

NCI comprehensive status renewed



Dr. Vincent DeVita, director of the Yale Cancer Center (right) and Dr. David Kessler, dean of the Yale University School of Medicine share goals and visions for the Cancer Center as we move into the next century. Among those goals: a new facility to house the multidisciplinary endeavors integral to cancer research and care.

THE YALE CANCER CENTER has again been designated as an NCI Comprehensive Cancer Center. With this designation comes national and international recognition as a center of research excellence in the basic, clinical, prevention and control and population sciences, as well as recognition as an important community and regional resource with respect to cancer information, cancer education and cancer outreach.

“This national designation distinguishes Yale as a truly comprehensive cancer center,” says YCC Director Vincent T. DeVita, Jr., M.D. “What this means to patients is that they can come here assured in the knowledge that they will be receiving the most advanced, newly developed treatments available based on leading-edge laboratory research and human investigations. The state-of-the-art always was begun at cancer centers.”

In addition, the Cancer Center successfully competed for a five-year renewal of the NCI Cancer Center Support Grant (CCSG). Often called a “Core Grant” because it provides the base or infrastructure of the Cancer Center, the NCI grant supports research administration for structure of the Cancer Center, the NCI grant supports research administration for the

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Cancer program gains national approval

THE YALE CANCER CENTER and Yale-New Haven Hospital have received four-year approval from the Commission on Cancer of the American College of Surgeons.

Approval designates a program's compliance with the Commission's rigorous standards for patient care that focus on multidisciplinary cooperation among surgeons, medical oncologists, radiation oncologists, diagnostic radiologists, pathologists and other cancer specialists.

“The commission's approval represents a significant distinction for our cancer program,” says Vincent T. DeVita, Jr., M.D., director of the Yale Cancer Center. “It is an assurance to cancer patients that Yale-New Haven Hospital has committed the resources necessary to ensure the best possible care.”

More than one-fifth of American hospitals have approved cancer programs, and more than 80% of newly diagnosed patients are treated in these hospitals.

Approved cancer programs participate in a National Cancer Data Base that enables them to comparatively assess their patterns of care using survey data from more than 1,000 U.S. cancer treatment organizations. Approved programs also benefit from inclusion in patient care evaluation studies that provide useful benchmarking data for improving quality of care.

YCC chosen for national breast cancer study

THE YALE CANCER CENTER has been selected to participate in a major nationwide breast cancer prevention trial. The Study of Tamoxifen and Raloxifene (STAR) is due to begin this spring among 22,000 postmenopausal women age 35 or older who are at increased risk for developing breast cancer.

Conducted by the National Surgical Adjuvant Breast and Bowel Project (NSABP), the STAR trial follows closely on the heels of the NSABP's first breast cancer prevention trial. In that study, researchers found a stunning 49 percent decrease in the incidence of invasive breast cancer in women at increased risk for the disease who took tamoxifen therapy compared to those who did not receive the drug. A drug used for 20 years to treat breast cancer, taxoxifen was now found effective in preventing breast cancer!

The new study will examine whether raloxifene, a drug similar to tamoxifen, is also effective in preventing invasive breast cancer in women who have not had the disease, and

whether it offers any benefits over tamoxifen, such as fewer side effects. Raloxifene was recently approved by the FDA as a drug to prevent osteoporosis in postmenopausal women.

Barbara Ward, M.D., director of the Yale Comprehensive Breast Center is the principle investigator for the trial here. “We are excited to offer this opportunity to high risk women, par-

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springs '99

What's New



Cindy Czaplinski has been named patient services manager for both the oncology inpatient unit at Yale-New Haven Hospital and the medical oncology outpatient clinic. With responsibility for the two areas combined into one position, Czaplinski sees a great opportunity to provide for greater continuity of patient care.

Dr. Albert Deisseroth's Genetic Therapy Research Program has received awards from the U.S. Army and the Greenwich Breast Cancer Alliance. The Army grant will support the development of conditionally replication-competent, tumor-specific adenoviral vectors which are selectively toxic for breast and ovarian cancer cells. The \$65,000 contribution from the Breast Cancer Alliance will be used to fund a clinical trial on the use of safety modified viruses to selectively remove breast cancer cells from autologous transplants.

YCC member **Dr. David Ward**, professor of genetics and molecular biophysics and biochemistry, has been elected to the prestigious National Academy of Sciences. Ward has developed techniques that are widely used to analyze human chromosomes as well as to detect infectious, genetic and cancerous diseases. His laboratory is constructing detailed physical and genetic maps of human and rodent chromosomes.

Dr. Yung-Chi Cheng, leader of the YCC Developmental Therapeutics Research Program, has been selected to receive the 1999 ASPET (American Society for Pharmacology and Experimental Therapeutics) Award for Experimental Therapeutics. A world leader in the area of cancer and viral pharmacology, Dr. Cheng's laboratory is responsible for the current understanding of the mechanisms of action, toxicity and resistance of several anticancer drugs, as well as the discovery of two potentially useful anticancer compounds which are presently in clinical trial.

Linda Mowad, project director of the Cancer Information Service at the Yale Cancer Center, has received the American Cancer Society's National Divisional Award.

HPV test helps detect cervical cancer

THE HPV (human papillomavirus) DNA test, which helps physicians identify women who are most at risk of having or developing cervical disease, is now available through the Yale School of Medicine Department of Pathology.

The FDA-approved laboratory test detects high-risk HPV infection of the cervix, which is the most important risk factor for cervical cancer in 95 percent of all cases. Used in conjunction with the Pap test, the HPV test helps in determining the best course of treatment for women with slightly abnormal Pap smears.

In women whose Pap smears contain atypical squamous cells of undetermined significance (ASCUS), a positive HPV test reveals risk of an underlying high-grade (pre-cancerous) lesion and that a biopsy should be obtained for definitive diagnosis. A negative HPV test, on the other hand, provides assurances that the risk of cervical cancer in the immediate future is very low, and eliminates the need for colposcopy, a specialized pelvic exam, and biopsy.

"The HPV test adds new sensitivity and specificity to the Pap," said Janet Brandsma, Ph.D., associate professor of comparative medicine at the Yale School of Medicine. "The two tests work well together. When you do both tests, you have more faith in following a patient conservatively if the result of the HPV test is negative, or alternatively, in determining to move forward with biopsy if the result is positive."

More than 10-million American women are infected with high-risk HPVs, which are transmitted through sexual contact. Since pain or other symptoms are not usually associated with cervical infections, most women are not aware that they have been infected. The majority of cases resolve themselves without treatment, but in some women, the virus causes lesions with a potential to progress to cervical cancer. An estimated 15,000 American women are diagnosed with cervical cancer each year. Of that number, nearly 5,000, or one-third, die from the disease. When detected at an early stage, however, cervical cancer is one of the most successfully treatable cancers with a 5-year survival rate of 91 percent.

"The HPV test will assure a lot of women that they do not need colposcopy and biopsy," said Peter Schwartz, M.D., director of the Gynecologic Oncology Research Program at the Yale Cancer Center. "It will also have a significant impact on health care costs by eliminating unnecessary diagnostic tests and treatments."

The HPV test can be performed along with the standard Pap test on a single cervical specimen if that specimen is collected for a ThinPrep Pap test. Or, the HPV test can be performed from a separate cervical specimen, which must be collected in a special medium.

Yale is conducting a research study of the HPV test to determine its value for women in the Greater New Haven and Shoreline areas who have ASCUS Pap smears. Connecticut physicians are eligible to enroll up to 10 ASCUS patients. As part of the study, the HPV Diagnostic Laboratory will perform the HPV test at no cost. Participating physicians must agree to follow HPV-negative patients by a repeat Pap test after six months and to refer all HPV-positive patients on for immediate colposcopy and biopsy. For more information on this study, contact Deborah Blood at 203-370-4929.



Dr. Janet Brandsma, associate director of comparative medicine, performs an HPV typing test in her laboratory. The test is used in conjunction with the Pap test to help identify women who are most at risk for developing cervical cancer.

research

Research Briefs

NONSMOKERS with a history of certain lung diseases, including emphysema and chronic bronchitis, appear to have a higher risk of lung cancer compared with other nonsmokers, according to a study conducted by YCC Associate Director of Cancer Prevention and Control, Dr. Susan T. Mayne and colleagues. They found that the risk of lung cancer increased 94 percent in those people with a history of emphysema, 73 percent in those with chronic bronchitis, and 82 percent in those with emphysema, chronic bronchitis or asthma. They believe that chronic lung disease may increase the risk of lung cancer by causing chronic inflammation and tissue damage, or that people with impaired lung

function may not clear lung carcinogens as effectively as those with normal lung functions.

A **GENE** that can suppress the growth of cancerous tumors in humans functions the same when transplanted into a type of fruit fly called *Drosophila*, according to Yale Cancer Center researchers, who have identified this gene in humans and mice. By creating fruit flies that exhibit mutations akin to those found in some human cancer patients, geneticist Dr. Tian Xu and his colleagues have identified a new type of tumor suppressor gene that may yield insights into some little-understood human cancers.

Yale CANCER CENTER

Director
Vincent T. De Vita, Jr., M.D.
Associate Director, Development and Community Affairs
Judith Winslow
Editor
Ilene Lefland
Design
Jeanne Criscola/Criscola Design

Yale-New Haven Hospital
Yale University School of Medicine
P.O. Box 208028
New Haven, CT 06520-8028
<http://info.med.yale.edu/ycc>



A Comprehensive Cancer Center designated by the National Cancer Institute



Patients and staff share holiday cheer

Dr. Barbara Burtness (right) chats with one of her patients, new mother Ellen Harris-Braun, and her husband during the Cancer Center's second annual Holiday Party for cancer patients and their families. The event was made possible by a generous donation from the Mosello family through the Frisbee Foundation.

Mismatched transplants offer hope

THE MISMATCHED STEM CELL transplantation procedure inaugurated at the Yale Cancer Center by Dr. Joseph McGuirk has been making international headlines with the release of a *New England Journal of Medicine* study last fall. The procedure, which uses partially mismatched family members as donors, resulted in a significantly lower incidence of transplant-related mortality than the previous study. The Yale Cancer Center is the only institution in the United States to have collaborated with the Italian group that authored the study, and one of the only places in the world to perform the identical transplant protocol. News stories on the procedure appeared on CBS News and CNN, and in USA Today. A television production crew from Australia visited in January to tape a segment as well.



Bone marrow transplant patient Amber Dairy and her father and donor, Robert Dairy of Pensacola, Florida, chat with members of a television production crew from Australia.

Cancer education: Never too young

INSISTING THAT "ALL THE KIDS DO IT," a seventh grader tries to convince a younger student to join him for a cigarette. The younger student refuses, and lists the reasons why.

That's one of several scenes played out by second and third grade students at the Cold Spring School in New Haven as part of a new cancer prevention education curriculum developed by Yale Cancer Center researchers. The project is designed to fill a gap in cancer education in the state, and foster healthy habits and lifestyles at an early age.

The team, led by David Schonfeld, M.D., associate professor of pediatrics, found that none of Connecticut's 150 school districts have comprehensive instruction into the causes of cancer at the elementary school level. Moreover, interviews with nearly 800 elementary school students in New Haven revealed some serious misconceptions about the disease.

"Many children were afraid that cancer could be spread person to person," says Schonfeld, "so they were afraid of casual contact and contagion. In fact, aside from cigarette smoking, the children were more likely to indicate casual contact or contagion than all of the other true causes of cancer." More than 50 percent of the students were worried about getting cancer.

The seven-unit curriculum covers such topics as differences among illnesses, risk factors, preventing cancer by avoiding tobacco and protecting yourself from the sun, and eating healthier foods. Background materials to accompany the lessons are distributed to teachers and parents. And each unit ends with a letter to parents, along with a suggested family activity.

"This curriculum empowers children to deal with their lives," says former Cold Spring School Director Irene Fisk. "One of their most important fears is dealing with the 'C word.' This program offers them the opportunity to explore their fears in a safe environment. It puts the information out there."

Students in grades five and six, meanwhile, used the cancer prevention information they learned to create an Internet Web site. It contains the basics, such as "what is cancer?," as well as more detailed information about sun and skin cancer, and tobacco and lung cancer. Their Web page can be found in the Yale Cancer Center Web site at <http://info.med.yale.edu/ycc/kidsinfo/index.html>.

Phase III of the project is about to get underway in public school districts in Hamden, Watertown and Thomaston, where the curriculum will be evaluated among a larger number of students and schools. This spring, fifth graders in those towns will complete written surveys of their attitudes and behaviors relating to the three major subject areas: smoking/tobacco, diet and sun exposure. Those same students will receive classroom instruction in the sixth grade next fall.

"We hope to learn a lot more about what helps kids choose to adopt health-promoting behavior that will influence their chances of staying healthy for the rest of their lives," says Schonfeld. If the program proves successful, Schonfeld hopes the curriculum will be instituted in other school systems throughout the state.

The research project is being funded by grants from the Patrick and Catherine Weldon Donaghue Medical Research Foundation and supplemental funding from the Community Foundation for Greater New Haven.



Dr. David Schonfeld looks on as students at the Cold Spring School in New Haven demonstrate the World Wide Web site they created on cancer prevention. The Web site was part of the cancer prevention curriculum developed by Schonfeld and colleagues and piloted at the elementary school.

Patient Notes

THE NCI'S CANCER INFORMATION SERVICE (CIS) has added a new feature to its toll-free telephone service: recorded cancer information that is available 24 hours a day. The brief messages provide information about cancer issues in the news, general information about cancer, and information about cancer screening, prevention and treatment clinical trials. The messages will be available in Spanish sometime this spring. As always, cancer information specialists are on hand to answer specific questions for those calling 1-800-4-CANCER during regular business hours.

A NEW SUPPORT GROUP for cancer patients and their families is being held at the Cancer Center every other Thursday from noon to 1:30 p.m. The group is open to men and women who have been diagnosed with any type of cancer, as well as family and friends. Discussions include how to cope with the emotional, physical and practical issues of living with cancer. For more information, call Phyllis Smith at 203-688-4953.



Stamping out breast cancer The Yale Cancer Center and the U.S. Postal Service teamed up again for the Connecticut unveiling of the nation's first "semipostal" stamp. Priced eight cents above the first-class mail rate, the stamp's net proceeds are earmarked for breast cancer research. Featured guests at the ceremony included (from left): U.S. Representative Rosa DeLauro, Patricia King of Niantic and Deborah DaSilva of Stratford, both breast cancer survivors. The stamp will be available at all post office branches until July, 2000.

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STAR Trial

ticularly in light of the terrific results demonstrated by the first tamoxifen prevention trial," she says.

The study is open to patient enrollment at both the Yale Cancer Center and the Father McGivney Center for Cancer Care/Hospital of Saint Raphael. Andrea Silber, M.D. is the co-investigator directing the study at the latter site.

Women who enroll in the STAR trial will randomly receive two pills of either tamoxifen or raloxifene daily for five years. Close follow-up examinations, including a mammogram, physical exam and gynecological exam, will also be required on a regular basis for at least seven years. Eligibility is limited to postmenopausal women 35 or older who are at increased risk for developing breast cancer. Risk is determined by age, family history of breast cancer, personal medical history, age at first menstrual period and age at first live birth.

If you would like more information about the STAR trial, call the Cancer Information Service at 1-800-4-CANCER or check the National Cancer Institute Web site for clinical trials information (<http://cancertrials.nci.nih.gov>). The research nurse at the Yale Cancer Center is Barbara Siconolfi, 203-737-5908.

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Comprehensive Status Renewed

Center's 14 research programs, 14 shared resources and developmental activities.

The Yale Cancer Center initially received comprehensive status from the NCI in 1974, becoming one of the first such designated centers. It is currently one of 35 comprehensive centers in the U.S. To attain this recognition, an institution must pass rigorous peer review. Under guidelines revised in 1997, a comprehensive center must perform research in three major areas: basic research; clinical research; and cancer prevention, control, and population-based research. It must also have a strong body of interactive research that bridges these research areas. In addition, a comprehensive cancer center must conduct activities in outreach, education, and information provision, which are directed toward and accessible to both health care professionals and the lay community.

"In a field as dynamic and as rapidly evolving as cancer treatment, the multi-disciplinary collaboration that a comprehensive cancer center fosters between scientists pursuing basic research and clinical specialists allows patients the earliest possible exposure to treatment breakthroughs," Dr. DeVita notes.

COMING UP

MAY 8

Connecticut Race for the Cure, Walnut Hill Park, New Britain. 860-224-5RUN

JUNE 3

Prostate Cancer Awareness Stamp Ceremony with U.S. Postal Service, Harkness Lawn, Yale University School of Medicine, 333 Cedar Street, New Haven. 203-785-4095.

Cancer Survivors Day, Harkness Lawn, Yale University School of Medicine, 333 Cedar Street, New Haven. 203-785-4095.

JUNE 4-5

American Cancer Society Relay For Life at Cheshire High School. 6:00 p.m. June 4 to 6:00 p.m. June 5. 203-756-8888.

SEPTEMBER 25

A public forum on cervical cancer at the Yale School of Medicine from 8:00 a.m. to 12:00 p.m. The interactive session will provide an overview of cervical cancer in Connecticut, including a look at the various risk factors for the disease. For information or to register, call Patti Johnson at 203-785-4004.

Yale CANCER
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Yale-New Haven Hospital
Yale University School of Medicine
P.O. Box 208028
New Haven, CT 06520-8028

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