

centerpoint

Yale Cancer Center's community newsletter fall 2007

Yale **CANCER CENTER**
A Comprehensive Cancer Center Designated
by the National Cancer Institute



KRISTIN BURKE/PETER BAKER STUDIOS

Dr. Wasif Saif's dedication to his patients goes beyond just treating their cancer.

Wasif Saif, MD Battling Pancreatic Cancer and Living on Hope

Watching Dr. Wasif Saif in action in his office, the words 'whirling dervish' come to mind. His Blackberry rings, his computer chimes to inform him of new email, and his fax machine hums continually as he sits at his desk for an interview. But when he takes a call from Marguerite Chappa, a patient with pancreatic cancer, he is focused only on her. "How are you today? You sound better; I can hear that you're breathing more easily, you're not as short of breath," he says.

Dr. Saif's passion for his "sons and daughters," as he calls his patients, is matched by their devotion to him. "I cannot say enough. He's very caring and intelligent. And when he's with you, he's really with you," said Ms. Chappa. She survived nearly three years after her diagnosis, defying the odds for a disease that kills nearly 96 percent of patients within five years.

It's no wonder pancreatic cancer is feared as a death sentence. The 11th most common cancer in the United States, it is the fourth leading cause of cancer deaths. "Most of the treatment options we've tried in the last

decade have failed. With pancreatic cancer, the window of opportunity for treatment is usually very short, so we don't have time to try different drugs or shuffle things around," explained Dr. Saif, Associate Professor of Medical Oncology and Co-Director of the Yale Cancer Center Gastrointestinal Cancers Program.

"I don't treat cancer,
I treat a patient."

Wasif Saif, MD

it is diagnosed at a late stage because the symptoms – abdominal or back pain, nausea, fatigue, weight loss, and jaundice – mimic other, nonmalignant diagnoses. A doctor cannot feel the tumors during a physical exam because the pancreas is seated so deeply within the abdomen.

continued on page 3 ▶

The National Cancer Institute Renews Yale Cancer Center's Designation A Comprehensive Cancer Center for over 35 Years

Yale Cancer Center's designation as a comprehensive cancer center by the National Cancer Institute (NCI) was recently extended for an additional 5 years following an extensive grant submission and review process. The award includes \$1.87 million in funding per year to support the Center's research initiatives along with the continuation of the Center's comprehensive status, the most prestigious level of designation from the NCI.



A Comprehensive Cancer
Center Designated by the
National Cancer Institute

"Our tradition as an NCI designated comprehensive cancer center is continually strengthened by our successes in cancer treatment, research, and education. I am extremely grateful for the dedication and support of my colleagues at Yale Cancer Center, Yale School of Medicine, and Yale-New Haven Hospital for their immense contributions to the grant submission and I'm pleased to lead such an outstanding group of cancer clinicians and scientists at Yale

continued on page 6 ▶▶

Learn the Facts about BRCA Testing



Not all women are candidates for cancer genetic testing.

Learn more about genetic risks and testing through the Yale Cancer Center Genetic Counseling Program.

For more information, go to yalecancercenter.org/genetics

Director

Richard L. Edelson, MD

Deputy Director, Administration

Cathy Vellucci

Director, Public Affairs and Marketing

Renee Gaudette

Contributing Writers

Karen Baar

Emily Fenton

Design

Imagemark.net

Yale Cancer Center

yalecancercenter.org

333 Cedar Street

PO Box 208028

New Haven, CT 06520-8028

Yale Cancer Center's quarterly newsletter is written to inform the public and the Center's friends, volunteers, donors, and staff on current items of interest at Yale Cancer Center. All inquiries should be addressed to Renee Gaudette, Director of Public Affairs and Marketing, 157 Church Street, New Haven, CT 06510-2100. Yale Cancer Center complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Fertility Preservation: New Options for Young Women

Over 600,000 women are diagnosed with cancer every year and 10% of those women are under the age of 40. Many of these women may not realize the affect that cancer treatment can have on their fertility. It is an issue that many physicians need to be educated on as well. New advances in fertility preservation are providing new options for young women who have been diagnosed with cancer and are looking forward to continuing their life after cancer.

Dr. Pasquale Patrizio, Professor of Obstetrics, Gynecology & Reproductive Sciences at Yale School of Medicine and Director of the Yale Fertility Center, says that three factors need to be considered before choosing the appropriate option for fertility preservation: age, the timeframe between diagnosis and the start of cancer treatment, and the type of cancer. Dr. Patrizio's outlook on the future of fertility preservation is positive. "The field of fertility is growing quickly. In the last 3-4 years we have seen some major advancements," said Dr. Patrizio.



Dr. Pasquale Patrizio helps cancer survivors preserve their fertility at the Yale Fertility Center.

Embryo freezing is the most established form of fertility preservation available for women that do not require immediate treatment for their cancer, and it is effective in one quarter of the embryo transfers. It involves well established and widely available standard in-vitro fertilization (IVF) techniques. The disadvantage is that a partner, or willingness to use donor sperm, is necessary. Also, the hormone stimulation used during the process may increase estrogen levels causing some cancers to grow.

Egg freezing is also becoming a very viable option for young single women that have the option of delaying the start of their cancer treatment. Mature eggs are removed, without being fertilized, and then frozen and stored for future use. The advantage of this process is that a partner is not needed; however, hormone stimulation is still used and it remains an experimental process. Another alternative is freezing ovarian tissue, which circumvents the delay in cancer treatment. This process remains highly experimental and has only resulted in two live births to date.

Dr. Emre Seli, Assistant Professor of Reproductive Endocrinology and Infertility at Yale School of Medicine, explains that egg freezing is becoming more established, especially at Yale. "The Yale Fertility Center is on the cutting edge of egg freezing technology for patients. Our success rates are rising significantly and we have almost as much success with frozen eggs as with fresh eggs," Dr. Seli explained. He also stresses that women, and physicians, need to be educated on the options available. He contacts and collaborates with the medical oncologist immediately after meeting with each patient, making sure to obtain pertinent information regarding her care. According to Dr. Seli, lack of information is a big concern. "The technologies are available but it doesn't help if women aren't aware of their choices. They need to talk to their oncologist about their options and seek out a specialist

that is familiar with fertility with respect to cancer treatment.”

A roadblock arises for women who require treatment for their cancer right away, and do not have time for embryo or egg freezing. The time between diagnosis and treatment is very crucial because 6–8 weeks may be needed for fertility preservation. Dr. Patrizio is pushing forward with a very exciting and promising procedure for women who have limited time before they need to begin their cancer treatment. He has developed a procedure that freezes an entire ovary instead of just tissue from the ovary. “This is a very new idea. We are the first and only University to perform the procedure,” Dr. Patrizio said. One ovary is removed before the woman undergoes cancer treatment and is frozen. It takes three hours to freeze the entire ovary and Yale has the only freezing device, the Multi-Thermal Gradient (MTG), that will do this. The process is a HIC designated protocol and remains experimental. Dr. Patrizio hopes that after a few women have undergone this

JERRY DOMIAN



Dr. Emre Seli reviews a sample in the lab at The Yale Fertility Center.

treatment it will be more widely available through a clinical trial. “We are still trying to determine the best way to restore the ovary after it has been defrosted. There are several options that we are exploring to provide the most efficient method,” Dr. Patrizio explained.

All fertility options have their downsides, but Dr. Patrizio expects that freezing an entire ovary

may prove to be a more viable option than the techniques that are currently available. According to Dr. Patrizio, freezing entire ovaries has already yielded more success than other options when tested in larger animals so there is hope that it will be more successful in humans as well.

This procedure will give women more options. They will no longer have to choose between saving their own life and preserving their fertility. Dr. Seli and Dr. Patrizio continue to work together to advance the field of fertility preservation. In the near future, Dr. Patrizio will have determined whether or not whole ovary freezing is a safe and feasible option for women. Both doctors acknowledge that saving the patient is the most important part of treating cancer, but once they are cured, providing the option for fertility, can give them new hope for their future. ☺

For more information on the Yale Fertility Center, go to yalefertilitycenter.org

► Wasif Saif, MD continued from page 1

Jay Epstein, another of Dr. Saif’s patients, has a typical story. “I’d gone to my doctor for routine blood work. I felt fine, but I’d lost a lot of weight.” After a CT scan and biopsies, he was told he had late-stage pancreatic cancer, and that very little could be done. Indeed, people with Stage IV pancreatic cancer survive, on average, only four to six months.

Dr. Saif, however, had a different opinion. “He decided we had to try chemotherapy anyway. I’ve been on chemotherapy since the end of 2005; the tumor has shrunk by 66% and we’re still going,” said Jay.

Still, his story is all too rare. The two standard chemotherapy drugs approved by the FDA often fail; when they do, experimental drugs are the only other option. Here lies another of Dr. Saif’s strengths. Nationally known for his research, he has several ongoing clinical trials and more in the offing.

For example, he has received a peer grant from the National Comprehensive Cancer Network for a clinical study combining two drugs: Xeloda, a drug approved for colon and breast cancer but considered experimental for pancreatic cancer, and a Chinese herb, PHY906, which was developed at Yale. “Besides offering a second line treatment, it’s convenient because both drugs are given by mouth. PHY906 not only appears to be active with the cancer cells, it also decreases the side effects of Xeloda and makes the drug more potent,” he explained.

Dr. Saif also runs clinical trials funded by several pharmaceutical companies. Some of these

studies test novel therapies that decrease blood supply to the tumor; others produce antibodies that act against the growth factor in the cancer cells.

Although his patients have more access to experimental drugs, chemotherapy is only part of the treatment. “I don’t treat cancer, I treat a patient. Pancreatic cancer has a lot of complications, including major challenges to pain control, weight loss, and loss of appetite. The family is nervous, scared, and sad.” Dr. Saif works with a specialized team that includes oncologists, surgeons, and gastroenterologists as well as nurse practitioners, research nurses, social workers, and nutritionists to care for the patient and to help their family.

Besides working to improve treatment regimens, Dr. Saif and his colleagues at Yale Cancer Center are trying to understand the molecular biology of pancreatic tumors, to identify people at high risk for the disease, and to develop early screening techniques. People with a family history of pancreatic, colon, ovarian, or lung cancer are in this group, including those with genetic abnormalities such as BRCA2, known as the breast cancer gene. “We are collecting data on those at higher risk for pancreatic cancer to help us to determine how it can be detected earlier. I have patients that I watch closely, doing special lab tests, ultrasounds, or endoscopy to look at the pancreas,” he explained. Pharmacogenetics, or learning how to identify people with genetic abnormalities and tailor drug treatments for them, is another focus for the future. “We are moving in the right direction,” he added.

Meanwhile, he said, “the pleasure I get from helping the sickest people is immeasurable and unbelievable. I live on hope.” The hope he gets from people like Marguerite, who said: “I’ve gone back to work part-time and I’ve lived long enough to have a grandson.” ☺

KRISTIN BURKE/PETER BAKER STUDIOS



Nearly two years since his diagnosis, Jay continues to see his tumor shrink under the careful watch of Dr. Saif.

To learn more about clinical trials for pancreatic cancer, go to yalecancercenter.org/trials

staff briefs

Dr. Maysa Abu-Khalaf, Assistant Professor of Medical Oncology, was awarded a Young Investigator Award by the **Breast Cancer Alliance** to continue her studies on resistance to HER2 targeted therapy in breast cancer patients.

Dr. Stephan Ariyan, Director of the Yale Cancer Center Melanoma Program, has been appointed Associate Chief of Surgery at **Yale-New Haven Hospital**. Dr. Ariyan is an internationally known reconstructive surgeon who specializes in the treatment of melanoma.

Dr. Roy Decker has joined the faculty as an Assistant Professor of Therapeutic Radiology specializing in the treatment of lung cancer and is directing the Thoracic Radiosurgery Program.

Dr. Bernard Forget, Professor of Internal Medicine/Hematology and Genetics, was named a Fellow of the **American Academy of Arts and Sciences**. Dr. Forget researches the mechanisms of normal and abnormal gene expression.

Alan Garen, PhD, Professor of Molecular Physics and Biochemistry, has received a \$100,000 award from the **Prostate Cancer Foundation** to expand his research on the delivery of targeted therapy for prostate cancer using nanoparticles.

Dr. Baiba Grube, Associate Professor of Surgical Oncology, has received a grant from **Susan G. Komen for the Cure** for the funding of an Interdisciplinary Breast Fellowship Program at Yale Cancer Center.

Dr. Kevin Kelly, Director of the Yale Cancer Center Prostate and Urologic Cancers Program, has been appointed the co-Chair of the Connecticut Cancer Partnership's Treatment Committee. The **Connecticut Cancer Partnership** unites members of the cancer community to reduce the burden of cancer on our State.

continued on page 6 ▶

Yale CANCER CENTER *answers*

A Weekly Radio Program on
WNPR – Connecticut Public Radio
Sunday Evenings at 6:00 PM

October 21, 2007

Dr. Edward Chu and Dr. Ken Miller

An Interview with the Hosts of Yale Cancer Center Answers

October 28, 2007

Dr. Vincent DeVita

Trends in Cancer Treatment

November 4, 2007

Dr. Frank Detterbeck and Dr. Lynn Tanoue

An Update on Lung Cancer

November 11, 2007

Dr. Michael DiGiovanna

New Treatment Options for Breast Cancer

November 18, 2007

Dr. Louis Denis

Cancer Research at Pfizer

November 25, 2007

Dr. Robert Udelsman

The Detection and Treatment of Thyroid Cancer

December 2, 2007

Dr. Harriet Kluger and Dr. Stephan Ariyan

The Latest Information on Melanoma

December 9, 2007

Dr. Ellen Sigal

Friends of Cancer Research

For the latest schedule information and audio and written archives of all shows, please go to yalecancercenter.org/answers

clinical trials at Yale Cancer Center

Yale Cancer Center currently has numerous clinical trials available to cancer patients in search of novel therapies. These trials are evaluating new methods of prevention, detection, and treatment of cancer. Clinical trials give patients at Yale Cancer Center immediate access to the future of cancer care.

Clinical trials are currently available for patients in fifteen different disease areas. For more information on all of the trials currently open for accrual at Yale Cancer Center, please go to yalecancercenter.org/trials or call 1-866-YALECANCER.

A Select Listing of Protocols for GYNECOLOGICAL CANCERS:

HIC 0507000367

Peter Schwartz, MD

An Open-Label, Single-Arm, Phase II Study of IV Weekly (Days 1 and 8 every 21 Days) HYCAMTIN in Combination with Carboplatin (Day 1 every 21 Days) as Second Line Therapy in Subjects with Potentially Platinum-Sensitive Relapsed Ovarian Cancer

HIC 0507000414

Peter Schwartz, MD

A Phase II Study Of AP23573, a mTOR Inhibitor, in Female Adult Patients with Recurrent or Persistent Endometrial Cancer

HIC 0510000730

Masoud Azodi, MD

A Phase III Trial of Carboplatin and Paclitaxel plus Placebo versus Carboplatin and Paclitaxel plus Concurrent Bevacizumab Followed by Placebo versus Carboplatin and Paclitaxel plus Concurrent and Extended Bevacizumab in Women with Newly Diagnosed Ovarian Cancer

HIC 0510000732

Joanne Weidhaas, MD, PhD

A Phase III, Randomized Trial of Weekly Cisplatin and Radiation versus Cisplatin and Tirapazamine and Radiation in Stage IB2, IIA, IIIB, and IVA Cervical Carcinoma Limited to the Pelvis

HIC 0601000992

Peter Schwartz, MD

A Randomized Parallel Group, Open Label Active Controlled Multicenter Phase III Trial of Patupilone versus Pegylated Liposomal Doxorubicin in Taxane/Platinum Refractory/Resistant Patients with Recurrent Epithelial Ovarian, Primary Fallopian, or Peritoneal Cancer

HIC 0705002665

Peter Schwartz, MD

A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12 Monthly Cycles of Single Agent Paclitaxel or Xyotax versus no Treatment until Documented Relapse in Women with Advanced Ovarian or Primary Peritoneal Cancer

Connecticut Challenge Supports Cancer Survivors



Camaraderie among athletes is common as they strive together to reach goals and to attain new distances or records, but the spirit among the riders and volunteers at the Connecticut Challenge on **Saturday, July 28th** was unparalleled. Working together, 437 riders and 194 volunteers made the third annual CT Challenge a tremendous success. Riding in honor or memory of cancer survivors and to raise funds to support **The Connecticut Challenge Survivorship Clinic at Yale Cancer Center**, each cyclist left the starting line with a special commitment to succeed.

The leadership of the CT Challenge has allocated the proceeds from the annual event to support The Connecticut Challenge Survivorship Clinic at Yale Cancer Center to address the needs of cancer survivors. The clinic opened in 2006 and provides screening for long-term consequences resulting from cancer treatment and information to help survivors minimize or avoid future health concerns.

"The enthusiasm and dedication of the riders and supporters of the Connecticut Challenge is inspirational. Their support is crucial to our mission to provide care to cancer survivors throughout the state of Connecticut," **Dr. Ken Miller, Medical Director of the Clinic** said.

The Connecticut Challenge Survivorship Clinic is the first dedicated, multidisciplinary resource for cancer survivors in Connecticut to provide patients and their families with vital information on cancer prevention, wellness, supportive services, and the latest health research and developments. For more information, or to schedule an appointment for a consultation, please call (203) 785-CARE. ☺

ALL PHOTOS THIS PAGE KRISTIN BURKEY / PETER BAKER STUDIOS



For more information on the Connecticut Challenge, to contribute to the establishment of the Survivorship Clinic at Yale Cancer Center, or to find out how to participate in next year's ride, please go to ctchallenge.org

1 John Ragland and Jeff Keith, Co-founders of the CT Challenge
 2 Team Yale Cancer Center
 3 Team Yale Pediatrics
 4 Melinda Irwin and Mark Ellis and their two sons

► **Staff Briefs** continued from page 4

Dr. Thomas Rutherford has been appointed *Chief of Gynecologic Oncology* in the Department of Obstetrics and Gynecology for **Yale-New Haven Hospital** and *Chair of the Section of Gynecologic Oncology* at **Yale School of Medicine**.

Dr. Wasif Saif, *Associate Professor of Medical Oncology*, has been awarded a \$150,000 grant from the **Fashion Accessories Benefit Ball (FABB)** to support his pancreatic cancer research initiatives.

Dr. Ronald Salem was recently named the *Lampman Professor of Surgery* at Yale School of Medicine. Dr. Salem specializes in surgery for esophageal cancer, hepatobiliary and pancreatic surgery, retroperitoneal sarcomas and other intro-abdominal malignancies.

Dr. Warren Shlomchik, *Associate Professor of Medicine and Immunobiology*, has received a Clinical Scientist Award in Translational Research by the **Burroughs Wellcome Fund** for \$750,000 to continue his studies into the immune system responses in stem cell transplantation.

Dr. Robert Udelsman was named the *William D. Carmalt Professor of Surgery*. Dr. Udelsman is a renowned endocrine and oncologic surgeon who also serves as the Chairman of the Department of Surgery at Yale School of Medicine.

The Yale Cancer Center Office of Development welcomes **Peter Lamothe**, *Director of Development*, **Margaret Sasaki**, *Development Officer*, and **Susan Frankenbach**, *Development Associate for Special Events*.

The Yale Cancer Center Public Affairs Office welcomes **Emily Fenton**, *Marketing Coordinator*.



American Red Cross
Connecticut Blood Services Region

Providing for patients at Yale Cancer Center.
Please consider yourself asked and donate blood.
1-800-GIVE LIFE

event calendar

November 3, 2007

Breast Cancer 2007: What's New?

A Breast Cancer Symposium

9am – Noon

The Anlyan Center Auditorium
300 Cedar Street, New Haven, CT

This symposium is free and open to the public.

Reservations are required by October 31.

To register, please call: (888) 700-6543

Y-ME Connecticut is proud to partner with Yale Cancer Center and Yale-New Haven Hospital to invite you to our 18th annual symposium – *Breast Cancer 2007: What's New?* Our goal is to provide you with the latest information on breast cancer prevention, detection, and therapy, including an update on the most recent research advances.

For more information, go to yalecancercenter.org



November 10, 2007

Frankly Speaking About Lung Cancer

A Free Community Discussion

9am – Noon

The Anlyan Center
300 Cedar Street, New Haven, CT

For reservations to this free event, please call: (888)700-6543

Frankly Speaking About Lung Cancer is an informational discussion sponsored by Yale Cancer Center, Yale-New Haven Hospital, and The Wellness Community. It is open to lung cancer patients and their families, survivors, and all those interested in learning more about lung cancer.

The event will be led by a multidisciplinary team of experts who will present the latest information on the impact of new technology and emerging knowledge on lung cancer prevention, screening, detection, and treatment.

An opportunity for the audience to ask questions will follow during a panel discussion of the topics.

For more information, go to yalecancercenter.org



► **NCI Designation** continued from page 1

Cancer Center as we begin another 5 years of accomplishments with the sustained support of the National Cancer Institute," said Richard L. Edelson, MD, Director of Yale Cancer Center.

Yale Cancer Center is one of 39 comprehensive cancer centers in the nation and the only one in Southern New England. Yale was one of the first 11 cancer centers to be designated comprehensive under the National Cancer Centers plan in 1974. The NCI designation is given to Centers who meet strict criteria for patient care, cancer research, clinical trials, and community outreach and education. Yale Cancer Center received an excellent evaluation from peer reviewers and the National Cancer Institute during its most recent grant submission.

The advantages of receiving care at a comprehensive cancer center for patients are numerous, including the large collection of oncologists specializing in specific types of cancer, many of whom are nationally known cancer physicians and leading researchers in their field. The close collaboration between research and clinical care also ensures patients receive the most innovative treatments available.

With over 230 members, Yale Cancer Center harnesses the scientific resources of Yale School of Medicine, Yale-New Haven Hospital, and Yale University and focuses on translational research, an approach through which laboratory discoveries are quickly and efficiently integrated with clinical patient care. ☺

For more information, go to yalecancercenter.org