This issue of Roswellness highlights the Blood and Marrow Transplant (BMT) Program at Roswell Park Cancer Institute (RPCI). While we have featured this specialized center of excellence in past issues of this magazine, we felt that we were more than justified in taking another long, hard look.

One reason is the accelerated use of transplants globally to treat an ever-lengthening list of life-altering diseases, most notably leukemia, lymphoma, aplastic anemia and other malignant and non-malignant blood disorders. Another compelling reason for our “revisit” is the promising research, newly-added affiliated services and recent redesign of RPCI’s BMT Program.

To say that a transplant is a “family affair” does not begin to capture the magnitude of the courage, commitment and sacrifice enveloping this experience. A new pilot program aimed at “caring for the caregiver” has been launched at RPCI in an attempt to provide needed resources and support to BMT families and patients. You will also read the inspiring stories of those who have successfully undergone transplants, and who now encourage others to consider this important treatment option.

If you have additional questions regarding BMTs, I invite you to visit the web sites of the National Marrow Donor Program (www.marrow.org) and of Roswell Park (www.roswellpark.org/bmt).

On another note, readers may recognize a change in this issue, as we have restructured our donor listings. All donor names of $250 and above now will be listed once per year, in the Alliance Foundation's annual report. This change is intended to ensure 100% accuracy on giving levels and attribution, specifically for the many donors who make multiple gifts during the year. Please call (716) 845-3328 with any questions, or for more information about individual donor opportunities at Roswell Park; or call (716) 845-4369 for details about corporate giving opportunities.

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STUDIES SHOW THAT THE MORE FREQUENTLY A PHYSICIAN PERFORMS a specific procedure, the better the outcome for patients. That’s one principle that is taking the Blood and Marrow Transplant (BMT) Program at Roswell Park Cancer Institute to the next level of development.

In October of 2004, the program was redesigned so that BMT Program physicians now perform all transplants. “This allows us to become even better at what we do,” says Philip McCarthy, MD, chief of the BMT Program. As a result, each patient benefits from the expertise – and experience – of this highly specialized medical team.

Patients now remain under the care of the transplant program for defined time periods – approximately 30 days following autologous transplant and approximately 100 days or longer following an allogeneic transplant.

Centralization of the BMT Program also ensures consistency of care by applying the same high standards at every step in the process, from pre-transplant procedures to follow-up care. “Now we have a patient/family conference for all patients prior to transplant, as well as a psychosocial evaluation for all patients, and a pre-transplant conference where the patient meets with all members of the transplant team,” explains Joyce Yasko, PhD, Assistant Vice President for Clinical Research Services, and Transplant Program Administrator. “Communication has been greatly facilitated.”

Because research is essential to the development of more effective BMT therapies, every patient in the program is enrolled on a clinical trial to help evaluate new approaches to care. Patient data are analyzed constantly so physicians can determine how different treatment plans affect patient outcomes. That information is used in planning program improvements.

Other improvements are made on the basis of a careful review of the latest medical literature. Theresa Hahn, PhD, a clinical epidemiologist, condenses and analyzes large volumes of material for review by BMT physicians; one current review is weighing the possible benefits of BMT for treating acute lymphoblastic leukemia. Hahn also helps the BMT physicians design clinical trials. McCarthy points out that Roswell Park’s BMT Program is one of very few in the country with an epidemiologist on its clinical team.

Hahn recently received funding from the American Cancer Society to study how genetic differences affect the ways in which patients’ bodies process the chemotherapy drugs or radiation they receive as part of the transplant process. That information could help physicians “tailor treatment to the individual patient,” she says.

“Right now, we’re tailoring treatments to the kind of disease a patient has and the type of transplant involved. For example, if you’re deficient in a particular enzyme, you shouldn’t get certain drugs, so alternative drugs are given to reduce side effects,” adds Dr. McCarthy.
The search for a way to customize treatment programs for individual patients is one way the field of molecular epidemiology is having an ever-increasing impact on cancer research. McCarthy says researchers in the BMT Program also are looking for other ways “to trick patients’ immune systems into taking care of them,” noting that Swaminathan Padmanabhan, MD, staff physician in the Lymphoma/Myeloma and BMT divisions, is applying that concept to the development of a leukemia vaccine.

Dr. McCarthy emphasizes that BMT should be considered early on in a patient’s treatment plan. Even a patient who is already undergoing standard therapy can be referred to Roswell’s BMT Program to prepare for the possibility that a transplant will be needed in the future. With early referral, the patient is evaluated and undergoes the preliminary steps for a transplant, and a search begins for a compatible donor. Then, if standard therapy should fail, everything is in place so the transplant can proceed quickly.

Timing is critical, because when a referral to the BMT Program is considered only as a last resort, “the patient may have advanced disease, and then we can’t offer a lifesaving transplant, because it would take too long to find a donor,” explains Minoo Battiwalla, MD, a member of the BMT team. In July 2005, RPCI sponsored a conference for medical professionals regarding the appropriate timing of patient referral for transplant.

Care for the patient does not end with the transplant. Recognizing the need for lifetime follow-up to monitor chronic health problems that can occur after a transplant, Roswell Park offers a long-term care clinic that is “open to all patients who received a transplant at any time in the past, either at Roswell or elsewhere,” notes Dr. Battiwalla. “Very few places have dedicated long-term clinics.”

Dr. McCarthy says that the clinic’s primary role is “to provide advice for unique, long-term complications that may occur. We want to encourage continued interaction with the patient’s primary-care physician.”

Advances in patient care are linked directly to the quantity and quality of research conducted in the BMT Program. “We should be doing things that push the field,” explains McCarthy. “Constantly evaluating our results helps us see how we can do things better.”

### BMT 101

The Who, What and Whys of Treatment

Blood and bone marrow stem cell transplants are used to treat patients with malignant and non-malignant blood disorders and certain solid tumors. The procedure involves destroying the cells in the patient’s bone marrow with intensive chemotherapy or radiation, followed by a “rescue” in which the marrow or stem cells (blood cells in the earliest stages of development) are replaced.

In the case of an *autologous* transplant, blood or marrow stem cells are taken from the patient prior to chemotherapy or radiation. An *allogeneic* transplant uses blood or marrow stem cells from a donor. About two-thirds of Roswell Park’s BMT patients undergo autologous transplants; the other third receive allogeneic transplants.

BMT may be an effective treatment for such malignant blood disorders as acute or chronic lymphoid and myeloid leukemias, non-Hodgkin lymphoma, Hodgkin disease, multiple myeloma, amyloidosis, and myelodysplastic syndromes; such non-malignant blood disorders as aplastic anemia, immunodeficiency disorders, hemoglobin disorders, and enzymatic disorders; and solid tumors, including Ewing’s sarcoma, neuroblastoma, testicular cancer, and primitive neuroectodermal tumors.

Higher patient volume has been linked to better outcomes. A recent study published in *Blood*, the journal of the American Society of Hematology, indicates that there is a decreased 100-day mortality rate following allogeneic (donor-supplied) transplants in settings where there is a higher patient-to-physician ratio. Specifically, the study showed decreased mortality in settings with a patient-to-physician ratio greater than 12:1. The current ratio at RPCI is 29:1.

**Ensuring Better Outcomes**

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**Need more information? Visit our web site at** [www.roswellpark.org/bmt](http://www.roswellpark.org/bmt).
When Duty Calls

Local servicemen band together to help a fellow veteran

By OSSN Sean DeZalia

MEMBERS OF BUFFALO’S OWN NAVY MOBILE INSHORE UNDERSEA Warfare Unit 214 (MIUWU 214), which was mobilized for Operation Iraqi Freedom in 2003, rolled up their sleeves recently to donate blood platelets to help a fellow veteran and Buffalo native, Jeff Lawrence. Lawrence, a Korean War veteran, was diagnosed with leukemia last year and is currently undergoing treatment at Roswell Park Cancer Institute (RPCI), where the donations took place.

Electronic Technician Second Class Richard Kidd, a friend and business associate of Lawrence’s son, spearheaded the effort for the unit. As a result of his efforts, nearly one-third of the 100-member unit donated platelets on Lawrence’s behalf.

Platelets supply coagulation factors needed to clot blood and prevent excessive bleeding. Patients who are being treated for leukemia and other types of cancer, and those who have had blood and marrow transplants are more prone to bleeding. These patients frequently need daily platelet transfusions during their treatment.

Some medical treatments require as many as 100 platelet transfusions for a single patient,” said Richard T. Cheney, MD, Chair, Department of Pathology, RPCI. “This translates into the need for 50 to 100 donors per patient. The demand is enormous, and since we can't manufacture platelets in the lab, so is the need for donors.” Donating platelets is a simple, safe, painless process that takes about two hours.

According to MIUWU 214 Commanding Officer Keith Bruce, “We did our duty overseas. Now we’re doing our duty at home. This goes along with what the unit is all about, helping each other. It shows that we are committed to not only helping each other, but our local community also.”

Electronics Technician First Class Phil Varone of Lewis Run, PA, shared his thoughts about donating platelets. “We saw a need and we filled it,” he said. “If it makes a difference for one patient, that’s a good thing…a very good thing.”

The organizer of the event, Petty Officer Kidd, echoed that sentiment: “In the military, we take care of our own. Jeff Lawrence is a close friend. He’s also a war veteran and served our country proudly. This is our chance to help him.”

Lawrence believes that increased awareness about the need for giving the gift of life is key to winning this fight. “Both whole blood and blood platelets are needed and appreciated. I don’t know what the future holds for me, but because of the work that guys like these do, I know I can do it.”

MIUWU 214 is a commissioned Naval Reserve Unit providing centralized control, coordination and integration of coastal warfare assets for anti-terrorism/force protection of strategic shipping and naval vessels. The unit is based at the Buffalo Navy & Marine Corps Reserve Center on Porter Avenue and currently has openings for naval reservists.
focus on blood & marrow transplantation

Preventing Recurrence of Multiple Myeloma

Roswell Park is conducting two separate clinical studies aimed at improving outcomes for people with multiple myeloma, which occurs when plasma cells grow uncontrollably, damaging the bones and the immune system. Because the disease often returns after standard treatment, developing new therapies is essential.

The first study will evaluate the long-term use of the drug Lenalidomide for preventing recurrence of the disease. Dr. Philip McCarthy, principal investigator of the national study, says evidence indicates that Lenalidomide has “a profound effect on myeloma. This is really exciting.”

In the second study, myeloma patients will receive a combination of the drugs Bortezomib (Velcade), Doxorubicin Liposome (Doxil) and Thalidomide. Each of the drugs showed promise when administered separately in previous studies, and it is hoped that the three will work even more effectively when given together. Asher Chanan-Khan, MD, of the Department of Medicine, is leading the study.

Age May No Longer Preclude BMT

Until recently, BMT was not an option for patients over the age of 55. In most cases, side effects from the intense doses of chemotherapy or radiation administered before a transplant would have posed serious problems for older patients, who often are fighting more than one disease.

But Minoo Battiwalla, MD, a member of the BMT team, says there is growing evidence that “the beneficial effects come not so much from the intensity of the chemotherapy but from the donor’s immune cells,” which go to work in the patient to fight the disease. This is called the graft-vs-tumor effect. Lowering the pre-transplant dose of chemotherapy or radiation preserves the antitumor effect of the transplanted immune cells while minimizing side effects. This process, called nonmyeloablative transplant, has made it possible to “raise the upper age limit for transplantation from 55 to 75 years,” explains Battiwalla. “We can now offer transplants to a growing number of individuals who otherwise would be disqualified.”

Combating GVHD

The goal of a blood or marrow transplant is to get the donor’s disease-fighting T-cells to attack the disease that is making the patient sick. However, in some cases, the donor’s cells also attack the patient’s normal tissues, causing serious complications. This is called graft-vs-host disease (GVHD), and it occurs most often when a donor is biologically unrelated to the patient.

Dr. Minoo Battiwalla is working to develop a method that will decrease the possibility of GVHD, while protecting the beneficial qualities in a donor’s T-cells that attack abnormal cells in a patient. Through his research, he hopes to find a way to identify and remove the potentially harmful alloreactive T-cells from the donor’s blood or marrow before transplantation. His project aims to make allogeneic (donor-assisted) transplants even safer and more effective for the patients who need them.

A Golden Opportunity for Summer

Please consider giving the gift of life – whole blood and blood platelets – this summer. As people begin their leisure activities and vacations, donations across Western New York decrease significantly. All blood types are needed, but there is a special need for type 0. 0+ is the most common blood type and 0- is the universal donor (most everyone can be transfused with 0- blood).

Our patients and their families urgently depend on the generosity of donors. For information on donating blood or platelets at RPCI, please call 716-845-8275.
FOLLOWING AN INTENSIVELY CHALLENGING AND RIGOROUS hospital stay, BMT patients are not entirely “home-free” once they are discharged. Maintaining the same level of care and compliance is essential, requiring an extraordinary commitment of both patient and family members. As a result, families assume the role of caregiver with the same anxious “let’s do it!” attitude characteristic of young pilots taking their first solo flights: they’ve watched the experts; studied the basics; and even taken some practice runs. But once airborne, they never quite anticipate the impact of turbulence, sudden weather changes, and a low fuel gauge.

Sharon Kramer was unaware of the critical role that a family caregiver plays in the health and recovery of the transplant patient. “There was definitely a general sense of winging it,” she says. Her husband, Brian Kramer, is a Roswell Park patient who received his transplant in 2004. “It can really knock your socks off, all the information out there; and there were many well-meaning people telling me how to do things… but they just had not been through it.”

To help bridge the gap in understanding the art and science of caregiving, Roswell Park’s Division of Psychology created a pilot support effort called the Blood and Marrow Transplant Caregiver Program. The program is one more example of how Roswell Park donors make a difference for patients, as it is entirely donor-funded through a grant from the Roswell Park Alliance Foundation.

Organizers have high hopes that the program may quickly become a lifeline of support, now missing in the transplant process.

The Missing Link

Sandy Jensen, PhD, a medical psychologist at RPCI, created the program with the help of hundreds of past BMT patients and their families. She explained that Roswell Park has had an exceptional success rate of preparing patients and their families for the transplant process. But despite medical, psychosocial and case management efforts, most families are not able to grasp or prepare for the complex care that would eventually be required upon discharge – even though most said they believed they would be ready before the event occurred.

“BMT is one of the most grueling medical experiences a person can undergo,” said Jensen. “After an initial allogeneic transplant (where cells are received from a donor), a patient can be immunosuppressed for months, years, or even the rest of their lives. The treatment is arduous, and each person needs dedicated caregivers willing to make life sacrifices to provide the proper attention and specialized support required.”
How specialized is the care? Many transplant patients literally cannot be left unattended. They often require up to 30 medications per day, given at various times and under a variable set of conditions. Central venous lines need to be flushed and dressings changed. There are dietary restrictions, and physical, behavioral, cognitive, emotional, and neurological changes that need to be closely watched.

Jensen says that many caregivers must take a leave of absence from their jobs – time which can range from several months to a year or more – to devote themselves entirely to their loved one’s care. Some must leave the world of work entirely. And all must adapt to taking on additional household roles.

While the impact of such a life change on families is enormous, Jensen says that the ramifications of improper BMT care caused by caregiver burnout or neglect can be even greater: in a worst-case scenario, making the difference between short- and long-term survival.

“We ended up culling a lot of information from studies in dementia and elder care fields,” said Mignone. “Then we went right to the source – our past patients and families – to fine-tune what their exact desires would have been in a similar program.” Tips were also borrowed from the Leukemia and Lymphoma Society’s “First Connection” program.

The result is a two-pronged approach that includes a Family Intervention Component (a comprehensive care manual and caregiver training program) and a Resource Family Component (a “mentor” program matching former BMT patients and caregivers with those just venturing out).

The unique, one-two punch is already receiving rave reviews from families enrolled in the program. It also has attracted an impressive number of volunteers (over 70 families) from the ranks of past Roswell BMT patients and their caregivers, all bent on making the experience easier for others.

**Roadmaps to Recovery**

When embarking on the BMT caregiving journey, families without an advance plan, open communication and support report that difficulties quickly surface.

“You can’t do it all,” admitted Sharon Kramer, who cared for her husband for several months following his transplant. “You have to find people you can trust to help you, and then delegate certain tasks.”

The Caregiver Program's Family Intervention Component addresses these issues head-on. Each BMT candidate and his/her family are provided a comprehensive Patient Orientation and Caregiver Program manual. Consider it the “Everything You’ve Always Wanted To Know about BMT...
Care But Were Afraid To Ask” workbook. Inside its two-inch thick binder lies a wealth of user-friendly language and chapters ranging from Environmental Concerns to Emotional Well-Being, Medications and Caregiver Issues.

Perhaps most importantly, the book offers caregivers easy-to-follow checklists and fill-in boxes to record their patients’ specific needs – a roadmap of reinforcement for both the caregiver and family members helping with tasks.

“It’s easy for caregivers to quickly fall into crisis mode,” explained Jensen. “Questions like ‘Who will babysit the other children or grandchildren? Who will do the grocery shopping? Who will help balance the checkbook or provide transportation when I’m not available?’ are critical to address before you come home from the hospital.”

The workbook also has a “Patient Wishes” Q & A list. Written before administration of any intensive medication, the entries allow patients to record their thoughts on topics such as the kind of foods desired; what to say during a bad day; preferred exercises and activities; and unique emotional or physical warning signs that should trigger a response from the family, even when dialogue is impossible.

**Been There, Done That**

What makes the new BMT Caregiver Program truly special, however, is its Resource Family Component: a mentorship match-up between families who have made the transplant journey and families embarking on it.

“Everyone wants to give back,” said Mignone. “The overwhelming response we have heard is that if they (the former patients) can just help one person get through these challenges like they did, and offer hope, it will be worth it.”

At a May Resource Family volunteer training session, BMT patient-volunteer Joe Zogaria expressed that desire even more bluntly. “After my transplant, I wanted to see someone walk into my house who had been there…10, 11 years out…someone alive – a survivor – who could help show that down the road, I would be okay.”

Zogaria and about 20 others at the session proved, through their presence, how great the need was for this service. As if popping a champagne cork, the survivors and their caregivers poured out story after story of challenges they faced. It’s the kind of chemistry that can’t be found in a book; a bond that could only exist among strangers who have faced the same dragon, and lived to tell of their escape.

“You miss a lot of family things, weddings, events, traveling,” said William Kump, a transplant survivor who was cared for by his wife, Cindy, over a 16-month span. “Not even my closest family members quite understand what I went through.”

A mother offered a story of how her 11-year-old son refused to go to school, claiming stomach aches. “He was actually afraid to leave the house, worried that Daddy might not be there when he returned, and would instead be back in the hospital.”

**A Lifeline of Support**

Armed with personal experiences, each volunteer Resource Family will make the tough times easier for new transplant families. After training, they’ll be matched up by demographic and medical similarities to ensure a good fit. No Resource Family will be paired with more than two transplant families per year, to help avoid burnout.

It is estimated that 120 patients and their families will benefit from the BMT Caregiver Program per year, and that 150 post-transplant patients and their families will participate in the Resource Family Component.

“Resource Families know from experience what techniques have helped them to manage stress, and they can help their matched families develop self-help skills, self-esteem, and other support systems,” said Jensen. “They are examples of competence and embody the hope of recovery.”

Upon completion and evaluation of the pilot year program, Roswell Park’s Psychology Division plans to expand the program to assist more BMT patients locally and across the country. Future plans also call for adapting the donor-funded program to help families facing other cancers at Roswell Park.

**BMT Caregiver Program at a Glance…**

- **Goal:** To improve post-hospital care for patients and the caregiving experience for patients and families
- **Two-stages of support:**
  2. BMT Family Resource Mentorships
- **Funded by donations to the Roswell Park Alliance Foundation and Gift Shop proceeds**
- **Future expansion to help families facing other cancers**
And They Lived Happily Ever After...
A BMT Love Story

Bryce and Linda Morgan say today they are happily married because of Roswell Park. Their story began in 2000 when Bryce was diagnosed with chronic myeloid leukemia. They both worked at Tonawanda, New York-based Praxair – Bryce, a consultant and information technology specialist, and Linda, RN, the company’s wellness coordinator. They knew each other, but not well.

Bryce approached his diagnosis with intensity, taking on the science of cancer as if it were a second career. He pored over medical journals, sought second opinions, and traveled the internet before deciding that Roswell Park was where he wanted to receive his treatment. His physician recommended a bone marrow transplant.

“My doctor explained the risks, but I already understood a transplant was the only chance I had for a cure. I paid attention to every detail and stayed focused on the outcome: beating this disease,” he recalls.

Understanding the rigors of a bone marrow transplant and with no immediate family in Buffalo, Bryce asked a small group of friends and co-workers to become his family during his treatment. Linda was among them.

“I got involved in his care as a nurse and as a friend, but as time went on, I marveled at his bravery,” Linda remarked. “I admired his determination. You really get to know what someone is made of when they go through a difficult illness such as cancer.”

From those long days and nights in the hospital, Linda and Bryce’s relationship changed from friendship to something much more. “It’s because of Roswell Park that we are married. It was a slow and thoughtful process, but I have never in my life felt more loved,” Bryce explains.

The two were married on May 1, 2004. “When I knew I was going to live, I knew I wanted to spend my life with Linda,” Bryce remarks with a smile.

The Morgans believe in the power and empowerment of knowledge, networking and support as they offer this advice to other cancer patients: “Keep the faith. You have to realistically face cancer, but you can make a difference in your own care if you study the options and select the treatment plan that is best for you. Rely on your family, and if your family is not close, create a support network of friends and co-workers. They will help see you through the tough times.”

SAVE THE DATE!
BMT patients and their families are cordially invited to attend “BMT All-Stars Day” at Roswell Park on Saturday, October 1, from 1 to 4 pm. Invitations will be mailed shortly. For more information, contact Mary Lou Simmons at 716-845-7665 or by email at marylou.simmons@roswellpark.org.
Young BMT Survivor Shares Hope with Other Children Facing Cancer

By Kendra Smith

At the age of two, most children are discovering the outside world for the first time, a world full of exciting adventures and new discoveries. Carly Scherer spent her first years on a different kind of adventure – discovering the frightening world of hospitals and cancer.

In 1992, Carly was diagnosed with acute promyelocytic leukemia. Before the age of five, she would undergo chemotherapy, two relapses, and two bone marrow transplants, all to help her defeat childhood cancer. While Carly remembers only segments of her battle, her mother Katherine Rogala-Scherer (a proud Roswell Park nurse and case manager since 1981!) recalls the extensive support from friends and family that helped throughout Carly’s treatment. She also feels grateful for the care that her family received from Roswell Park.

“Of the several hospitals we used throughout Carly’s treatment, Roswell Park provided the most support to our family and to Carly,” said Rogala-Scherer. “That kind of help got us through.”

Included within the Roswell support framework were family assistance and childhood activities from what was then called Friends of Children with Cancer. The volunteer network has since greatly expanded under the “Carly’s Club” name, in honor of another Carly – Carly Collard-Cottone, who lost her own brave battle with cancer in 2002 at age 11. But while the name has changed, the group’s core aim remains relatively the same: to make life a bit easier for kids facing cancer and their families.

Small gestures, such as tickets to a Bisons game or a Halloween party, continue to bring smiles, and a chance to forget about the real world, to families who need it the most. Today, funds raised for Carly’s Club also support the most promising pediatric cancer research at Roswell Park focused on finding cures.
“We do believe that Carly’s Club was vital to our family’s recovery,” said Kathy. “The group is filled with individuals who are going through similar difficult times, or who have in the past. It provided our family with support, advice and even lifelong friendships to get through the rough times.”

Today, at the age of 15 (soon to be a sophomore at Mount Saint Mary’s Academy), Carly Scherer has been in remission for 10 years. While she entered life with a more difficult approach, Carly now is an enthusiastic, healthy teenager who has learned so much from her diagnosis and treatment. She hopes to someday become a psychologist to help other children and adults go through similar life challenges.

Carly also continues to volunteer at several events held by Carly’s Club. She even led her girl scout troop to raise money for research at Roswell Park. When asked, she said that she enjoys volunteering because she knows that she is making life a little more enjoyable and tolerable for other kids.

“I like watching the kids’ faces light up when they come to an event,” said the spirited survivor. “It’s my favorite part of volunteering.”

Senator Clinton poses with conference participants (l-r) Dr. Hui Meng (Toshiba Stroke Research Center), Dr. Norma Nowak (Roswell Park and University at Buffalo (UB) Center of Excellence in Bioinformatics), Dr. Candace Johnson (Roswell Park) and Dr. Marnie LaVigne (Bufflink and UB Center of Excellence).

What’s Up with caBig™?

The National Cancer Institute’s initiative, caBIG™ (cancer Biomedical Informatics Grid) is well on its way to its goal to speed the delivery of innovative approaches for the prevention and treatment of cancer. Launched in July 2003 as a pilot study, caBIG has grown dramatically. To date, there are 70 projects underway and almost 50 NCI-designated cancer centers helping to build the grid.

“Roswell Park is currently participating in three of the workspace groups: Vocabularies & Common Data Elements Workspace, Strategic Planning, and Integrative Cancer Research,” said JoAnne Ruh, VP for IT and caBIG™ representative. “However, we are seeking ways to expand our participation. In April, RPCI staff submitted four proposals which could help develop novel software solutions for data storage and analysis.”

According to the caBIG™ website (https://cabig.nci.nih.gov/), the hope is that caBIG™ will continue to connect teams of cancer researchers with standard data collection and reporting methods. As it grows, researchers will be able to answer research questions more rapidly and efficiently, which should accelerate progress in all aspects of cancer research – from population studies and prevention strategies to early detection and treatment.
ANOTHER OPTION FOR EARLY-STAGE RECTAL CANCER

A new surgical procedure, called Transanal Endoscopic Microscope (TEM), enables surgeons at RPCI to view and remove early-stage rectal tumors without radical surgery. Invented in Germany and now available at limited locations in the United States, “the TEM offers a greater opportunity to decrease surgical side effects and possibly retain normal anal sphincter function in patients following surgery,” said Ashwani Rajput, MD, Department of Surgery. “We believe that the TEM gives us more options for treating patients who have early-stage tumors or polyps located in the rectum.”

Candidates for this procedure must have early-stage rectal tumors or polyps located in the lower or mid-rectum. Ideally, tumors should not be larger than four centimeters, although in certain situations, larger, benign polyps can be considered for this procedure.

NEW THERAPY MAY HAVE SOME LUNG CANCER PATIENTS BREATHING EASIER

The search for an effective follow-up therapy for some post-surgical patients with early-stage, non-small-cell lung cancer may be over. Results of a prospective, randomized trial published in the New England Journal of Medicine (June 23, 2005) concluded that Vinorelbine plus Cisplatin prolongs disease-free and overall survival in patients whose tumors have been completely resected.

The study was conducted by the National Cancer Institute of Canada Clinical Trials Group, the Southwest Oncology Group, the Eastern Cooperative Oncology Group, and Cancer and Leukemia Group B. Todd Demmy, MD, Chair of Thoracic Surgery at RPCI, was part of the research team.

Lung cancer is the leading cause of cancer death in North America. For early-stage, non-small-cell lung cancer, surgery is the treatment of choice, but five-year survival rates have remained stubbornly in the 30-60% range.

In this study, 482 patients with stage IB (45%) or stage II (55%) disease were randomized to either a group that received a brief course (16 weeks) of Vinorelbine plus Cisplatin, or to the observation group. The median age of patients was 61 years and 65% were men. The regimen was associated with acceptable adverse event rates. Overall survival was significantly prolonged in the chemotherapy group compared to the observation group. The five-year survival rates were 69% and 54%, respectively.

“Our results demonstrate that the Vinorelbine and Cisplatin combination is not only effective, but can be safely administered in an outpatient setting, with limited toxicity,” notes Dr. Demmy. The authors recommend that a brief course of such chemotherapy become the standard of care for patients with good performance status after complete resection of stage IB or stage II non-small-cell lung cancer.

NEW HOPE FOR AML PATIENTS

The outcome of patients with acute myeloid leukemia (AML) remains poor, and new treatment approaches are needed. Meir Wetzler, MD, Department of Medicine, and colleagues have shown that STAT3, a protein that transfers signals from outside the cells, is activated in half of AML patients, and that these patients have a worse outcome.

The researchers previously showed that arsenic trioxide down-regulates the activated STAT3, and designed a phase I clinical trial to test the effect of increasing doses of arsenic trioxide on this protein followed by standard high-dose chemotherapy in patients with AML younger than 60 years of age. To date, 27 patients have been accrued. Eighteen patients (66%) achieved complete remission.

The research team is now conducting the phase II portion of the trial and accruing seven more patients to perform additional analyses. This work is partially supported by the National Cancer Institute.

What’s New @ RPCI?

FIND OUT MORE BY CALLING 1-877-ASK-RPCI OR VISIT OUR WEBSITE AT WWW.ROSWELLPARK.ORG
Roswell Park Cancer Institute is the second center in the United States to install the newly-designed Gamma Knife model 4C. This cutting-edge technology reduces treatment times for and provides more comfort to patients with brain disorders, through state-of-the-art computer developments.

Gamma Knife radiosurgery offers the precision and power of surgery without a scalpel. It delivers 201 intersecting beams of radiation to a disease target in the patient’s brain with radiation doses sufficient to destroy tumors and obliterate vascular formation in even the most critical, difficult-to-access areas of the brain.

The core of this upgrade is a computer-controlled Automatic Position System (APS), a precision robotic device that accurately aligns tumors and other targets.

RPCI is the only site in Western New York where minimally-invasive Gamma Knife radiosurgery is available to treat brain tumors, arteriovenous malformations and other disorders such as trigeminal neuralgia and Parkinson’s disease. Since 1998, more than 1,000 patients have been treated at RPCI using Gamma Knife technology.

RPCI researchers are recruiting adult smokers to participate in an international study on the effects of cigarette smoking. The study will determine if people who smoke cigarettes with higher levels of chemicals called tobacco-specific nitrosamines (TSNAs) have higher amounts of TSNAs in their bodies. TSNAs are among the most abundant carcinogenic compounds in tobacco smoke.

One hundred twenty-five subjects will be recruited for the study – 50 from the United States and 25 each from Canada, Britain, and Australia.

RPCI is recruiting both male and female participants between 18 and 50 years of age, who are current, daily smokers, in good health, with reliable transportation and willing to answer questions, collect their own cigarette butts and provide urine, saliva and breath samples. Participation includes one day of smoking each participant’s usual brand and two laboratory sessions, each lasting from 30-60 minutes. Participants will be reimbursed for their time and inconvenience.

“This is the first study of its kind ever conducted on an international scale,” said Gary Giovino, PhD, Department of Health Behavior.

The study is part of a five-year, $8.8 million Transdisciplinary Tobacco Use Research Center grant awarded to RPCI from the National Cancer Institute. The grant affords the opportunity to study the impact of national level policies in countries around the globe and provides an opportunity to conduct research to assess the impact of these policies.

For more information, call 716-845-8605 and ask for the smoking study.

Researchers from RPCI’s Division of Cancer Prevention & Population Sciences found that regular aspirin users (at least one tablet per week for at least one year) had a modest reduction in breast cancer risk (18%). They also observed that this association was stronger among those who took seven or more tablets per week, compared with those who did not use aspirin regularly.

While this study supports the chemopreventive properties of aspirin against breast cancer, lead author Kirsten Moysich, PhD, cautions that additional data from controlled clinical trials are needed to determine a testable preventive dose, and to assess the health risks (eg., hemorrhagic stroke or gastric ulceration) of regular aspirin use.

Prostate Cancer: Road Map to the Future, a major conference hosted by Roswell Park in July, drew national and international speakers, collectively representing a veritable “who’s who” in the field of prostate cancer.

The program offered new information on prostate cancer biology, treatments for advanced prostate cancer and original research in specific biomarkers that may provide a more accurate assessment of prostate cancer prognoses.

Dr. T. Ming Chu, the RPCI researcher who pioneered the prostate-specific antigen (PSA) test that revolutionized prostate cancer detection and management, presented a historical perspective on its development.
FROM TODDLERS TO SENIORS, HUNDREDS OF WESTERN NEW YORKERS ARE EXPECTED TO JOIN ROSWELL PARK’S DOCTORS, NURSES AND STAFF ON SATURDAY, SEPTEMBER 17 TO WALK FOR ROSWELL PARK CANCER INSTITUTE (RPCI) AND ITS RESEARCH PROGRAMS.

The event they will participate in, “Roswell Walks for Cancer Cures,” will be just the third in RPCI’s history. It was created in response to feedback from patients and their families, all seeking the same opportunity: an event in which anyone, regardless of income or athletic ability, could make a difference for loved ones, friends and Roswell research.

“We have some tremendous fundraising events,” explained Katie Johnson-Hoffman, co-chair of “Roswell Walks,” and a Roswell Park Alliance Community Advisory Board volunteer. “But previously, if you couldn’t ride a bike, swim, swing a golf club or afford an auction, there were limited events that you could take an active role in.”

She says that the idea for adding some more universal events was a result of seeing that missing piece thanks to input from the people who matter most to Roswell Park—its patients and their families.

“Many people got in touch with us about hosting walks in their communities, and about possible expansion of the East Aurora Bosom Buddies breast cancer walk,” added Johnson-Hoffman. “From there, it just took flight.”

The result is that “Roswell Walks” will be held in two locations, Buffalo and Lewiston. Joined with the 11th annual Bosom Buddies Walk (supporting the WNY Breast Resource Center at RPCI), to be held simultaneously in East Aurora, the day will carry the “Three Walks, Two Hours, One Mission… Stopping Cancer in its Tracks” banner theme.

Highlighting the day will be the opportunity to walk shoulder-to-shoulder with RPCI doctors, nurses and other staff on cancer-specific fundraising teams.

Walkers will be colorfully decked out in matching t-shirts representing their fundraising team. For example, the family of a lung cancer patient may designate all their funds to lung cancer research, and will march side by side on their route with a representative of Roswell Park’s Thoracic Center team. Walkers who instead want to help any other cancer their loved one is affected by may check off a variety of other options.

“This is one of the only walks in town that allows that much flexibility in where the money goes,” said Francesca Mesiah, another Alliance volunteer who helped plan the event. “As someone whose aunt and other close friends have been touched by cancer, I appreciate that personalization – that our walks will specifically help Roswell’s doctors find new treatments for the diseases we’re most affected by. I think that really resonates with people.”

Organizers like Mesiah and Johnson-Hoffman say that they’re looking forward to another strong turnout this September from families and patients seeking to make a difference; wishing to
fight cancer with their bodies and minds, in hopes of making the journey easier for others down the road.

Walkers of all ages and backgrounds came out for last year’s event. Although it rained steadily, it couldn’t put a damper on their dedicated spirits.

“It was a very positive day all the way around,” shared Sandra Spencer, who walked on behalf of her husband, a leukemia patient, and for another family member with breast cancer.

“…our walks will specifically help Roswell’s doctors find new treatments for the diseases we’re most affected by. I think that really resonates with people.”

– Francesca Mesiah, volunteer

Spencer says she felt a personal satisfaction in giving back to Roswell Park for the care it provided to her loved ones – especially the extra attention received during her husband’s treatment by staff whose work might otherwise be overlooked.

“RPCI has a very caring staff,” offered Spencer. “The nurses, outreach programs, counselors, social workers and psychologists, don’t get enough recognition. Their support was essential.”

She added that although her husband recently lost his cancer battle, he would have wanted to help other patients. She also felt good about raising awareness of Roswell Park’s important research programs during her fundraising effort.

“Everyone in this area knows of Roswell Park, but people don’t necessarily know about the research component. Essentially, they think of Roswell Park as a cancer treatment hospital and not the amount of research that it being conducted.

“It is too late for my husband, but raising dollars for research might help someone else. My husband would have liked that.”

David Szalach, age 47, walked at the Lewiston Academy Park location in 2004, and plans to return this fall with co-workers and friends from Conestoga Rovers & Associates. Szalach, a melanoma survivor, says he walks out of gratitude for his care, and to help others facing a cancer diagnosis.

“I came to Roswell Park after being unsuccessfully diagnosed elsewhere,” he explained, “and I have never received better care than I did while there. My advice to others is not to wait until it’s too late. I hope that my walk can help Roswell Park find even more and more ways to help patients like me to become survivors.”

STOP CANCER IN ITS TRACKS!

Register today for either of the following events at www.RoswellWalks.org or call 716-845-8788. Online registration offers easy fundraising tips and tools!

Saturday, September 17, 2005

Roswell Walks for Cancer Cures
- Fundraise for the cancer research program of your choice!
- 1.5-, 3- and 5-miles routes
- Downtown Buffalo (starts and ends at RPCI’s WJK Park & Gardens)
- Lewiston (starts and ends at Academy Park)
- 8:30 am Registration / 9:30 am Start

Bosom Buddies Walk for Breast Cancer
- Supports the WNY Breast Resource Center at RPCI
- 1.5-, 3- and 5-miles routes
- East Aurora Middle School
- Chinese auction and lunch
- 9:30 am Registration / 10 & 10:30 am Start

Walk “Teams”/Buffalo & Lewiston
- Leukemia/Lymphoma & Myeloma
- Pediatric & Adolescent Cancers
- Melanoma, Sarcoma & Dermatology
- Brain Cancer
- Ovarian, Cervical & Gynecological
- Colon, Stomach & Esophageal
- Lung
- Breast
- Bone Marrow Transplant
- Head & Neck
- Prostate, Bladder & Kidney
WHAT BEGAN AS A SPOTLIGHT ON THE HORIZON THREE years ago has grown into a laser beam of hope on the Roswell Park campus – all thanks to the most generous philanthropic support in Roswell Park’s history, and visionary leadership from RPCI administrators and the New York State legislative delegation.

It was September 2002 when Governor George Pataki visited Buffalo to announce sweeping support for Roswell Park’s proposed Center for Genetics & Pharmacology, part of the impressive new Buffalo Life Sciences Complex (BLSC). New York State would contribute $41 million to Roswell Park’s Center, plus $75 million to BLSC partners Hauptman-Woodward Medical Research Institute and the University at Buffalo for their respective buildings and infrastructure needs.

The catch? Each partner would have to raise the remaining funds required for building construction – $21 million for Roswell Park’s first building phase alone.

“We always had confidence in Roswell Park’s reputation and in our vision for the building,” said David A. Zebro, Chairman of the Board of RPCI, and one of the Horizons of Hope campaign co-chairs along with his wife, Susan. “But since it was Roswell’s first-ever capital campaign, there was, of course, a lot at stake.”

Anne D. Gioia and her husband, Richard, rounded out the chairmanship team. She agreed with Zebro that there
was no doubt they would reach their goal eventually; but that it would hinge on two prime factors: generous major donors offering some of their largest gifts ever, and a groundswell of support from community donors wishing to help make cancer history.

Both came through for Roswell Park in overwhelming fashion.

From initial gifts including $3.5 million from the John R. Oishei Foundation and $1.5 million from the Margaret L. Wendt Foundation, to major pledges from family foundations, Buffalo News Publisher Stanford Lipsey and his wife, Judith, M&T Bank and a $1.5 million corporate gift from Delta Sonic (Roswell Park’s largest corporate donation ever), a solid base of support was built. Then in June 2004, the Kresge Foundation of Troy, Michigan responded with a $1.15 million challenge grant of its own.

The final $1.15 million would be dependent upon Roswell Park securing all remaining dollars from additional RPCI faculty and staff, and from a wide cross section of the Buffalo-Niagara community. In typical Western New York style, gifts of $10, $20, $50 and more poured in from all towns and cities; the majority from persons who had personally felt the sting of cancer in some way, and who wanted to be part of finding tomorrow’s cures.

In all, over 7,100 individual gifts came in over a period of just six months. Together with 1,100 gifts from Roswell Park’s faculty and staff, the goal was achieved by mid-May, a few months ahead of schedule. A community celebration is planned for fall 2005.

“The campaign’s success has been measured not only in dollars, but through the chord struck with thousands of new and returning donors,” said Anne Gioia. She offered that many even sent highly personal letters with their gifts, explaining their inspiration for giving.

“Everyone has a story; everyone has been impacted,” said Gioia. “This building will put Roswell Park in the place it needs to be to take advantage of emerging opportunities, and to find the cures we all hope for.”

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New Horizons To Explore:
Wishing To Make A Lasting Difference

Wallace Family Bequests
$830,000 To Translational Research Endowment

Wishing to make a lasting difference for cancer patients and their families, the Wallace Family of Collins, New York has left a bequest of $830,000 toward a new Endowed Chair in Translational Research at Roswell Park.

The generous gift provides well over half of the $1.5 million needed to make this a fully endowed Chair. The donation was inspired by a family history of cancer, according to Robert Wallace. At the time of the gift’s designation, Wallace said that his interest in supporting Roswell Park stemmed from the fact that his adoptive parents, Anne and Lew Wallace, had both fought cancer. A deeply religious man and only child, Robert Wallace spent his career as a teacher at St. Joseph’s School in Gowanda. He died in March 2004 at the age of 74.

This critically important endowment will be invested into Roswell Park’s long-term efforts to springboard innovative laboratory research into promising clinical trials and new anticancer drug therapies.

The chairmanship, to be known as the Robert, Lew and Anne Wallace Endowed Chair in Translational Research, will be held by Candace Johnson, PhD. Dr. Johnson is RPCI’s Senior Vice President for Translational Research, and is responsible for overseeing the continued growth and success of Roswell’s “bench to bedside” approach to bringing forth new treatment options for patients.
Little People Helping Little People

How America’s favorite toymaker is reaching out to help pediatric cancer patients

By Allison Sardina

What do a comprehensive cancer center and toys galore have in common? At first thought, not too much. After all, scientific research, cutting-edge technologies, doctors and nurses seem a far cry from Rescue Heroes™, Barbie™ and Power Wheels™. Yet today one can see a very real connection as a brilliant partnership between Roswell Park Cancer Institute and Fisher-Price comes to fruition: a collaboration to brighten the lives of pediatric patients and raise funds for cancer research through The Paint Box Project and Carly’s Club at Roswell Park. Through its work, Fisher-Price is supporting Roswell Park in the way it knows best – by enriching the lives of children and families.

Using Art to Fight Cancer

On May 5, Fisher-Price hosted an Art Party at its East Aurora headquarters for the talented patient-artists of The Paint Box Project. The Paint Box Project is Roswell Park’s therapeutic art program that helps take young minds off cancer; volunteers then raise funds for research through the sale of cards and gifts featuring the children’s work.

The Art Party was a child’s dream come true. The children were surrounded by their favorite Rescue Heroes™ and Little People™ characters in costume, thanks to the enthusiastic and dedicated Fisher-Price employee volunteers.

“I had a complete sense of awe of the families and children who were there. It really put things in perspective,” expressed Chuck Scothon, Senior VP of Marketing and Brand Development at Fisher-Price. “We were able to make a difference in the lives of these patients and families for a few hours – this is what you work for.”

Fueled by enough pizza and cookies to last forever, the young Picassos thoroughly enjoyed working hard to create artwork customers will see in The Paint Box Project’s upcoming Holiday Collection.

The reason behind the party? Fisher-Price has agreed to generously sponsor two cards from the collection to be featured in its own holiday catalog, reaching more than 6 million households.

Jennifer Bronstein, a Roswell Park Alliance volunteer and co-chair of The Paint Box Project, remarked on the importance of the gift.

“Our goal for this program is to continue bringing the cards and gifts to new and different audiences. In one gesture, they have helped us reach people across the country and the world that we might never have had the opportunity to meet,” she said.
Scothon added that it is a win-win situation.

“We continually strive to provide unique products for our consumers, which The Paint Box Project cards are. At the same time, we hope to generate some significant revenue for Roswell Park’s research, education and patient care programs.”

**Enhancing Cancer Care Through Play**

Carly’s Club, Roswell Park’s official pediatric child life division, also benefits from Fisher-Price’s corporate support. The company’s recent donation of brand new toys for pediatric patients’ hospitality bags and for Roswell Park’s inpatient pediatric unit was a welcome sight for all patients served.

“We are all about kids and toys, so the donation was just a great fit,” said Karen Kline, Supervisor of Community Relations and Employee Communications at Fisher-Price. “If we can bring a little sparkle to the lives of these kids, then we’ve done our part.”

Beyond stirring imaginations, the toys also serve a greater purpose. Much research has been devoted to examining the benefits of play to children with cancer.

“Play is critical for children in a hospital setting,” explained Kristen Duquette, Medical Social Worker at Roswell Park. “It can be used as a diversion from pain or stress, or as a familiar activity that can bring a sense of normalcy to a child undergoing treatment. Having new toys often keeps the attention of the children for a longer period of time and allows for a more pleasant hospital experience,” she added.

**Out To The Ballgame!**

Hitting a homerun with Roswell Park’s youngest patients, Fisher-Price has donated box seats at Buffalo Bisons’ games for the past two years. The support is part of “Chip’s Pal’s Suite,” a Carly’s Club initiative in which the company is one of only a handful of others (including Zwiegles and Comfort Suites) stepping up to the plate to share more smiles.

Members of Carly’s Club even threw out the first pitch at the Bisons’ May 20 game before receiving star treatment within the suite.

“It’s just nice to be able to offer that to these patients so that they are able to forget about their problems and enjoy a game with their family, if only for a bit,” said Sarah Craig, Vice President of Human Resources and Administration at Fisher-Price.

The faculty and staff at Roswell Park are thankful for the tremendous support received.

“We’re thrilled to have such a dynamic partner on so many levels,” shared Dr. Martin Brecher, Chair of Pediatrics. “It’s our hope that collaborations with Fisher-Price and other like-minded companies will continue to grow to support our patients, and to help us find cancer cures.”
Dheerendra Prasad, MD, MCh, has been appointed Director of Neuro- & Pediatric Radiation Medicine and Co-Director, Gamma Knife Unit in the Department of Radiation Medicine.

Dr. Prasad will be responsible for treating brain and spinal tumors in both adults and children with radiation; for treating brain tumors, trigeminal neuralgia (tic pain), and vascular malformation of the brain with gamma knife radiosurgery; and for directing research in brain tumor radiosurgery.

Dr. Prasad comes to RPCI from University of Virginia where he served as both a neurosurgeon and radiation oncologist.

Peter Winkelstein, MD, has been appointed Chair for Clinical and Scientific Informatics.

Dr. Winkelstein will be responsible for overall strategic direction of the informatics initiatives needed to support clinical and research activities and for strengthening and enhancing the interaction of basic, clinical and population sciences programs through data organization, mining and management techniques.

Dr. Winkelstein comes to RPCI from Eclipsys Corporation, where he served as Senior Clinical Informaticist. He earned a Master of Science degree in Astronomy from the State University of New York at Stony Brook; his medical degree from the University at Buffalo (UB) School of Medicine and Biomedical Sciences; and completed residency training in Pediatrics at Children’s Hospital of Buffalo. His research interests include ethical and social factors in medical informatics and electronic health records.

Christine Ambrosone, PhD, Chair, Department of Epidemiology, presented her breast cancer research at the Fourth Annual “Era of Hope” meeting, hosted by the Department of Defense Breast Cancer Research Program, in Philadelphia, PA, this June.

Ambrosone discussed how genetic susceptibility factors, such as those involved in the metabolism of carcinogens, may clarify relationships between exposure to environmental contaminants and risk of breast cancer. Gene-environment interactions, she said, may also define the role of a diet high in fruits and vegetables in reducing the risk of breast cancer.

Ambrosone also presented findings from a study conducted with colleagues at the German Cancer Research Center in Heidelberg and several radiation units in Germany. This study sought to identify predictors of skin toxicities caused by radiation therapy in women with breast cancer who were treated with lumpectomy followed by radiation therapy. The investigators found that women with a common gene variant that reduces activity of GSTP1, an enzyme that protects cells from the reactive oxidant species generated by radiation therapy, were more likely to have severe skin side effects from treatment.

The “Era of Hope” provides a forum for scientists, physicians, breast cancer survivors and advocates, policymakers, and the general public to learn about the advances against breast cancer.
The National Comprehensive Cancer Network (NCCN) has awarded three grants totaling $498,798 to researchers from the Department of Medicine. The grants, open only to NCCN investigators, focus on the evaluation of Capecitabine, a chemotherapy drug used for gastrointestinal cancers. Out of nine grants funded this year, RPCI received three.

- **Milind Javle, MD**, $200,000 for a phase II study of Capecitabine combined with Oxaliplatin and radiation for esophageal cancer
- **Lakshmi Pendyala, PhD**, $100,000 to study gene expression profiling of esophageal cancer in patients receiving Oxaliplatin, Capecitabine and radiation
- **Renuka Iyer, MD**, $198,798 for a phase II study of Capecitabine, Gemcitabine and Bevacizumab in pancreatic cancer

“Roswell Park Cancer Institute, as a premier center of groundbreaking research in cancer care, continues to receive awards with substantial funding for innovative, outstanding concepts as so judged by their peers in oncology,” said William T. McGivney, PhD, Chief Executive Officer, NCCN.

**Michael K.K. Wong, MD, PhD, FRCPC**, Medical Director of Clinical Drug Development, has been appointed to the Scientific Advisory Board of the National Cancer Coalition (NCC). NCC supports research, medical assistance, and programs throughout the world in an effort to improve the cancer patient’s quality of life.

**Youcef Rustum, PhD**, Senior Vice President for Science Administration and Chairman of the Department of Cancer Biology, has been appointed a member of the Institute of Medicine (IOM) Committee on Cancer Control in Low-and Middle-Income Countries. As an independent, scientific advisory body, the IOM strives to develop policy for health care delivery to low- and middle-income countries.

**Keshav Singh, PhD** (Cancer Genetics), received funding from the Breast Cancer Coalition of Rochester for his project "Mitochip Expression Array: A Genomic Approach to Identify New Breast Cancer Genes."

**Kunle Odunsi, MD, PhD** (Gynecologic Oncology) has been named the Anna-Maria Kellen Cancer Vaccine Collaborative Clinical Investigator by the Cancer Research Institute. The designation brings with it a three-year, $225,000 grant.

Odunsi is the principal investigator of a study to evaluate the safety and effectiveness of a vaccine treatment derived from a protein, called NY-ESO-1, as immunotherapy for patients with ovarian, fallopian tube or primary peritoneal cancer. He also is developing a new method that is based on the degree of immune cells in a patient’s tumor to better predict a patient’s clinical course.

The Cancer Vaccine Collaborative is a partnership between two not-for-profit academic institutions – the Cancer Research Institute and the Ludwig Institute for Cancer Research – which has developed an unparalleled program that conducts a systematic analysis in humans comparing immunological approaches to the creation of therapeutic cancer vaccines through a coordinated global effort.
ON THE HOCKEY ICE, PAT LAFontaine battled some of the NHL’s roughest rogues, thugs and puck barons. Yet none was half as tough as Robert Schwegler, the young leukemia patient he befriended during his days as captain of the Buffalo Sabres.

NHL Hall of Famer LaFontaine, who hung up his jersey in 1998, is now active on the speaker’s circuit and in multiple charitable causes. Robert succumbed to his illness at the tender age of 12 back in 1994. But LaFontaine still made a special effort to return to Buffalo from his Long Island home on June 25 to ride in memory of Robert at the 10th annual Ride For Roswell, presented by Wegmans.

“He always said if we ever needed him, he’d be there for us, so I invited him to come in for the Ride.”

So in typical LaFontaine style – skating under the radar and without fanfare – he did what Pat LaFontaine always seems to do when a favor is needed: he came to quietly lend a hand and to lift others’ spirits; not much differently from what he did during his first meetings with young Robert at his Roswell Park bedside.

Biking the 62.5-mile route with the Schwegler family team, the gifted athlete and marathoner pedaled side by side with over 2,900 other riders that day. He reflected after the Ride that he was just doing his part, like everyone in attendance, and the 14,000 riders before them who have ridden in the Ride since 1996. Like everyone else, he was riding a bike as a small but important way to help Roswell Park researchers do whatever is necessary to save more lives, and find more cures.

“A lot has happened in the decade since Robert left us, and since this event got started, that offers us hope for the future,” expressed LaFontaine. “Survival rates are rising year after year, and scientists at Roswell Park and across the country are on the edge of genetic discoveries that were never before possible. This 10th anniversary is an important milestone; but it’s also a reminder that there are more miles to go before we can truly say cancer is conquered.”

Judging by the emotions shared by the hundreds in attendance that day, their colorful team t-shirts and inspiring memorials written to loved ones on the Ride’s “T-shirt of Hope,” it was a sentiment shared across UB’s Baird Point that day.
Ride for Roswell Raises Record
$830,000

Thanks to Wegmans, all our riders, volunteers and sponsors (see below) for helping the 10th Ride For Roswell reach new heights; over $830,000 was raised! The new total has pushed the event’s cumulative impact to donations of $3.3 million since 1996. Here are a few of the ways the Ride has made an impact on Roswell’s scientific and clinical priorities over the past decade:

• Providing seed funding for testing the newest ideas in the laboratory to fight cancer. Over 10 years’ time, the initial results obtained from multiple state-of-the-art studies have leveraged millions in additional national research dollars. The result is more refined clinical trials that are improving patient outcomes and long-term survival rates.

• Offering “Quality of Life” programs to make time in the hospital easier for patients and their families. Such programs include financial assistance to low-income families for lodging and transportation; patient education materials; and pastoral care initiatives for persons of all faiths.

• Taking advantage of new medical and scientific technology. Ride For Roswell donations helped RPCI bring an advanced radiosurgery tool known as the Leksell Gamma Knife to Western New York in 1998 – turning brain cancer surgery for many patients into outpatient visits. Over the years, Ride dollars also have been invested in similar tools to create minimally invasive treatments for patients; and the latest in high-tech laboratory resources (e.g. Flow Cytometry, DNA Microarray Resource, Affymetrix GeneChip Core Facility, etc.) required to help researchers stay on the leading edge of scientific breakthroughs.

Special Thanks To Our 10th Anniversary “Big Wheel” Sponsors

Presenting Sponsor: Wegmans
It’s not easy being green.

Fundraising to help find cancer cures took a new leap this summer, thanks to “Cricket Cares.” Get your green Cricket Cares bracelet by making a $3 donation to RPCI at any WNY Cricket store or at the free Canal Concert Series in North Tonawanda, NY. You’ll receive a $25 gift certificate toward phone activation and a free ring tone of your choice! Cricket is also donating a percentage of new phone activation sales to RPCI now through September 30.

These Boots Are Made For…

It’s time again for three walks…in two hours…with one mission: stopping cancer in its tracks! Roswell Walks for Cancer Cures (Buffalo, Lewiston) and the 11th annual Bosom Buddies Walk (East Aurora) take to the streets on Saturday, September 17 to benefit cancer research and the WNY Breast Resource Center at RPCI, respectively. Walk together against cancer with members of the Roswell care team while raising funds for the personal cause of your choice. See details on page 14 or visit www.RoswellWalks.org.
Nothing Mickey Mouse About It!

Join Mickey, Minnie, Goofy and the gang the weekend of January 7, 2006 for Roswell Park’s Team Cure Orlando Challenge in Walt Disney World. Run or walk a 5K, half-marathon or full marathon to honor loved ones and friends touched by cancer. Cross the finish line and you’ll receive a high-five from your favorite Disney characters! It’s a truly magical weekend benefiting research to save lives. We provide the training, airfare, accommodations and more. You provide the stamina! Information sessions and training begin this month (www.TeamCure.com).

Limited spaces are also still available for the October 8 Team Cure Tahoe Challenge!

In Gear with Gisel

Don’t have time to bike 500 miles over the Alaskan terrain for charity? Let business exec and cyclist Bill Gisel do the work for you! Purchase Bill’s The Ride book ($16) online (www.GiselsRide.org) or at the RPCI Gift Shop, and all proceeds will benefit Roswell Park research. “Gisel’s story provides a shining example of how, by virtue of hard work and commitment, a seemingly impossible goal can be achieved,” said NFL Hall of Famer, cancer survivor and fellow author, Marv Levy. This sale is in special memory of Bill’s mother, the late Kay Gisel, a longtime Roswell Park Alliance volunteer. Brake for your copy today!

Artworks for Cancer Research

The 2005 Holiday Paint Box Project collection, sponsored by Upstate Pharmacy, may be right around the corner, but now you can have ideal cards and gifts year-round! Order your all-occasion greetings today at www.PaintBoxProject.com or call 1-800-959-5931. From birthday, thank you, and everyday greeting cards to jewelry, candles, wrapping paper and chocolates…it’s all available 365-days-a-year to benefit Roswell Park. All colorful designs are drawn by our talented pediatric patient-artists!

Seeing Stars

Senator Bob Dole, Scott Hamilton, Barry Bostwick, Sam Donaldson, Rue McClanahan, General H. Norman Schwarzkopf…our A-list goes on and on of past All-Star Night black-tie gala honorees. Mark your calendar for our 16th annual event taking place on January 28, 2006 at the Adam’s Mark Hotel. You’ll dine with our own all-star scientists, clinicians and volunteers; but you may just rub elbows with Hollywood, Broadway or Beltway insiders! Call 716-845-8788 for corporate sponsorship information.
Expanding the number of patients who can benefit from the latest scientific discoveries is the goal of Roswell Park Cancer Institute’s Clinical Cancer Research Center – a unique research program that will be dedicated to the conduct of new phase I clinical trials.

Coordinated by Donald Trump, MD, FACP, Senior Vice President for Clinical Research, Candace Johnson, PhD, Senior Vice President for Translational Research, and Joyce Yasko, PhD, FAAN, Assistant Vice President for Clinical Research Services, the Clinical Cancer Research Center will be designed to facilitate the translation of cutting-edge research from RPCI’s scientists to the clinics.

The Center, expected to cost up to $5 million, will be partially funded by gifts from Roswell Park donors.

The Need for Clinical Trials

“Clinical trials are the basis for many breakthroughs in cancer treatment and the greatest source of progress in cancer therapy,” says Dr. Trump. “I feel strongly that participation in a clinical trial should be considered for most patients with cancer.”

Clinical trials in cancer are all developed based on the premise that new therapies have a good chance of being better than the standard treatment. The staff at RPCI is committed to offering clinical trials that promote improved quality of life, while offering hope for extended survival.

To support this effort, and optimize the conduct of phase I clinical trials, the Clinical Cancer Research Center at Roswell Park will allow for more personalized attention and close
monitoring for patients participating in clinical trials. The unit will be a dedicated area that will allow staff to offer quality care, and have the space to complete the key observations and sample acquisition required for every clinical trial.

Building on a Roswell Strength

“At the current time, Roswell Park offers around 300 therapeutic clinical trials. We hope to enroll over 1,000 patients this year,” said Dr. Joyce Yasko. “Accrual to RPCI clinical trials has increased each year since 2002; however, there is potential to greatly increase the current accrual level.”

It is estimated that less than five percent of all adult cancer patients participate in clinical trials. This is unfortunate because clinical trials have enormous potential to improve survival, reduce cancer symptoms and even save lives. For example, more than 75 percent of all children with leukemia are involved in clinical trials. Due to such high rates of participation, childhood acute leukemia – a disease which was uniformly fatal 40 years ago – is now cured in 80 percent of patients.

Holistic Care in a Dedicated Setting

The Clinical Cancer Research Center will provide a much needed facility in which careful monitoring, blood sample drawing, physiologic measurement, patient education and patient/family support can be carried out. With a dedicated unit, it is estimated that RPCI could enroll as many as four to six times more patients on new early-phase investigational studies. This would allow for earlier completion of studies and more rapid availability of important new drugs.

“How clinical trials yield valuable information that dramatically enhances patient outcomes,” continued Dr. Trump. “The new Center will expand the number of trained support staff available to process patient data. This expanded capability will allow Roswell Park to dramatically increase the treatment options available to cancer patients.”

Achieving National Goals

Clinical trials will play a critical role in fulfilling an ambitious goal of the National Cancer Institute (NCI). As one of the NCI-designated comprehensive cancer centers, RPCI is committed to helping Andrew C. von Eschenbach, MD, Director of the NCI, eliminate the suffering and death due to cancer by the year 2015.

The NCI Director believes that new prevention strategies and clinical trials will help everyone live out their natural life span. At his speech at the Institute (September 2003), Dr. von Eschenbach closed his presentation with an example of how the reality of cancer has changed in the last 30 years. He pointed out that he began his medical career in 1971 – the year that the National Cancer Act was signed and Lance Armstrong was born.

“If you told me in 1976, when I joined MD Anderson, that a young man diagnosed with testicular cancer that had spread to his lymph nodes, his lung and his brain would be alive five years later, I would have told you then that it was a dream. If you told me that not only would he survive, but he would have won the Tour de France, I would have told you that was a fantasy.”

But, that is exactly what happened. This summer, Armstrong raced in the Tour de France for the seventh consecutive time.

“What may seem like a fantasy or a vision today – to create a world free from the death and suffering of cancer – can be a reality of tomorrow,” said von Eschenbach.

How you can help...

Roswell Park’s new Clinical Cancer Research Center needs your support to help bring tomorrow’s treatments and new hope to cancer patients.

If you belong to any charitable organizations or wish to make an individual gift toward this effort, please call (716) 845-3872. No gift is too small to make a difference. Naming opportunities in the Center are also available.
Clinical Trials 101

What are cancer clinical trials?
Clinical trials are research studies in which people help doctors find ways to improve health and cancer care. Each study tries to answer scientific questions and to find better ways to prevent, diagnose, or treat cancer.

Why are there clinical trials for cancer?
In cancer research, a clinical trial is designed to show how a particular anticancer strategy – for instance, a promising drug, a gene therapy treatment, a new diagnostic test, or a possible way to prevent cancer – affects the people who receive it. People can benefit from clinical trials. In treatment trials, for example, participants receive the latest treatment protocols that science has to offer. Trial participants receive high-quality cancer care – and will be among the first to benefit if a new approach is proven to work. Through this effort, they are also helping to create the standardized anticancer treatments of tomorrow to help patients across the world.

What are the different types of clinical trials?
Treatment trials test new treatments (like a new cancer drug, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy).

Prevention trials test new approaches, such as medicines, vitamins, minerals, or other supplements that doctors believe may lower the risk of a certain type of cancer. These trials look for the best way to prevent cancer in people who have never had cancer or to prevent cancer from coming back or a new cancer occurring in people who have already had cancer.

Screening trials test the best way to find cancer, especially in its early stages.

Quality of Life trials (also called Supportive Care trials) explore ways to improve comfort and quality of life for cancer patients.

What are the phases of clinical trials?
Most clinical research that involves the testing of a new drug progresses in an orderly series of steps, called phases. This allows researchers to ask and answer questions in a way that results in reliable information about the drug and protects the patients. Clinical trials are usually classified into one of three phases:

Phase I trials: These first studies in people evaluate how a new drug should be given (by mouth, injected into the blood, or injected into the muscle), how often, and what dose is safe.

Phase II trials: A phase II trial continues to test the safety of the drug, and begins to evaluate how well the new drug works. Phase II studies usually focus on a particular type of cancer.

Phase III trials: These studies test a new drug, a new combination of drugs, or a new surgical procedure in comparison to the current standard. A participant will usually be assigned to the standard group or the new group at random (called randomization). Phase III trials often enroll large numbers of people and may be conducted at many doctors’ offices, clinics, and cancer centers nationwide.

Who’s eligible to participate in a clinical trial?
Each study has its own guidelines for who can participate. Generally, participants are alike in key ways – such as the type and stage of cancer, age, gender, and other factors.

Where are clinical trials offered?
Clinical trials are underway all over the country – in cancer centers, other major medical centers, community hospitals and clinics, physicians' offices and veterans' and military hospitals in numerous cities and towns around the United States. Clinical trials may include participants at one or two highly specialized centers like RPCI, or they may involve hundreds of locations at the same time. Roswell currently has collaborative trials in the region with the Women and Children’s Hospital of Buffalo, Rochester General Hospital and Cayuga Medical Center, as well as trials in collaboration with other NCI centers across the country.

How are participants made aware of the risks and benefits of participating in a clinical trial?
Through a process called informed consent, participants learn about a study’s treatments and tests, and their possible benefits and risks, before deciding whether to participate.

Who pays for the patient care costs on clinical trials?
Health plans and managed care providers do not always cover all patient care costs in a study. What they do cover varies by plan and by study. Ask a doctor, nurse or social worker from the study to help you determine in advance what costs are covered. The research costs, such as data management, are covered by the study sponsor.

For additional information on clinical trials, visit the web site of the National Cancer Institute at www.nci.nih.gov/clinicaltrials. For a complete listing of clinical trials offered at Roswell Park, visit the Institute’s web site at www.roswellpark.org.

Resource: National Cancer Institute
Holy Angels Academy Has High School Spirit For Carly’s Club

Holy Angels Academy students recently celebrated their fourth victory in six years in Kiss 98.5 FM’s High School Spirit fundraising contest. The contest raised more than $30,000 in coins collected by local high school students for Carly’s Club for Kids & Cancer Research at Roswell Park. Rallied by fellow student and Carly’s Club member, Bridget Bonfante, the small school contributed $11,000 of the total. Their prize? A June 9 concert in their high school gym by the WB’s One Tree Hill star, recording artist and teen heartthrob, Tyler Hilton. Hilton’s co-star and Clarence native, Chad Michael Murray came along for the festivities! Our thanks to the dedicated students, and to contest sponsors Kiss 98.5, Pepsi, Turkey Hill Ice Cream and Drinks and Tops Markets.

Geyer Foundation Invests in Genetics Program

The Charlotte Geyer Foundation of Buffalo, New York, awarded two bridge funding grants to scientists in Roswell Park’s Department of Cancer Genetics. The funds will allow investigators to continue their research and to gather additional findings while reapplying for National Cancer Institute funding.

John K. Cowell, PhD, Chairman, received $50,000 for his research of the LG11 gene, which plays a role in signaling pathways that control cell invasion in late-stage brain cancer. The Foundation also awarded $46,000 to Norma Nowak, PhD, Microarray Facility Director at RPCI. Dr. Nowak’s grant will allow her to proceed with studies identifying genetic biomarkers for the early detection and treatment of squamous (originating from cells on the outer skin layers) cell carcinoma of the head and neck.

Both Drs. Cowell and Nowak will be eligible for additional grants of $50,000 and $46,000, respectively, from the Geyer Foundation, pending a six-month review of their findings.
NATIONALLY RECOGNIZED

Roswell Park Cancer Institute ranks among the nation’s top 50 cancer hospitals, according to U.S. News and World Report’s 2005 annual listing of “America’s Best Hospitals” (July 18 issue). RPCI is once again the only Upstate New York hospital to appear on the list.

Your gift to the Roswell Park Alliance Foundation lets you make a personal difference for programs benefiting RPCI’s patients and their families. It also offers hope for the future, providing seed funding for advanced anticancer research that will benefit the patients of tomorrow – here at RPCI, across the country and around the world.

Please make a gift today to benefit Roswell Park’s lifesaving work. Honor someone you love, or memorialize a special occasion. Call (716) 845-4444 or visit us at www.RoswellParkFoundation.org to make a secure online donation. Every gift helps. And we need your continued support.