We’re emerging. It’s been a difficult time, these past few months, filled with anxiety, hardship and loss. But there has been an awful lot of good. For me, the center of that has been Roswell Park.

Here I am surrounded (all of us 6 feet apart) by some of the most dedicated, caring staff on earth — people who have given 1,000% to their jobs and their patients, night and day, during a strange, difficult time.

I have to thank and give a shout-out to the hundreds who have kept this hospital running while providing reassuring, world-class patient care during these long months: our nurses, doctors, physician assistants, nurse practitioners, CNAs, receptionists, administrative assistants, social workers, physical therapists, occupational therapists, lab techs and so many more. To those who have stepped away from their office jobs to help test the health of staff arriving for work each day. To the researchers who have offered their knowledge and experience to fighting COVID-19. To so, so many more.

What we do here in the fight against cancer is critical. And you, my donor friend, are critical, too. I have so much gratitude for every donation that has come in to support the COVID-19 Response Fund; for every cookie, frozen meal, pizza, and package of chips and queso delivered to help brighten staff days; for every mask and gift card. Thank you to every one of you who has given to the Annual Fund, who has gone bald for a neighbor or loved one, who is getting their bike ready for summer rides.

Because children still need their weekly infusions, adults still need their radiation, and too many loved ones are still being diagnosed with cancer every single day. Cancer isn’t being put on hold waiting for the coronavirus to go away.

We can’t wait to settle into our new normal. We know this will continue to be an adjustment for us all. But here is my promise to you: We will continue to be as ready as we can be, and we will continue to be here on the front lines of the fight against cancer, for you and your loved ones, no matter what happens. And I am grateful that you continue to be here with us.
With the iPads, inpatients can have face-to-face video calls with their family and friends. The devices will also give doctors an easy way to update loved ones on their status during rounds.

In December, when Mason heard “cancer” and “Dad in the hospital,” he thought his father was going to die. Chris says he prepared his son well for this second visit, and he’s handling it better. But other children will take it harder. Being able to see their parents in a video call will have a tremendous impact.

“Not being able to see my son now is extra difficult,” Chris says. “It’s good to be able to see him on video — even if he does get bored and wander off frame pretty fast.

“Face to face on the iPad is nice. My family has Apple devices, so that makes it quite easy to get hold of them. Mason has been pretty good with it. He’ll tell me some stuff, some what-happened-today stories. The ones that get the biggest uses are my mother and my father, who will be my caretakers when I get out of here.”

What does he think about the fact that the iPads are the result of donations? “I think it’s great. Given that people are here for longer and without the possibility of having visitors, it helps maintain those social bonds with people in our networks, which is not only helpful but necessary.”

Renee agrees. “Having people willing to donate in such a capacity is beyond helpful. It helps keep patients connected with family as physically as they can be. Being able to visualize someone is much more comforting than just hearing someone’s voice over the phone.” She says it also helps you know whether the patient means it when they say “I’m fine” or if maybe they just don’t want to worry you — you can see all the nonverbal language telling the real story.

“Patients are in a foreign environment with a very serious diagnosis and don’t know if they’re going to be OK,” she adds. “They no longer have the sense of security that visits provide. Our nurses do an amazing job, but they aren’t family members and certainly cannot take their place. The ability to video chat with a loved one not only enables that person to truly see how the patient is doing, but also allows the patient to see that their family is OK, too! Both of which can motivate the patient to continue their fight. It’s just a wonderful idea.”
Donations Help Launch New Research Grants This Spring

The world of cancer treatment has witnessed life-changing advances in the past 10 years. How does inspiration turn into reality? What is the answer? Thank you, to the generosity of our donors.

Twice a year, Roswell Park’s Scientific Advisory Committee (SAC) sends a call for submissions out to our scientific community. Through a rigorous, peer-reviewed process, the most promising are selected for donor-supported seed funding awards to help launch early stages of study.

This March, the committee received 24 submissions and selected these five for grant awards:

Donor Dollars

This March, the committee received 24 submissions and selected these five for grant awards:

Prostate Cancer and the Immune System

This study will explore how inhibiting an enzyme called WHSC1 affects the immune system and prostate cancer cells. It will also evaluate the potential therapeutic role of combining this inhibition with checkpoint blockade therapy. The results will provide information needed for clinical testing to help patients with prostate cancer.

**Led by Seb Battaglia, PhD, Center for Immunotherapy**

Pancreatic Cancer

Pancreatic ductal adenocarcinoma (PDAC) is an aggressive and largely incurable disease with a five-year survival rate of only 10%. The lack of effective treatments arises from a mechanism in PDAC tumors to evade most anti-tumor therapy. This study will explore a novel strategy to target a protein called I33. If the strategy is successful, an anti-I33 antibody that is already being tested for other diseases can be considered for a clinical trial in combination with immunotherapy.

**Led by Prasenjit Dey, PhD, Department of Immunology**

Esophageal Cancer and Glucose

Dr. Hochwald’s team will define and attack the mechanism by which cancer cells utilize glucose as a growth hormone to drive tumor proliferation in esophageal cancer. This will also help the team identify new drugs to prevent this kind of tumor progression.

**Led by Steven Hochwald, MD, MBA, FACS, Chief of Gastrointestinal/Endocrine Surgery**

Chronic Lymphocytic Leukemia and Older Adults

This project will test a geriatric assessment tool that evaluates health, mental well-being and social circumstances in patients with chronic lymphocytic leukemia to see if it can predict which patients are likely to have difficulty taking their cancer pills daily and which are more prone to poor outcomes.

**Led by Pallavi Torka, MD, Department of Medicine**

Obesity and Cancer Risk

Blacks in the U.S. have higher rates of obesity. To figure out how to reduce cancer risk from obesity, Dr. Year’s team will work with black communities of faith to test two different weight loss interventions. The team will build on the strengths of black churches to make weight loss interventions that may be more effective than what has already been done to reduce obesity and lower cancer risk in this population.

**Led by Karen Yeary, PhD, Department of Cancer Prevention and Control**

Often, donors make gifts to the Roswell Park Alliance Foundation that they designate to an area that holds special meaning for them. These types of funds, known as restricted funds, led to the following awards this spring:

Andrew Bakin, PhD, Department of Cancer Genetics and Genomics, and Christos Fountzilas, MD, Department of Medicine, for a study on a new therapy combination for bowel and stomach cancers.

Sophia Balderman, MD, Department of Medicine, and Joseph Lau, PhD, Department of Molecular and Cellular Biology, for a study investigating glycans in blood stem cells in myelodysplastic syndrome.

Craig Brackett, PhD, Department of Cell Stress Biology, for a study improving treatment for metastatic colorectal cancer.

Andrew Goey, PharmD, PhD, Department of Pharmacology and Therapeutics, for a study improving the safety of CDK4/6 inhibitor treatment in metastatic breast cancer patients.

David Goodrich, PhD, Department of Pharmacology and Therapeutics, for a study understanding and preventing lung cancer relapse.

Katerina Gurova, MD, PhD, Department of Cell Stress Biology, for a study on enhancing abscopal effect in radiotherapy.

Megan Herr, PhD, Department of Medicine, and Joseph Tario, PhD, Department of Flow and Image Cytometry, for a study exploring the relationship between pre-BMT immune profiles and post-BMT graft-versus-host disease and early cancer relapse.

Amanda Quisenberry, PhD, Department of Health Behavior, and Karen Yeary, PhD, Department of Cancer Prevention and Control, for a study exploring how to reduce sugar-sweetened beverage consumption by diverse adults.

Li Tang, MD, PhD, Department of Cancer Prevention and Control, and Yue Wu, PhD, Department of Urology, for a study on maximizing the success rate of androgen-receptor-targeted therapy in breast cancer.

Agnes Witekiewicz, MD, Director, Center for Personalized Medicine, for a study on biomarkers of response to CDK4/6 inhibitor treatment in metastatic ER+ breast cancer.

Katerina Gurova, MD, PhD, Department of Cell Stress Biology, for a study on enhancing abscopal effect in radiotherapy.

Andrew Bakin, PhD, Department of Cancer Genetics and Genomics, and Christos Fountzilas, MD, Department of Medicine, for a study on a new therapy combination for bowel and stomach cancers.
Easing the Cancer Journey: The Cancer Coach Program

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she wonders if her anxiety was even worse than what other patients felt. “My nursing background gave me insight into what to expect from wonders if her anxiety was even worse than what other patients felt. As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she

In 2019, multiple myeloma patient Karen was feeling anxious about her upcoming bone marrow transplant (BMT). As an RN, she
“If it wasn’t for the Angel Fund, I don’t know what I would’ve done.”

Marion has been fighting cancer for 15 years: breast cancer twice, and now leukemia. As a cancer patient, she’s at very high risk from contact with others during the COVID-19 pandemic, so she had no choice but to resign her job in retail management. None of the assistance she’s applied for since mid-March has come through yet.

Things have been hard. So when she needed emergency heating help, the Angel Fund stepped in. When Marion expressed her concern to her doctor, Dr. Wang encouraged her to called Brian Braun, Director of Social Work Services. His reply: “Give me a little time. I might have a solution.”

He soon called back: “We’ve got you covered.” “I burst into tears,” Marion says.

The Angel Fund was founded in 2012 by Phil Hubbell to help patients and families experiencing extraordinary financial challenges. A longtime Roswell Park supporter and member of the Spiritual Care Team, Phil started the fund in honor of his wife, Jayne, who died from breast cancer. Many additional donors have since joined him in supporting it. Thanks to them, it’s been able to help patients experiencing extra hardship because of the pandemic.

“At end of day, Roswell Park’s ability to care for patients would look completely different without the Angel Fund,” says Brian. “We’re able to help people live their lives the way they’re meant to be. They can focus more on healing and coping.

“We have this ability because there are people out there who care for our community and give back in ways that are the utmost in generosity and caring.”

Marion’s not going to let it end there. She’s already planning a kayaking event to raise funds for the Angel Fund next year.

“Without you guys, I don’t know what type of boat we’d be in right now, but it would have a big hole in it. Thank you from the bottom of my soul.”