Cancer Patient Support Program, featured speakers including Dr. Andrew Berchuck of Duke's Division of Gynecologic Oncology and Nancy Emerson, a survivor of metastatic breast cancer for 20 years, who delivered a presentation entitled "Finding Your Hero."

Also featured was a panel of Duke oncology experts including Dr. George Leight, Dr. Larry Marks, Dr. James Grichnik, Dr. Kimberly Blackwell, and moderator Dr. Michael Colvin.

During the luncheon, Emerson was awarded the Jonquils Award, presented annually to a person who is an inspiration to others and epitomizes grace and courage in his or her battle with cancer and in life. "We feel privileged that Nancy agreed to accept the Jonquils Award," said Kate Hayward of the Patient Support Program. "She is an amazing woman and has been a true friend to the program."

Mark your calendar for next year's event, which will take place on May 3, 2003. ●

Willard Named Director of Genomics Institute

Huntington "Hunt" Willard, PhD, has assumed the position of director of the Duke University Institute for Genome Sciences and Policy (IGSP). He came to Duke from the research institute of University Hospitals of Cleveland, where he was director and president. Willard was named to the IGSP post last October.

Launched in 2000, the $200 million Genomics Institute—the most sweeping initiative in the university's history—represents Duke's comprehensive response to the broad challenges of the Genomic Revolution. The IGSP brings together scientific, clinical, and humanistic researchers collaborating within five interdisciplinary research centers to address the broad spectrum of ethical, legal and policy issues raised by advances in genome science and to study the genetic basis of diseases ranging from Alzheimer's to cancer.

"Our challenge is to understand which genes do what, either alone or collectively, and then develop a new model for delivery of health care that incorporates these insights," said Willard. "I don't underestimate the magnitude of the changes we are proposing in genomics. We have, on the horizon, the ability to identify susceptible people before they get ill. That is true 'health care'."

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Huntington "Hunt" Willard, PhD

"Hunt Willard is one of America's premier geneticists, and his record for leadership at a local and national level is superb," said Sanders Williams, MD, dean of the Duke University School of Medicine and vice chancellor for academic affairs at Duke University Medical Center. "He brings the requisite stature, energy and vision to the task of tackling some of the most important and difficult scientific and medical problems of our time within a unique multidisciplinary environment—and realizing the full potential of this venture." ●

Shingleton Honorees Recognized

Nancy Emerson and Mike and Dianne Traynor were presented with the Shingleton Awards for 2002 during a Shingleton Society luncheon last fall. The Shingleton Award, the Cancer Center's highest honor, is named for William W. Shingleton, MD, founding director of the Center. The award recognizes volunteers for exemplary service to the Cancer Center and their commitment of time, effort, and resources to advancing the understanding of cancer and caring for patients with cancer.

Emerson, a 20-year survivor of cancer, has dedicated more than 10 years of service to the Center, first as a volunteer with the Duke Cancer Patient Support Program and then as a major gifts officer for the Center. Mike and Dianne Traynor, founders of the Pediatric Brain Tumor Foundation of the United States, have raised more than $20 million for research on childhood brain tumors. The Neurooncology Program at Duke has received more than $2 million from the Foundation since its inception. ●

Special Event noted

Members of the Cancer Center's Citizens Advisory Board and the Board of Overseers from Lexington, NC, hosted an outreach event for the Cancer Center for their community. Drs. Darell Bigner, Jack Keene and Kim Lyerly of the Cancer Center attended and provided updates about the progress of current research and treatment efforts.

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