



Tower Cancer Research Foundation

Hope, Healing and Humanity Hope, Healing and Humanity Hope, Healing and Humanity Hope, Healing and Humanity Hope, Healing and Humanity

MARCH 2009

A New Spark for Pancreatic Cancer

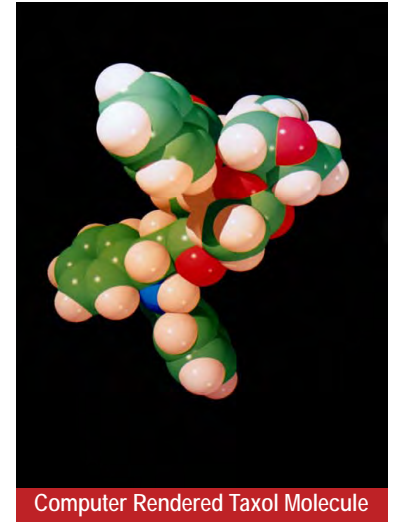
Although pancreatic cancer is the tenth most common cancer, it is the fourth leading cause of cancer death. This implies that the disease is difficult to detect, treat and cure. At early stages it is often "silent", without symptoms or physical findings. Only 10 to 20% of cases are diagnosed early when the cancer may be curable by surgery. In 35 to 40% of patients, at time of diagnosis, the cancer has spread outside the pancreas; although confined to that area, the tumor has involved critical blood vessels, lymph glands, or surrounding organs negating the possibility of surgery. Unfortunately, 45 to 55% of patients show signs of spread to distant organs (metastatic) at time of diagnosis, especially to the liver or other areas of the abdomen. Thus, only a minority of patients have the potential for cure by surgery.

During recent years, the survival rates of the 80 to 90% of patients *not qualifying for surgery* have improved due to better medical care and chemotherapy. Nevertheless, the overall outcomes have not been satisfactory. Oncologists and scientists are intensely focused on this disease in an attempt to find more successful methods of treatment. Although many different chemotherapy agents have been tried alone and in combination, only one,

gemcitabine, administered as a single drug has improved survival statistics. Recent clinical trials combining gemcitabine with certain non-chemotherapy targeted agents have demonstrated very modest survival benefits in some studies, but these results are problematic because of the high cost of the drug versus the minimal survival benefit. (For more on targeted therapies see article on page 5).

For these reasons, any new discovery relating to pancreatic cancer generates scientific interest and a degree of excitement. In 2006 it was discovered that most pancreas cancers are very rich in a substance called SPARC. The tumor makes this protein and it also is produced by cells that surround the tumor. Next, it was discovered that a special chemical formulation of an old chemotherapy drug (nab-paclitaxel) attaches to tissue containing SPARC. Therefore, a pilot study of the combination of gemcitabine and nab-paclitaxel was initiated and the results were eye-opening. Sixteen patients with pancreatic cancer were treated and nine responded with obvious reduction in tumor size; six stabilized. The tumors of almost all the responding patients contained SPARC.

These preliminary results are very exciting



as no other chemotherapeutic regimen for pancreatic cancer has ever been associated with this high a response. However, clinical research has been down this road before, and preliminary results in small numbers of patients must be interpreted with caution. Before this clinical trial can be accepted as a possible breakthrough or new standard of care, it must be repeated after enrolling large numbers of patients to be certain that the results are statistically valid. A multi-institution trial has been organized to test this two drug regimen, and TCRF has been recruited as a key site for this research. We are hopeful that this trial will constitute a major breakthrough for the chemotherapy of pancreatic cancer.

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CT Scan vs. Colonoscopy for Cancer Screening

Dr. David Rosenbaum, MD, Director of Medical Education

March is colorectal cancer awareness month. Therefore it seems appropriate to evaluate the current controversy regarding whether a new widely advertised technique, known as CT colonography, is ready to replace standard colonoscopy for cancer screening.

The American Cancer Society recommends colonoscopy for Cancer screening of average-risk men and women age 50 and older every 10 years. A sigmoidoscopy (limited scoping) should be performed 5 years after each colonoscopy procedure, and there should be annual testing for blood in the feces. Individuals with a strong family history, prior colon or rectal growths of any kind, or certain medical diseases of the colorectal area are considered "high risk" and require colonoscopy more frequently. The objective of this type of screening is not only to detect cancer early, but also to detect and remove other growths (polyps) that are likely to become cancerous in time. Colonoscopy has been essential for this screening process for many years, yet it carries a very low but still significant complication rate of 1 to 2 per 1000 procedures. Furthermore, the preparation is difficult, light anesthesia and several hours of observation are required afterward, and it is costly. Regardless, there is no argument that this can be a life-saving procedure and worth the effort.

CT colonography was developed to be a safer, rapid, less intrusive, and cost-effective screening technique that might yield the same information. It has been advertised as such for several years even though the final results of a critical head-to-head comparison between CT scanning and colonoscopy have just now become available. The results of this study in 2,600 individuals without any symptoms confirm that CT colonography is indeed a procedure with significant efficacy. It detected 90% of growths larger than 9 mm (about

6/16 inch), and 78% of growths larger than 6 mm. This means that although colonoscopy was 10% more accurate in detecting potentially important lesions, colonography nonetheless was quite sensitive. However, it was less sensitive for detecting very small lesions between 5 and 9 mm, but there is controversy anyway about the importance of these tiny polyps.

Although CT colonography demonstrated significant efficacy and has been advertised widely as a substitute for colonoscopy, there are some drawbacks. An inconvenient bowel preparation is still necessary, patients would be exposed to radiation every five years, and when a growth is found, follow-up colonoscopy is mandatory to obtain a biopsy. Furthermore, positive findings that later turn out to be normal ("false positives") occur, and lesions too flat to visualize may be missed. Also, a significant percentage of procedures (16%) uncovered incidental but worrisome findings outside the colon, which then had to be resolved by additional costly medical testing with a low yield of important diagnoses.

CT colonography has been recognized as a major advance in colorectal screening, Two panels of experts approved it as a guideline for five year screening in 2008, but this guideline was classified as "weak". At that time there was insufficient data to assess the balance of benefits and risks. Now, in 2009, on the basis of the new data described above, we can be confident that the procedure is reasonably accurate. Nevertheless, most experts still prefer colonoscopy as the screening method of choice, because it is even more accurate and allows biopsies during the procedure if needed. However, CT colonography has become an acceptable substitute if patients have special medical or anatomical conditions that make colonoscopy risky or impossible. 🍷

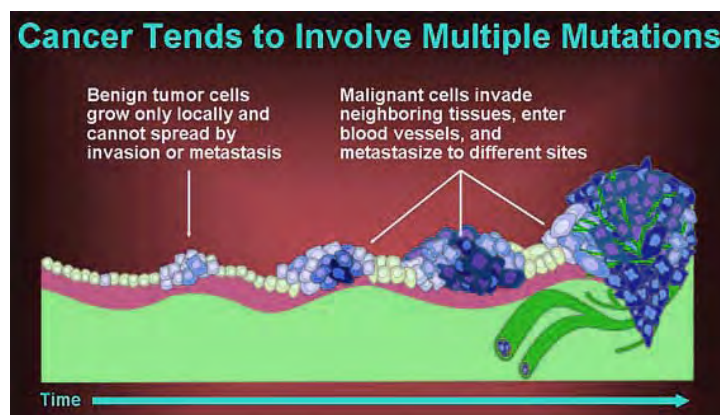


Illustration of a polyp converting to cancer due to a series of cell mutations (shown in blue violet).

Courtesy of NCI

2009 Tower of Hope Gala

We are excited to invite you to attend the
7th annual Tower of Hope Gala on June 14th, 2009.

This year the honorees come from within our Foundation: **Dr. Philomena McAndrew, Nancy Mishkin, and Steve Smith**. These dedicated individuals has contributed in their own unique way to TCRF's growth and development, helping to build it into a strong successful research foundation.

Please join us to honor these special people who have helped bring treatment options, education and support services to those who need them. And be sure to purchase tickets for our Opportunity Drawing to win one of three debit cards, in values of \$1000, \$1500 or \$2500!!

Nancy Mishkin was born in Germany, the child of two Holocaust survivors. She holds a bachelor's degree in sociology and a teaching credential. An active sculptor since the 1980s, Nancy is frequently commissioned throughout the United States for her work. She is President and Chairman of the Board of Beit T'Shuvah; with her husband, Jack, a Founder of the Music Center; a member of the Artistic Directors Circle of Music Center; a past board member of the Blue Ribbon Music Center, the Sonance Ear Institute and The Council of the Children's Burn Foundation. She and Jack have been married for 38 years and have 2 children, Mark (Lisa) and grandson Sam living in Chennai, India and daughter Lauren (Greg) and granddaughter Mia residing in Los Angeles.



Hope



Healing

Dr. Philomena McAndrew attended Villanova University as an undergraduate and obtained her medical degree from the University of Pennsylvania School of Medicine. She completed her internship and residency at Temple University Hospital and later a fellowship in Hematology/Oncology at UCLA, where she began a full time career in academic medicine. In 1987, she joined the Cedars Sinai Community and became one of the founding members of Tower Hematology Oncology Medical Group. Dr. McAndrew has been the principal investigator on several breast cancer studies, as her special interest is breast and other women's cancers. In addition to her active practice, Dr. McAndrew has been married for over 30 years and has two children, aged 23 and 18.

Steve Smith is a graduate of the University of Texas at Austin, where he was elected to Phi Beta Kappa. Steve was a co-founder of the broadcast music industry publishing, production and consulting firm ALBUM NETWORK, which was acquired by SFX Entertainment in 1997. When SFX was subsequently sold to Clear Channel Communications, Steve became the Chief Operating Officer of Clear Channel Entertainment. He is presently Chief Executive Officer of Anthem Music and Media Fund, and President of the Board of Governors of Sherwood Country Club. Steve and his wife Deborah have been married 32 years, and live in Thousand Oaks, California. They have a daughter, Amy, and two granddaughters, Elsa and Emery, in Charlottesville, Virginia.



Humanity

2009 Tower of Hope Gala Opportunity Drawing

Tower Cancer Research Foudantion is having an opportunity drawing for **three debit cards** in the amounts of **\$1,000, \$1,500, and \$2,500**. The winner will be selected at the June 14, 2009 Gala Dinner at the Beverly Hilton Hotel. 100% of the net proceeds of this opportunity drawing will go directly to TCRF. Winner need not be present to win.

Opportunity drawing tickets are \$50 each.

Please fill out the back of this ticket and return it with payment to Tower Cancer Research Foundation, c/o FTA Events, 427 N. Canon Dr. #108, Beverly Hills, CA 90210

For more information or for the complete copy of the rules and regulations please call (310) 288-1755.



Breaking the Rules




Talk about a “survivor”, TCRF patient Patti P. is the personification of that term. She had a low-grade lung cancer removed surgically from her right lung in 1994, then an aggressive type of lung cancer removed from her left lung in 1998. The latter spread to her spine several years later but remained dormant for years while she led a near normal life. However, there was no escaping the

need for therapy in March, 2007, when the lung cancer spread to both sides of her brain simultaneously. The brain tumor on the right was removed by surgery, then later both sides were treated with high dose intensely focused radiation therapy (the “gamma knife”). Amazingly, she recovered, became quite functional, and was considered a reasonable candidate for standard chemotherapy for lung cancer, which by now was spreading. Unfortunately, she did not respond and the cancer continued to spread; her life at that point could be measured only in months.

Her Tower oncologist suggested that she enroll in a clinical trial of an investigational drug at TCRF, and she agreed. This agent is of great interest because it blocks an overactive protein inside cancer cells


that makes them divide into daughter cells (an inhibitor of cell mitosis). Patti enrolled in April, 2008. Within three months a nearly 20% reduction in the size of her tumors was recorded. Importantly, the quality of her life improved markedly: she was no longer too weak to walk the stairs in her home, she could shower alone, dress herself, cook, walk without assistance, and her back pain was almost gone. For the past seven months the cancer remained stable and has not progressed; her lifestyle has improved, and she has continued to draw strength from her friends and family.

Patti’s case is unique because advanced lung cancer usually is aggressive and hard to treat. She has broken all the rules by demonstrating first that this disease sometimes remains dormant for long periods, in contrast to most cases which progress rapidly. Secondly, her disease has responded to and stabilized with a new investigational agent that has been administered only to small numbers of individuals. Her cancer was progressing so rapidly prior to the use of this agent that one would not have predicted this degree of response and high quality of life. Actually, oncologists have not yet assembled enough data to decide which cancer will be most responsive to this exciting new agent. Given her gratifying response, lung cancer likely will be high on that list. 

Ronnie Lippin Cancer Information and Resource Line 877-RLC-2120 ~ www.LACancerInfo.org

RLCIRL, a FREE community service at TCRF, is now available to help cancer patients, their families and friends cope with the challenges and complexities of a cancer diagnosis. Personal assistance with a professional social worker is provided by phone or online. The following are a few of the types of problems we can assist with:

- *What to do at the time of hospital discharge when the family caregiver is too overwhelmed and no longer able to care for the patient*
- *How to get free or low cost transportation to medical appointments for a cancer patient*
- *How to get financial support during temporary leave of absence for surgery, chemotherapy or radiation treatment if there is no other source of income and the employer is not a State Disability Insurance participant*
- *What choices are available to a cancer patient whose disease is no longer improving with treatment; what is the “California Right to Know End of Life Act of 2008”*

Our experienced social worker can assist with these and many other issues by making referrals to the appropriate resources and the most current cancer related information. RLCIRL is staffed Monday, Tuesday, Thursday, and Friday from 12:30-4:30PM and Wednesday from 4:30-8:30PM or you can leave a message and we will get back to you within one business day. 

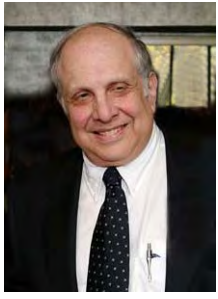
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NAME	NUMBER OF TICKETS (\$50 EACH)	
ADDRESS	CITY	ZIP
PHONE	EMAIL	
CREDIT CARD NUMBER	EXPIRATION DATE	
SIGNATURE		

TCRF 2009 Tower of Hope Gala Opportunity Drawing

Please return completed raffle ticket with payment to:
TCRF c/o FTA Events
427 N. Canon Dr. #108
Beverly Hills, CA 90210

Drawing will take place on Sunday, June 14, 2009 during the Gala Dinner at The Beverly Hilton.
Winner need not be present to win.



Are We Really Hitting the Target?

Peter J. Rosen, MD - Medical Director

The term “targeted therapy” has become synonymous with the modern treatment of cancer. By this we mean new agents that block specific molecules that function to stimulate cell growth and are located on the surface of or inside cancer cells. This contrasts with traditional chemotherapy, which does not distinguish between normal and cancer cell division, risking harmful effects to normal tissue. We have accelerated our quest for drugs that target molecular alterations within cancer cells, and although several very successful targeted drugs have been introduced, in many cases the results of such therapy have fallen short of expectations. Recent studies shed light on why these agents may work in some patients while not in others. The goal is to be able to offer these drugs for individuals who stand a good chance of benefiting while withholding them from others who have no chance of response and will only suffer unnecessary side effects. This will permit great cost savings by restricting the use of targeted therapy to only those patients who likely will benefit. Two examples are discussed here; many more explanations will be elucidated in time.

The first example is an old drug, tamoxifen, perhaps the earliest targeted agent, which has been an effectively used hormonal therapy for breast cancer for over three decades. Only patients with breast cancer whose cells contain the estrogen receptor protein respond favorably. However, not all women whose cancers have estrogen receptors benefited. Why not? It turns out that an enzyme system metabolizes and activates tamoxifen to molecules which are responsible for its

action. Some patients are unable to activate tamoxifen because their enzyme is weak, so they are very unlikely to benefit. Laboratories are now able to assay for this enzyme, which makes it possible to determine which patients will or will not benefit from tamoxifen.

A more recent case in point relates to antibodies or small molecules that block a pathway critical for cancer cell growth. A receptor-protein found on some cancer cells, the epidermal growth factor receptor, is the target of drugs such as Erbitux®, Vectibix®, and Tarceva® which are widely used to treat lung, colorectal, and head and neck cancers. However, these drugs are effective in only a minority of patients. Recently, it has been shown that only about half of all patients with colorectal cancer have any chance of responding favorably to such treatment. The reason is that blocking the receptor on the surface of the cancer cells is ineffective in patients whose tumors contain certain genetic changes (RAS mutations) inside the cell and further down the pathway that drive those cancers. This is another example where identifying a genetic change, the RAS mutation, permits oncologists to individualize which patients will or will not respond to this type of targeted agent.

Therefore, in a time of spiraling health care costs and an economic downturn, it is becoming possible to define which patients may derive help from classes of drugs by performing tests which are now becoming widely available. We can save needed money while at the same time focusing these therapies where they may work—this is really targeted therapy. 🏥

Cancer Newsbriefs

- The incidence of breast cancer among women age 50-69 declined significantly in the U.S. between 2002 and 2005. Researchers believe this is directly related to the decrease in the use of combined estrogen-progesterone hormones by post-menopausal women.
- A 10 year cancer-prevention study of 14,641 male physicians age 50 and older was completed recently. Half took vitamin E and C and the other half placebo, and neither vitamin protected against the development of prostate or other types of cancer. A similar 8 year study of 161,000 women found that individuals taking multivitamins daily had the same risk of cancer as those who did not. Although vitamins did not seem to prevent common cancers in these studies, many individuals feel better taking them.
- Birth control pills lower the risk of developing ovarian cancer by 20% for every five years the pills are taken. This is potentially an important method to reduce the possibility of ovarian cancer in women at high risk.
- The budget of the National Cancer Institute for funding cancer research has been flat for five years. This has resulted in fewer research projects, fewer clinical trials, and increased difficulty for researchers to find grants to support their work.
- Compounding this problem, there is a national shortage of patients willing to enroll in clinical trials, perhaps due to the misperception that they will not receive standard care. In fact, many clinical trials present two choices, the best standard care, or that care plus an investigational drug.
- The American Society of Clinical Oncology recommends special genetic testing of colon cancer patients prior to chemotherapy given in conjunction with certain “targeted agents” (as cetuximab), because these targeted drugs have proved ineffective in as many as 40% of patients whose tumors carry a common genetic abnormality (KRAS mutation).
- A study of approximately 1,100 individuals who previously had pre-malignant colon polyps removed showed that the regular use of any dose of aspirin significantly reduced the chance that polyps will recur, thus reducing the risk of developing colorectal cancer. 🏥



Notes from the Chairman: Fundraising in an Economic Downturn



Our economy is going through the proverbial one hundred year storm, the event that happens on rare occasions, but happens nonetheless. Famed economist Ludwig Von Mises pointed out that this boom-to-bust cycle is necessary to clean out the investments that should have never been made in

the first place. The sooner this process takes place, the quicker the economy will recover. Greed turns to fear and fear turns to greed. This principle is inherent in any market economy.

As frightening as all of this may seem, economies do recover and this mess will too. How do I know? As an economist and financial manager, one thing Federal Reserve Chairman Ben Bernanke and I have in common is that we are students of the Great Depression, spending many hours reading and learning of the causes and cures of that big event. Surely as night turns into day, this economy will recover.

All of us at Tower are aware of the financial impacts that this downturn is causing. However, we are prudent in our investment reserves and we are careful about how we spend each and every dollar that we receive. Our volunteer Board of Directors is very helpful in this regard. We are also aware that everybody with little exception has been impacted by this downturn.

We appreciate all of your past donations and future ones so we can keep this most important work going and going strong. I welcome your comments, Please feel free to email at yamshons@toweroncology.com. Thank you for your support.

Best regards,

Steven Lee Yamshon, Ph.D.
Chairman of the Board of Directors



Patti, Geri and Tower nurse Nita, are keeping their heads warm with the hats handmade and donated by Carol Harmatz.

Foundation News

Pam Blattner
Director of Administration



The Foundation is as busy as ever with new projects and events. We are excited about the upcoming Gala honoring three individuals who have played key roles in the growth and development of the Foundation (Article on page 3).

Board member Sally Magaram is chairing our third annual Spirit of Hope Luncheon, to be held on October 19, 2009 at the Beverly Hills Hotel. Honorees and other details are being finalized, please check back soon for more information. Due to its popularity, we will once again have a wonderful boutique for holiday gifts and general shopping.

The Ronnie Lippin Cancer Information and Resource Line is fully operational and has helped many people with cancer related questions (Article on page 4). In addition, we have begun work on a TCRF cookbook and are in the process of collecting recipes of all kinds. We urge you to submit your best recipes before the end of April to ensure inclusion in the book. (Article on page 7)

TCRF is very grateful to Carol Harmatz for crocheting soft, warm hats for patients. Carol, a retired school teacher, experienced breast cancer in her family and looked for a way to help others. Each hat she creates is unique and made with love. We also have been the fortunate recipients of CUREchiefs[®], kerchiefs handmade by volunteers of soft and cuddly fabrics, and donated free for cancer patients. Sandy Centorino, founder of CUREchiefs[®], having seen Dr. McAndrew on Oprah, traveled from Connecticut to deliver them, along with her reminder that patients suffering from cancer are not alone. Both the hats and kerchiefs are distributed free to patients by our Bosom Buddy volunteers.

A recent article in the Los Angeles Times referred to the difficulty drug companies have recruiting patients for clinical trials, resulting in delays in drug development. Your involvement encouraging patient enrollment in a TCRF trial or as a supporter directly helps that process.

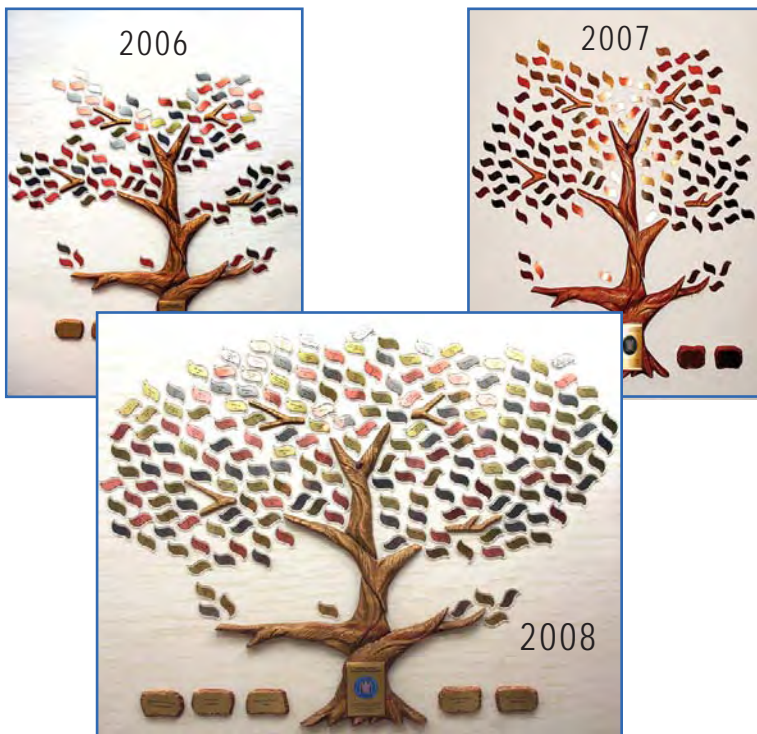
We appreciate the continued support of all of you who understand the importance of the work we are doing and the need to continue to develop new cancer therapies. Donations at any level are important to us and can be directed to Pam Blattner at 310-205-5713, blattnerp@toweroncology.com. We welcome you to consider remembering us in your will or other planned giving options. As always, thank you for your continued support.

Like Watering a Tree, Our Donors Help Us Grow

Tower Cancer Research Foundation is grateful for the generosity we receive from our Donors. Like watering a tree, our Donors help us thrive. One way to measure our growth is with the Donor Tree of Life, which has been continually expanding since 2006.

Then, a mere sapling, the Donor Tree of Life planted its roots and soon began to sprout leaves of **Hope, Healing and Humanity**. We added 93 leaves of copper, gold and platinum to the tree in 2006, nearly 200 in 2007, and 129 leaves in 2008.

We would like to thank our Donors who have contributed \$100 or more in 2009. You are further enabling our ability to spread our message of **Hope, Healing and Humanity**.



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Marilyn and David Williams

Calling All Cooks

TCRF is in the process of producing a cookbook as a fundraiser for the Foundation. The cookbook will address healthy, prevention oriented eating, but will also be a general, broad based book that will appeal to all kinds of cooks, and for all kinds of occasions. We are striving to include not only healthy, easy to prepare weeknight meals, but also holiday splurges, kid-friendly, and international foods.



We would love for you to share some of your best recipes with us. Recipe submission forms are available at the administrative and clinical offices as well as online at www.towercancerfoundation.org. Our book is scheduled to be printed over the summer and may be purchased in the fall of 2009. We would like to receive all submissions by May 1. If your recipe is from another source, please indicate that so that we can give appropriate credit to all. If you have a tradition or particular memory or story related to the recipe, please include that as well.

Recipes can be submitted via email to watterss@toweroncology.com, fax to 310-888-8603, or hard copy via the US mail to Pam Blattner at Tower Cancer Research Foundation, 9229 Wilshire Blvd., Beverly Hills, CA 90210. Please contribute and see your name in print! 



Tower Cancer Research Foundation

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Save the Dates:

**2009 Tower of Hope Gala
June 14, 2009 ~ Beverly Hilton Hotel**

**2009 Spirit of Hope Luncheon & Boutique
October 19, 2009 ~ Beverly Hills Hotel**

For more information, contact FTA Events 310-288-1755

Message from the President



Tower Cancer Research Foundation is a non-profit research foundation, dedicated to providing state of the art cutting edge clinical research in a private practice setting. We believe that patients are thereby treated in a more caring environment, while retaining the same physician and nursing team throughout their illnesses. We are committed to this concept and to the continued expansion of these capabilities. In addition, our affiliation with the City of Hope allows us to access additional trials. Although many of our trials receive funding from pharmaceutical companies, these monies covers less than half of the extensive infrastructure costs. Therefore, we depend on outside contributions to continue to advance the cause of cancer research. Your tax deductible donation to Tower Cancer Research Foundation may be mailed directly to our office, or via our web site (www.towercancerfoundation.org). For other planned giving options, or to remember the Foundation in your will, please contact Pam Blattner, Director of Administration at (310) 205-7242.

President, Tower Cancer Research Foundation

MISSION STATEMENT

Tower Cancer Research Foundation is committed to providing innovative research, community education and caring patient support while developing more effective treatments for cancer and blood disorders.