

THE GW CANCER INSTITUTE CHRONICLES



National Cancer Institute Director Dr. Andrew C. von Eschenbach called on participants at the recent GW Cancer Institute Conference to tackle the tough questions as they relate to cancer disparities.

“Our hope is that no one in this country will suffer or die from cancer by the year 2015.”

Dr. Andrew von Eschenbach

GWCI Continues to Target Cancer Disparities

In perhaps the most tangible sign that the GW Cancer Institute is fast developing a reputation for its groundbreaking inquiries into cancer disparities, the Institute attracted double the attendance from last year’s numbers at this fall’s second annual Cancer Disparities Conference. Like breast cancer last year, this year’s conference on prostate cancer focused on a disease notorious for the unequal burden it imposes on certain minority and underserved populations.

Researchers, public health professionals and policy leaders from around the country crowded into a ballroom at the Sheraton Crystal City

Hotel on September 20 and 21 to hear more than two dozen experts in an array of presentations and panel discussions. National Cancer Institute Director Dr. Andrew C. von Eschenbach set the tone for the task ahead in his keynote address on the first day of the conference.

“Prostate cancer is a prime example, as we look at the disparities that continue to exist in cancer incidence and progression,” Dr. von Eschenbach said. “We’ve made some progress in understanding this, but we have lots of work ahead.”

Cancer Disparities Continued on page 15

Save the Date
The George Washington University Medical Center's
**Annual
Cancer Institute**

G A L A

April 8, 2004

The Andrew W. Mellon Auditorium
Grand Ballroom

6:30 - 11:30 pm

Proceeds benefit the GW Cancer Institute
*An Urban Oncology Center Dedicated to
Understanding Cancer Disparities*

www.GWCancerInstitute.org

To sponsor a table or for more information,
contact Stephanie Komen at 202-994-7511

With Compassion and Commitment, GWCI Begins a New Era

2004 was a year of significant milestones and accomplishments for the GW Cancer Institute (GWCI). We achieved national recognition when our Institute was inducted into the Association of American Cancer Institutes (AACI). In addition, our clinical cancer program and Cancer Registry underwent our tri-annual accreditation review by the American College of Surgeons and passed with flying colors. The reviewer praised the critical role of the GWCI in integrating and coordinating the broad spectrum of cancer-related activities across the GW medical campus and among its affiliated partners. The reviewer also recognized the dedicated commitment of the GW Medical Center, the GW Hospital, the GWU Medical Faculty Associates and our associated private practice partners, to expanding the breadth and depth of our cancer efforts.

Another highlight we celebrated over the past year included hosting a successful national conference on “Prostate Cancer Disparities: Science, Healthcare and Public Policy,” keynoted by Dr. Andrew von Eschenbach, director of the Na-



tional Cancer Institute (NCI). We also hosted and jointly sponsored with the NCI, an international Workshop on Precancers, focused on identifying the earliest possible precancerous stages of the disease. Our community service efforts here in Washington, DC, in particular the establishment of the GWCI as an urban oncology center, were recognized with a Public Service Award from the Breast Cancer Resource

Committee. We are pleased to share our accomplishments with you as an important way to strengthen our connections as we build toward the future.

Thanks to the generosity of GWCI donors, we have expanded our team and continue to build partnerships in our own backyard to serve our community and to do our share to lessen the unequal burden of cancer. This support has propelled us to even greater outreach, such as our development of community programs in both women’s and men’s oncology. For example, the GWCI is leading a multi-institutional effort to create a city-wide breast cancer patient navigation program, aimed at helping medically underserved minority women navigate through the complexities of the

healthcare system after a suspicious screening mammogram. We also are partnering with the ecumenical community in a number of education and outreach initiatives.

This issue of *Chronicles* highlights some of our efforts in women’s oncology, including the GW Breast Imaging and Intervention Center led by Dr. Rachel Brem and the GW Breast Care Center led by Dr. Christine Teal. It also highlights the expertise of one of our private practice clinical faculty, Dr. Gordon Hafner. Importantly, all of our outstanding clinical activity is backed up by a robust and growing cancer research program. A critical element of GWCI is our team of nationally renowned researchers and policy experts whose research serves our mission to create a comprehensive approach to cancer prevention, diagnosis and treatment through basic, translational and applied research across many cancer-related disciplines.

As we move forward, I am always reminded by our patients and faculty of why we are here—Commitment, Community and Compassion.

Sincerely,

A handwritten signature in black ink, reading "Steven R. Patierno". The signature is written in a cursive style and is positioned above the printed name and title of the Executive Director.

Steven R. Patierno, PhD
Executive Director,
GW Cancer Institute

We are committed to educating both health professionals and our community about cancer prevention and control. We are committed to the research that will one day alleviate the suffering and death from this dreaded disease. We are committed to offering the best quality compassionate clinical care for our cancer patients.

— Dr. Steven Patierno

COMMITMENT

Introducing . . .

Komen Continues Tradition . . . at GW

Cancer has been a part of Stephanie Komen's life for longer than she can remember. Her mother, Susan G. Komen, was diagnosed with breast cancer when Stephanie was three. Her mother's courageous but ultimately tragic fight against breast cancer led to the establishment of the Susan G. Komen Breast Cancer Foundation in 1982, which dedicates its resources to breast cancer research and increasing awareness about this disease and the importance of early detection. Komen has volunteered her time traveling the country talking to groups large and small about the Komen Foundation's tenets and sharing her personal experiences with cancer in those closest to her.

Given her experience, it comes as no surprise that Stephanie Komen has dedicated her life to cancer—working toward the eventual eradication of all forms of this dread disease. She recently joined the GW Cancer Institute (GWCI) to handle Corporate and Community Relations. "This is the opportunity of a lifetime for me. It is exciting to come in on the ground floor of a cancer institute whose mission is so clear and in which I so strongly believe," says Komen. "The work GW is doing is top notch, and the research being conducted here is critical to advancing the steps in cancer management and, someday, hopefully finding a cure for cancer."

Prior to joining the GWCI, Komen worked as a federal lobbyist for a health insurance association and held an appointment in Secretary Tommy Thompson's office at HHS. During that time, she built a toolbox of skills that she has brought with her to GW. Here, she plans to put these skills to good use. "The Cancer Institute is working on the hardest part of cancer—understanding urban and minority disparities," she says. "But this work is critical, and, in the end, we will get to a place where we will be able to manage this disease for everyone, regardless of their ethnicity, literacy levels or ability to pay."



Semião Broadens GW's Outreach

Francisco Semião, MPH '02, CHES, is a relationship builder with a gift for health promotion, disease prevention and advocacy. This combination of skills makes him the perfect addition to the GW Cancer Institute (GWCI), where he serves as the director of Education and Outreach. While he describes himself as a "generalist" who fell into the field of cancer, Semião is passionate about disease prevention and feels a special affinity to the issues of men's health, particularly prostate cancer.

He views his position with the Cancer Institute as the perfect opportunity to "put what I have learned and am learning in school into action." Semião came to GWCI from the DC Department of Health (DOH). In his new position, Semião hopes to be more directly involved with program development and to focus on advocacy, a critical aspect of disease prevention.

While a student at GW, Semião was active in student government—forging relationships that benefited the School of Public Health and Health Services (SPHHS) at every turn. Building on past success as a student that brought the SPHHS and DOH together to co-sponsor several programs, Semião is poised to make great strides for the GWCI. Having grown up in DC's Adams Morgan/Mt. Pleasant area, he is drawing on his connections through church and community health centers to bring greater outreach about cancer to the Hispanic community, a community and culture he says is hard to reach "unless you, yourself are a part of and can understand." He finds it incredibly rewarding to return to his old neighborhood to collaborate with those who mentored him as he was growing up. He hopes to create a Congregational Health Initiative that will combine the resources of churches and community health centers to more effectively reach this population with health promotion messages.



COMMITMENT

*For more information on giving to the GW Cancer Institute, contact Stephanie Komen,
GW Medical Center Advancement, 202-994-7511, canslk@gwumc.edu*

COMPASSION

Klopp Legacy Lives on in Lecture Series

On September 8, the GW Cancer Institute, in conjunction with the Department of Surgery, held a Fall 2004 GWCI Distinguished Lecture. Steven Patierno, PhD, executive director, GW Cancer Institute and co-host of the Distinguished Lecture, introduced the guest speaker, Charles M. Balch, MD, executive vice president and chief executive officer of the American Society of Clinical Oncology. Dr. Balch is also a clinical and academic oncologist at Johns Hopkins Medical Center and a professor in the Department of Surgery and Oncology Center.

Prior to beginning his lecture, Dr. Balch thanked the Medical Center leadership for their compassion in serving the community. He then dedicated his lecture, "Melanoma Staging: Migrating from the Light Microscope to Molecular-Based Staging Criteria," to the late Dr. Alexander Breslow, who, as a professor of Pathology at GW in 1969, made an original observation that has led to monumental changes in treatment of melanoma. Dr. Breslow's association of melanoma tumor thickness with survival outcome, performed on only 234 patients, has recently been validated by the largest study ever conducted, a study that included a mega database of more than 17,000 patients. The results have impacted the staging system for malignant melanoma, and as Dr. Balch explained, should be the starting point of treatment and the design of clinical trials.

Dr. Balch explained how research has led to changes in approaching melanoma. Rather than "lumping" patients together as if they were one heterogeneous group, oncologists are now able to partition patients into



Members of the Dr. Calvin T. Klopp family recently joined GW Dr. Joseph Giordano, right, for the dedication of Professor Klopp's portrait on the sixth floor of the GW Hospital.

prognostic subgroups based on tumor biology, genetics and pathology. Dr. Balch reviewed some of the cancer management and clinical research principles, using melanoma as an example. According to Dr. Balch, despite the recent increase in the prevalence of melanoma, especially in children, melanoma is a preventable epidemic.

Following Dr. Balch's lecture, a special portrait dedication was held in the Allan B. Weingold, MD, Executive Conference Center to honor Calvin T. Klopp, MD, GW professor of Surgery from 1946 through 1976. Dr. Klopp's children Cynthia Butler and Benjamin and Buzz Klopp attended the dedication.

Throughout his tenure at GW, Dr. Klopp was renowned for his work in cancer. From 1946 through 1960, he was director of the GW Warwick Cancer Clinic, largely regarded as the first multidisciplinary cancer clinic in Washington, DC. This clinic later led to the founding of the Warwick building as the GW Cancer Building by a grant from the National Cancer Institute. Dr. Klopp became the GW

Warwick Professor of Surgery in 1960, a position he held until his retirement in 1976. He mentored hundreds of students and residents and was highly regarded by the medical and surgical faculty.

As a testament to Dr. Klopp's dedication to the Medical Center, he and his wife, Ellen Spangler Klopp, established the Calvin T. Klopp, MD, and Ellen Spangler Klopp Endowment Fund in the Department of Surgery. Dr. Klopp passed away in June 2002; Mrs. Klopp passed away that September.

Joseph Giordano, MD, chair, Department of Surgery and co-host of the Distinguished Lecture, told the Klopp family, "We are so pleased to have you join us in dedicating your father's portrait. We will hang it proudly. We are also deeply grateful for the establishment of the Calvin T. Klopp, MD, and Ellen Spangler Klopp Endowment Fund in the Department of Surgery. This gift will be used for surgery student and resident education."

COMMUNITY

Joint GWCI/NCI Conference Zeroes in on Early Cancers

Precancers and the importance of preventing and treating them was the topic as the GW Cancer Institute (GWCI) and the Division of Cancer Biology of the National Cancer Institute (NCI) convened a group of national experts for a Workshop on Precancers on the GW campus November 8 and 9.

Following welcomes and introductions by Donald Henson, MD, co-director, Office of Cancer Prevention and Control, GW Cancer Institute (GWCI) and adjunct professor of Pathology, and Steven Patierno, PhD, director, GWCI, Jules Berman, MD, PhD, Cancer Diagnosis Program, NCI, outlined the goals for the workshop. "We need to establish precancer as a distinct area of scientific research with its own set of biological principles, research questions and translational research objectives." Dr. Berman went on to say that treating precancers has a proven ability to reduce the number of cancer deaths.

Jorge Albores-Saavedra, MD, one of the foremost experts on precancer, began the workshop with a presentation on the histopathology of human precancer, explaining the differences between cancer precursors (CPs) and invasive cancer while focusing on such factors as location, frequency, clinical presentation, natural history and treatment outcome.

Jerrold Ward, DVM, a veterinary pathologist with NIH, addressed fundamental questions of precancer biology that can be approached through mouse models, discussing how mice are extremely useful in teaching researchers about how cancer develops—particularly how lesions develop and progress through stages. Dr. Ward explained that, while there are differ-

ences in tumor pathology between humans and mice, the sequence of cancers in both are very similar.

Furthering that topic was Dr. Robert Cardiff of the University of California-Davis Center for Comparative Medicine who studies the biological behavior of microscopic precancers and tumors in mice through 1) identification: atypical focus, 2) isolation: dissection, 3) transplantation: site, 4) observation: growth, 5) verification: retransplant 6) classification.

using micro-PET technology, which is more sophisticated than magnetic resonance imaging and an extremely useful tool in early detection. The micro-PET measures transitions in growth rate, looking at volume and intensity, and identifying markers with the possibility of predicting tumor growth before it develops into a palpable tumor.

Gary Kelloff, MD, advisor to the associate director, Cancer Imaging Program, Division of Cancer Treat-



National experts convened at GW for a workshop on pre-cancers and the role they play in the fight against this deadly disease. From left, Dr. Henson, GWCI; Dr. Cheryl Marks, associate director, Division of Cancer Biology, National Cancer Institute; and Jerrold Ward, DVM, veterinary pathologist, NIH.

Dr. Cardiff talked about how the transplantation of mammary, prostate, liver, hematopoietic and epidermal tumors enables the study of biologic behavior in isolation, resulting in patterns and morphology remarkably similar to that found in humans. Dr. Cardiff described why researchers would like to be able to detect transitions from precancers to invasive cancers in vivo so that signals could be identified before a tumor developed. Research is currently underway

and Diagnosis, NCI, closed the morning session with a discussion of the utility of precancers in the study of cancer prevention, carcinogenesis and treatment and an exploration of the regulatory issues that relate to precancers in interventions. Dr. Kelloff indicates "that, while this emerging field is highly promising, there exist practical issues in moving ahead, and, at present, there is still more promise than practical application."

COMMITMENT

Breast Care Center a Step Ahead in Diagnosis and Treatment

Over the years, education and outreach has raised the awareness about breast cancer, the most common form of cancer to afflict women. This increased awareness has certainly helped to increase the number of women who regularly receive screening mammograms and has therefore contributed to the improved life expectancy of women who are diagnosed with breast cancer. Women who have regular mammographic screening coupled with physical examination by their health-care providers, as well as patients who benefit from advanced technologies, can have their breast cancer identified and treated earlier, often leading to a cure.

The Breast Care Center of the GWU Medical Faculty Associates takes a leading-edge, multidisciplinary approach to screening for and treating breast cancer. Breast plastic surgeon Joanne Lenert, radiologists Jocelyn Rapelyea and Rachel Brem, breast surgeons Christine Teal and Tricia Kelly, social workers Holly Segal and Barbara Apseloff, and genetics counselor Lisa Freese comprise a phenomenal team determined to eradicate breast disease and get their patients' lives



Through the generous support of the Amgen Foundation and the Cancer Research and Prevention Foundation, the GW Mammovan will receive more than \$800,000 to purchase and operate a new state-of-the-art van that will continue to serve the Washington, DC, metropolitan area. It is anticipated that the new van will begin operations during 2005. From left, are Dr. Rachel Brem, director, Breast Imaging and Intervention Center; Jean Lim, vice president, Amgen Foundation; and Carolyn "Bo" Aldige, president and founder, Cancer Research and Prevention Foundation.

A TEAM APPROACH



Christine Teal, MD
 Director, Breast Care Center
 Associate Professor of Surgery

Since taking over as the director of the Breast Care Center more than two years ago, Dr. Christine Teal has been dedicated to making the Center's multidisciplinary approach benefit the patients even more. The multidisciplinary clinic offers patients the convenience of seeing the radiation oncologist, medical oncologist and surgeon in the Breast

Care Center on the same day. While it is not required that patients take advantage of this arrangement, or even that patients see specialists only at GW, this approach is offered to patients as a service and is generally much appreciated.

Dr. Teal has also encouraged involvement of their social worker in patients' treatment. Holly Segal plays an important role in navigating patients through their treatment. She is also currently researching and planning outreach grants to bring educational seminars to the underserved communities the Mammovan visits. Because early detection is the most powerful tool in fighting breast cancer, educating patients about the importance of self breast exams and screening mammograms can potentially save lives.

The Breast Care Center has established an excellent reputation for offering expert care and the latest in breast cancer prevention and treatment. To this end, Dr. Teal would like to establish a monthly clinic that will offer genetic counseling to high-risk patients where patients would meet with a physician, genetic counselor and a social worker to explore the options available to them.

Says Dr. Teal, "When we first see a patient with a family history of breast cancer, we immediately assess that patient's level of risk so that we can determine whether to discuss genetic counseling and genetic testing with that patient." A continuing medical education seminar for practicing physicians about managing patients at high risk for breast cancer is scheduled for May 7, 2005 (see page 12).

COMPASSION

back to normal as quickly as possible.

Using a triage system, this team of experts manages patient care from diagnosis to breast reconstruction. Drs. Brem and Rapelyea specialize in mammograms and other advanced methods of diagnosing early breast cancer (see page 8). As specialists in radiology of the breast, they are trained to detect subtleties that others might miss. Moreover, they are sympathetic to the fact that waiting for results can make patients anxious. Therefore, their goal, whenever possible, is a “no sleepless nights” approach whereby patients receive results the same day, and, if necessary, have further tests performed right away.

Dr. Brem, director of Breast Imaging and Intervention, explains, “We offer state-of-the-art services that are not available elsewhere, including computer-aided detection, breast MRI and Scintimammography. Due to a generous donation from Ellen and Gerry Sigal, we now have the capability to perform MRI-guided biopsies, which will potentially save lives.”

Dr. Teal, director of the Breast Care Center, embraces a multidisciplinary approach to breast disease treatment. “Our medical team meets once a week to discuss ways we can innovate and provide each individual with superior treatment. Mental well being and trust are as important as great medical care, and we try to balance both aspects at all times.” Another hallmark of the Breast Care Center is its research program. According to Dr. Teal, “The Breast Care Center’s ongoing research allows many patients the opportunity to benefit from treatments before they are available at most other medical centers.”

Drs. Teal and Kelly specialize in

breast surgery and work closely with pathologists to determine the extent of the cancer. Whenever possible, they perform breast conserving surgery and the less invasive sentinel lymph node biopsy. If a mastectomy must be performed, patients will then see Dr. Lenert, an expert in the most advanced methods of breast reconstruction using the body’s own tissue. These state-of-the-art surgeries, including DIEP and muscle-sparing TRAM, enhance the look of the breast

while providing for the continued use of important functional muscles. Such techniques are also extremely helpful in renewing patients’ confidence and self-esteem following a mastectomy.

Sarah Robinson, a Breast Care Center patient in remission, recalls, “When I was told that I had cancer, it was like someone had knocked the wind out of me. Dr. Teal was compassionate but always resolute that

Breast Care Center continued on page 8

NAVIGATING THE DETAILS



Tricia Kelly, MD
Associate Director, Breast Care Center

Dr. Tricia Kelly has always known she wanted to be a breast surgeon. Unlike other surgeons who find themselves migrating to breast surgery, Dr. Kelly followed her general surgery rotation with a fellowship in breast surgery at the Cleveland Clinic. This extra training in breast surgery prepared her well for the multidisciplinary approach and dedicated focus of the Breast Care Center, where she has been a welcome addition since joining the team 18 months ago.

To Dr. Kelly, a dedicated focus is exactly what makes the Breast Care

Center unique. The fact that all of its specialists are dedicated solely to breast surgery and diseases related to the breast, both benign and malignant, is important, says Dr. Kelly, because, “It allows us to focus on one area and to be all knowledgeable. As a result, we can keep up with the ‘latest and greatest’ technology and to be true experts for our patients.”

The Breast Care Center is also special because it offers its patients screening and treatment options not offered at other medical centers. Ductal lavage is one such example. Dr. Kelly explains that most breast cancers start in the lining of the milk ducts. Ductal lavage offers a minimally invasive way to detect changes in the milk ducts before they could be identified on a mammogram or before a woman could feel a lump in her breast. Typically used as an adjunct to regular breast exams for high-risk patients, ductal lavage enables doctors to intervene earlier, such as closely monitoring the area for additional changes or recommending medication, such as tamoxifen, to prevent cancer.

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Breast Care Center continued from page 7

together we could beat the disease. After my procedure, Dr. Lenert performed a tummy tuck and used the excess tissue for my breast reconstructive surgery. I have come out of a very harrowing experience a stronger, more confident and vibrant human being. The experts at the MFA ensured that my journey to being cancer free was filled with peace of mind and unconditional support and, for that, I will be forever grateful.”

Deborah Patrick, a patient of Dr. Kelly’s, added, “It felt really good to deal with female doctors that had an acute understanding and empathy for what it meant to face the daunting prospect of temporarily losing

a breast, but thanks to Dr. Lenert’s skillful hands, I now look and feel better than ever.”

The doctors round out their clinical approach by providing a warm and inviting environment with inspirational artwork in reception areas and examination rooms. Patients also receive counseling from social workers Holly Segal and Barbara Apsehoff. Drs. Brem, Teal, Kelly, Rapelyea and Lenert are confident that their multidisciplinary approach and unwavering dedication to the breast disease field



Through a generous gift from Ellen and Gerry Sigal, GW’s Breast Care Center now has the capability to perform MRI-guided biopsies. Pictured above, from left, are GW Cancer Institute Executive Director Steven Patierno, Ellen Sigal, GW Provost and Vice President Dr. John F. Williams and Gerry Sigal.

will continue to deliver unmatched results—transforming the lives of their patients and revolutionizing outcomes for breast cancer diagnoses.

AN EYE ON RESULTS



Rachel Brem, MD
 Director, Breast Imaging and Intervention
 Vice-Chair for Research and Faculty Development
 Professor of Radiology

Dr. Brem makes no bones about what sets the MFA and the Breast Care Center apart from other breast cancer treatment facilities. “We have a multidisciplinary patient focus, and, we’re the only place in town, and probably the only place in the area, with the technology that we have,” she says. The Breast Imaging Center not only offers its patients state-of-the-art mammography, minimally invasive biopsies and breast MRI, but also, it is the only facility, aside from UCLA and the Mayo Clinic, to offer the next generation in screening technology—using nuclear

medicine to diagnose breast cancer. According to Dr. Brem, while mammography remains the gold standard for detecting breast cancer, for women with particularly dense or fatty breasts, tumors can be hard to see. For these patients, nuclear medicine offers an important complement to, but not a replacement for, traditional mammograms.

The Dillon 6800 gamma camera tracks the path of a radioactive fluid injected into the blood vessels in a patient’s arm or foot. The test takes about an hour. In a clinical study to be published in *Radiology Magazine*, the camera identified early-stage breast cancer in two of 94 high-risk women. The cancers would not have been found using regular mammography, which, according to Dr. Brem, detects breast cancer in two to six women per 1,000 screened.

Dr. Brem also points to the fact that, at GW, all of the breast specialists are women. “We are all very sensitive to the needs of women.” This sensitivity provided the basis for the “no sleepless nights” approach of performing tests and providing results on the same day, whenever possible. Says Dr. Brem, “We are all committed, and we work together beautifully. We are a cohesive group, and we keep our eye on the ball to provide our patients with the absolute best in prevention and treatment technology—together.”

COMPASSION

PROFILES IN ONCOLOGY

Gordon Hafner, MD, Associate Clinical Professor

Gordon Hafner, MD, associate clinical professor, has dedicated his career to the treatment of cancer and improving surgical care. Following the completion of his residency in General Surgery at GW, Dr. Hafner did a fellowship in Surgical Oncology at Roswell Park Cancer Institute in Buffalo, New York. He then returned to Washington where, for two years, he worked at the Cancer Institute at Washington Hospital Center before joining Surgical Associates, his current practice, in 1993.

While Dr. Hafner treats patients with a fairly broad spectrum of oncologic diseases, including gastric cancer, soft tissue sarcomas and melanomas, a large number of patients come to him with breast cancer.

Dr. Hafner describes breast cancer as “the prototype of multidisciplinary cancer care,” an approach he and his associates take to heart. Says Dr. Hafner, “We work as a team with our radiation and medical oncologist colleagues. For most patients, one of the first things they need following a breast cancer diagnosis is a crash course in what’s involved in cancer care. In educating them, one of the most important messages we try to convey to them is that treatment involves far more than just a surgeon performing a procedure as an isolated part of the patient’s care. We emphasize that there will be a team of physicians involved.”

According to Dr. Hafner, the push for aggressive breast cancer screening is yielding results. Regular screening has led to a continual decrease in the average size of newly diagnosed breast cancers. Finding smaller tumors at

earlier stages of the disease may also contribute to the improvement seen in breast cancer survival rates.

Dr. Hafner is the principal investigator at GW of a multi-institutional protocol, called Z9031, recently activated by the American College of Surgeons Oncology Group. This study investigates retroperitoneal sarcoma,



Gordon Hafner, MD

a relatively rare form of cancer, and will compare outcomes of patients treated with surgery alone with those of patients who receive pre-operative radiation followed by surgery. GW is the only participating site in the Washington, DC metropolitan area. Patients are currently being enrolled in the trial.

Dr. Hafner is well aware that the highest level of care cannot be delivered without the comprehensive education of future practitioners. One of his areas of interest involves issues related to palliative care procedures. He and Bruce Abell, MD, assistant professor, General Surgery and Trauma, associate director, Breast Care Center, and director, Surgical Critical Care, are in the process of developing a curriculum on surgical palliative care for residents and students.

The GW Cancer Institute and the MFA Department of Radiology has received a \$75,000 grant from the Susan G. Komen Breast Cancer Foundation National Race for the Cure. The money will fund a bilingual patient navigator for GW’s Mobile Mammography unit starting January 2005.

Facts Worth Noting

(From the Komen Foundation, www.komen.org)

- Breast cancer may be more aggressive in young women.
- By age 25, women have a 1 in 19,608 chance of developing breast cancer. By age 30, that risk is 1 in 2,212.
- Breast cancer cells in women under the age of 35 are more likely to spread (metastasize) to the lymph nodes and to distant organs.
- Breast cancer is the most commonly diagnosed cancer among Hispanic women; an estimated 11,000 Hispanic women were expected to be diagnosed in 2003.
- Mortality rates among African American women with breast cancer are approximately 28 percent higher than among white women, even though the incidence rate is lower.
- Breast cancer is not predictable—it is a random disease. (There are no boundaries—age, race, religion, socioeconomic status, etc.)

COMMITMENT

Funding Notes

Dr. Paul Levine, co-director of GW Cancer Institute's Office of Cancer Prevention and Control, received a two-year, \$200,000



Dr. Paul Levine

contract from the NCI to coordinate data from the DC Department of Health's Cancer Registry.

- Kylene Kehn (PhD candidate, Biochemistry and Molecular Biology Program) received a Breast Cancer Research Predoctoral Traineeship Award for her project titled "The Consequences of Cyclin D1/BRCA1 Interaction in Breast Cancer Progression." The grant, funded by the Department of Defense Breast Cancer Research Program, will end in March 2006. Dr. Fatah Kashanchi (Biochemistry and Molecular Biology) is Ms. Kehn's mentor.
- Dr. Sidney Fu (Biochemistry and Molecular Biology) was awarded an

NIH grant for his work with BP1, a gene implicated in breast cancer. His project, titled "Deregulated BP1 expression in breast carcinogenesis," will end in July 2006. Dr. Fu collaborates with Dr. Patricia Berg (Biochemistry and Molecular Biology) on his research.

- Dr. Susan Ceryak (Department of Pharmacology and GW Cancer Institute), was awarded a five-year R01 grant by the NCI. The grant will support her research on cell death and survival signaling pathways.

Outreach Activities

GWCI participated in the 2004 Tour of Hope Health Fair, sponsoring a booth with information about the cancer programs of the GW Medical Center. The free health fair was held at the Ellipse in Washington, DC as part of the culmination activities of the Tour of Hope. The Tour is major event of the Lance Armstrong Foundation, and is



Harvey Katzen, MD '75, right, and his son, Jason, a current GW medical student, recently participated in the annual Tour of Hope activities in Washington, DC.

supported by Bristol Myers Squibb, ASCO and the AACR.

- GWCI sponsored the Men's Health Forum, held at the Martin Luther King Memorial Library, in downtown Washington, DC. This annual event is put on by the FACES PROJECT/Ecumenical Health Seminar. In addition to sponsoring the event, which attracted more

than 30 of DC's leading clergy and several hundred residents, the GWCI and the GW Hospital provided 100 PSA testing kits for free prostate cancer screening on October 23 to residents of DC who attended the Forum.

- The GW Cancer Institute became the principal sponsor of the FACES Project/

Ecumenical Health Forum. This group presents weekly health forums in African American Churches throughout DC, providing both general and cancer health education. GW is featured prominently in all promotional materials.

- Dr. Joshua Katz (Department of Surgery) participated in a Health Awareness and Prevention Forum at the Ward Memorial AME Church, Washington, DC. He spoke about colorectal cancer and other gastric illnesses as a member of a panel at this community event organized by the Ecumenical Health Education Seminar Series/FACES Project. This GWCI-cosponsored series aims to bring free health education and outreach to DC's minority communities through local churches.
- Drs. Donald Henson and Steven Patierno (GW Cancer Institute) attended the Comprehensive Cancer Control Leadership Insti-



Dr. Donald Henson

tute regional meeting, held in Washington, DC. More than 100 cancer prevention and control experts from the Mid-Atlantic

region met to discuss and strategize on moving forward with comprehensive cancer planning for each state. DC cancer leaders met with national leaders in a break-out session to deal with the unique complexities and the state of cancer control in DC.

- Dr. Steven Patierno participated in a Capitol Hill press conference

in connection with this year's National Men's Health Week. As a spokesperson for the Men's Health Network, he joined Rep. Randy Cunningham and Sen. Mike Crapo at the podium to address an audience of members of Congress and groups interested in men's health issues about men's oncology in particular.

At Work in the Community

The GW Cancer Institute participated in the town hall forum on cancer prevention, "From Bench to Bedside: Defeating Cancer through Prevention and Early Detection," sponsored by Friends of Cancer Research. Held in the Russell Senate Building, the forum's purpose was to educate decision makers, the media and the public about changes in institutional processes and policies that would safely promote more efficient translation of scientific discovery from the bench to the bedside in areas such as chemoprevention and biomarkers.

- Drs. Rachel Brem (GWU MFA Breast Care Center, Department of Radiology) and Steven Patierno (GW Cancer Institute, Department of Pharmacology) participated in a luncheon with representatives from DC's mammography centers. This event, sponsored by the Delmarva Foundation District of Columbia, aimed to address the issue of increasing mammography rates in the District. Topics discussed included disparities in the District's screening rates and barriers to screening access.

- Induction of GWCI into Association of American Cancer Institutes— Dr. Steven Patierno represented the Institute at the annual meeting of the Association of American Cancer Institutes, held in Chicago. Dr. Patierno was on hand as GWCI was publicly recognized at the meeting as a new member of the AACI. In addition, Dr. Ellen Sigal,



Dr. Steven Patierno, executive director of the GW Cancer Institute, received the Distinguished Public Service Award from the Breast Cancer Resource Committee (BCRC). Above are Dr. Patierno, left, with Zora Brown, chairperson of the BCRC.

founding member of the GWCI's Community Advisory Board, was honored with the AACI Public Service Award.

- Dr. Steven Patierno was honored at the Breast Cancer Resource Committee's 15th Anniversary Gala at the Park Hyatt Hotel in



GW's clinical cancer registry passed the tri-annual reaccreditation standards with flying colors, assisted by Cancer Registrar Hong Nguyen and her team, pictured above from left, Edith Perry, Victoria Wright and Rashida Johnson.

COMMITMENT

Clinical Highlights

- Expanded to 38 beds in the oncology unit in the new GW hospital, with eight beds dedicated for bone marrow/stem cell transplantation.
- Added a Palliative Care Consult Service to improve patient care.
- Conducted a survey on Patient Satisfaction in the Oncology Unit; the results well exceeded those found in the Gallup Poll Healthcare Database.
- Implemented CT urography to detect small neoplasms of the kidney and urinary tract.
- Expanded IMRT (Intensity Modulated Radiation Therapy) into breast and head and neck regions.
- Continued providing minimally invasive procedures, such as seed implants (brachytherapy), for prostate and gynecological cancer patients.
- Added MRI for early breast cancer detection and spectroscopy to evaluate the makeup of tumors.
- Finalized Picture Archiving Communication System (PACS) in the Department of Radiology to store all radiological images and make them immediately available to physicians via the web.
- Developed new public support groups for gynecological, brain, lung and esophageal cancers.
- Continued to develop and facilitate ongoing cancer support groups, open to the community in collaboration with the Breast Care Center, Hematology Oncology and other Divisions of the Department of Medicine.
- Provided personalized social work services to cancer patients and their families through the Breast Care Center and the Division of Hematology/Oncology.
- Held community educational seminars and workshops on prostate, breast and bladder cancers.
- Approved CME credit for Lung Cancer Conference, held every Thursday morning.
- Participated in a number of community health fairs and provided more than 20 prostate screening kits to test PSA at the Union Church in Washington, DC.
- A number of physicians granted interviews to WTOP Radio, the FOX Network, *WOMEN's World Magazine* and *USA Today*.
- Implemented a robotically assisted procedure that uses the robot daVinci to help treat chest and prostate cancers.
- Developed a Patient Education Committee and offered smoking cessation program to all patients and community members identified as smokers.
- Opened the Voice and Swallowing Restoration Clinic at GW Hospital's Otolaryngology Department to provide team management for head and neck cancers before and after surgery.
- Installed an automatic fax reporting system to speed the transmission of results to the appropriate physicians at the Department of Pathology.
- Developed a new pain assessment using FLACC scale and modified it for adults.
- Trained and applied Reiki therapy in oncology patients.
- Continued the Senior Advantage Program by offering free education, screenings and discounts for those over 65 years of age.
- Participated in the third International Prostate Cancer Congress with representatives from the Department of Urology.

CME SEMINAR FOR PRACTICING PHYSICIANS

Saturday, May 7, 2005

Management of the Patient at High Risk for Breast Cancer

Jointly sponsored by the GWCI and MFA.

This half-day continuing medical education seminar will provide information about genetics counseling and testing programs for breast and ovarian cancer. Educational objectives include: determining who should be tested for the BRCA gene, how to manage high-risk

patients who do not carry the BRCA gene, appropriate imaging of high-risk patients, and management of BRCA positive patients non-surgically and surgically.

Other topics of discussion will include the evaluation and overall management of the high-risk patient as well as insurance coverage and issues related to genetic testing.

The expert panel of speakers will include breast and gynecological surgeons, a medical oncologist, genetics counselor and a reconstructive surgeon, among others.

COMMUNITY

GW Study Shows Women Helped by Changes in Medicaid Coverage

In 2000, Congress passed a landmark law that gave states the option of extending Medicaid coverage to certain low-income women with breast or cervical cancer. In California, approximately 10,000 women have been assisted by this program. A new policy brief reports on the impact of this program on low-income women in California, using focus group analysis.

This report, "Hearing Their Voices: Lessons from the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA)," prepared by Kyle Kenney, Sarah C. Blake, and Kathleen Maloy of The George Washington University School of Public Health and Health Services Department of Health Policy and Usha R. Ranji and Alina Salganicoff of the Kaiser Family Foundation, is one of the first to look at this program from the perspective of the women it serves. Key findings from the 15 focus groups conducted in the San Francisco and San Diego regions include:

- The program was instrumental in obtaining cancer treatment for these women who previously were uninsured.
- The role of the state-only program in serving immigrant women was important, but sometimes fell short of meeting their needs.
- Staff at clinics played a critical role in facilitating enrollment in the BCCPTA program.
- Additional outreach is needed to increase participation in screening and treatment programs.

A story titled "Free Cancer Treatment Often Goes Unused," authored by Clea Benson, appears in the November 2, 2004, edition of the *Sacramento Bee*, available at: www.sacbee.com/content/news/story/11295461p-12210616c.html.

The complete issue brief can be found at www.kff.org/womenshealth/7146.cfm or at the GW Department of Health Policy website at www.gwhealthpolicy.org/

GW Alumna Leaves Lasting Memorial

Mildred Troxel Hoffheins, BA '31, died in July 2003. Upon her death, Hoffheins left a generous bequest of \$250,000 to the Medical Center for cancer research. These funds will be used to further the mission of the GW Cancer Institute.

A Washington native and graduate of Central High School, Hoffheins earned her BA in English from the GW School of Education and Human Development.

Early in her career, Hoffheins worked for the National Geographic Society and the National Symphony Orchestra. She later went to work for the Navy Department before World War II. She retired in 1969 from her position as procurement officer with the General Services Administration.

Hoffheins was active with the Huguenot Society and was involved with the Washington Animal Rescue League. She served as deacon and taught Sunday school at Grace Reformed United Church of Christ in Washington, DC.

Her husband, Francis Hoffheins, died in 1985.

Conference

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Dr. Kelloff said the chronic safety of cancer prevention drugs, "is a major concern of the FDA with regard to drug approval." Other problems relate to variability in pathology diagnosis and the complexity of genomic/proteomic analysis, specifically knowing which lesion of many will be the "bad" one, or the one that will ultimately lead to invasive cancer.

Imaging science holds much promise for precancer, with practical applications for cancer screening and early detection. Another promising tool still in its infancy is optical imaging.

Dr. Kelloff talked about the phases of biomarker development and outlined the criteria for molecular targets for cancer prevention and treatment of early disease. He indicated that more precancer than invasive disease exists and reviewed the importance of targeting precancerous lesions for new agent development.

Breakout sessions included: Biology, terminology and classification of precancers; Utility of precancers in preventing, diagnosing and treating human cancers and in enhancing our understanding of carcinogenesis; and Utility of mouse models to resolve fundamental questions in precancer biology and to develop new ways to prevent, diagnose or treat human precancers. Day two began with presentations from the breakout sessions for the entire group.

COMMITMENT

Renowned Cancer Researcher Recounts Birth of Key Breast Cancer Drug

The GW Cancer Institute, in conjunction with the Department of Medicine and Medical Grand Rounds, hosted a special Distinguished Lecture welcoming Dennis J. Slamon, MD, PhD, from the David Geffen School of Medicine at UCLA.

as the first triumph in an emerging wave of new, more effective therapies designed to fight cancer at its genetic roots. Dr. Slamon, for the first time, proved the theory that if researchers could figure out what was broken in a cancer cell, they could fix it. In addi-

vitro and in vivo studies showed that an antibody the HER2 receptor protein had a dramatic effect in suppressing the growth of tumor cells and could act synergistically with certain chemotherapy drugs. These basic science studies ultimately led to clinical translation. In the first Phase 1 trial to determine safety HER2 positive breast cancer, patients who had failed multiple treatment regimens received the antibody (Herceptin) in combination with chemotherapy treatment. Dr. Slamon described the “poster child” patient, who, after being given 12 weeks to live, volunteered for the study and, following two nine-week courses of combined therapy is now alive 11 years later with no further treatment. The study confirmed a 53 percent increase in response rate, a 58 percent increase in response duration and an 11 percent increase in survival, as determined by time to progression. Following this remarkable study, Herceptin (Genentech) was approved by the FDA in record time, for first-line treatment of advanced metastatic breast cancer. The adjuvant use of this antibody must still be evaluated in a randomized, controlled trial.

Dr. Slamon stated that the future of this research is extremely exciting in terms of the advances it will make in the treatment of breast cancer. He emphasized the importance of looking at data derived in the lab and developing clinical trials accordingly; for the best information, he concluded, “let the biology tell you what drugs you should be combining.”



Researcher Dr. Dennis Slamon keynoted a recent lecture at GW Hospital. Above, from left, are Cancer Committee Chairman Dr. Robert Siegel, associate director of Clinical Oncology, GW Cancer Institute, Dr. Slamon and Dr. Alan Wasserman, president, Medical Faculty Associates.

Dr. Dennis Slamon directs the Revlon/UCLA Women’s Cancer Research Program. His pioneering laboratory and clinical research laid the foundation for the breakthrough drug Herceptin, approved by the U.S. Food & Drug Administration in September, 1998, for use against advanced breast cancer. Dr. Slamon’s research established the relationship between a gene called HER2/neu and a particularly aggressive form of breast cancer. That discovery led to Herceptin, an antibody that can help up to 30 percent of women (60,000 cases) each year who develop breast cancer. Development of Herceptin has been cited

tion to conducting the initial research that led to Herceptin, Dr. Slamon also served as principal investigator for the worldwide phase III clinical trials, the final round of testing prior to FDA approval.

Dr. Slamon discussed how his team utilized human tumor specimens and determined that, compared to HER2 negative tumors, age- and stage-matched HER2 positive tumors had significantly greater growth and metastatic potential of the cells. In addition, the HER2 negative tumors became steroid independent, no longer needing estrogen to grow, and became resistant to tamoxifen. Subsequent in

COMPASSION

Cancer Disparities

Continued from page 1

Studies have clearly indicated that men from minority and underserved populations, particularly African American men, develop prostate cancer at an earlier age and are more likely to die from the disease than Caucasian men. Dr. von Eschenbach pointed to some of the measures being taken to address the issue, including an increase in the NCI budget to battle prostate cancer and a partnership between the NCI and the Department of Health and Human Services to fight cancer disparities.

GW faculty like Drs. Donald Henson, Paul Levine and Michael Manyak were among the conference speakers, as were experts from Harvard, Johns Hopkins and Emory universities, as well as the National Cancer Institute, which co-sponsored the conference. GW Cancer Institute Director Steven Patierno, PhD, said the expertise among the presenters was matched by the caliber of an audience stocked with health and research leaders from around the country as well as China and Canada.

"You're looking at a roomful of key decision makers and researchers," Dr. Patierno said during an interview between

sessions. "This group represents the best and the brightest when it comes to fighting this disease."

Indeed, Dr. von Eschenbach, in his keynote address, remained hopeful about the ultimate outcome in the fight against prostate and other cancers. Pointing to advances in molecular imaging, emerging technologies like nanotechnology, and a growing understanding of cancer biology, Dr. von Eschenbach ventured a bold goal that "no one in this country will suffer or die of cancer by the year 2015."

A nationally recognized urologic surgeon, Dr. von Eschenbach has dedicated his professional life and administrative expertise to eliminating the suffering and death due to cancer. He is the 12th Director of the NCI, a federal agency of more than 4,000 employees and with a fiscal year 2003 budget of nearly \$4.7 billion. In April 2004, Dr. von Eschenbach was recognized for his public service at the GW Cancer Institute's first annual gala. More information about the conference is available at www.CancerDisparity-Conference.info.

At Work in the Community

Continued from page 11

- Washington, DC. Dr. Patierno received the Distinguished Public Service Award in recognition for his leadership in establishing the GWCI, an urban oncology center, which is focused on understanding cancer disparities in the DC community through research, patient care, community outreach and education. Other awardees include Dr. LaSalle Leffall, Dr. Harold Freeman and Dr. Vivian Penn.
- Radio station Z104 held its second Bosom Ball, "Bosom Buddies" at the 9:30 Club in Washington, DC. The Halloween gala was sponsored by Miller Light, with all proceeds benefiting the GW MFA's Mobile Mammography Program.
 - The 2nd Annual Prostate Cancer Tournament was held November 13 at the Wellington Golf and Country Club in Wellington, Florida. Proceeds from the charity golf tournament will benefit the GW Cancer Institute, in support of its men's oncology initiative, and the Wellington Regional Medical Center Project Lodge program. Helen Doyle organized the event to honor GW alumnus Ross Cohen, MD '84, who treated her husband for prostate cancer.



The second annual Prostate Cancer Golf Tournament was held at Wellington Golf and Country Club in Wellington, Florida. Nearly \$30,000 was raised for The Wellington Regional and Education Foundation, a Universal Health Services hospital, and GW Medical Center's prostate cancer education fund. From left, are: Ross Cohen, MD '84; Dr. Steven Patierno and his son Brendon; Honorary Chairperson and 2003 Baseball Hall of Famer Gary Carter; Chairs Helen and Jim Doyle; and Kevin DiLallo, CEO, Wellington Regional Medical Center. (photo: Leonard Bryant)

GW Breast Care Center and Mammovan Benefits from Safeway Campaign

During October, National Breast Cancer Awareness Month, Safeway stores throughout the mid-Atlantic region raised funds in a variety of ways to help fight breast cancer. Employees at all 142 stores throughout the region hosted cook-outs, held carnivals, sold chocolate bars and asked customers if they'd like to add another dollar to their grocery order to fund research and prevention of this dreaded disease. In



Drs. Christine Teal and Rachel Brem applaud Greg TenEyck's recent donation from Safeway.

the Washington region, all proceeds from this campaign, which total almost \$160,000, were donated to The GWU MFA Mammovan and the Breast Care Center. Half of the donation will provide support to the Mammovan; the remainder of the funds will enable the Breast Care Center to provide programs and support for its patients that it would otherwise not be able to offer.

Over the past three years, Safeway stores across the country have raised \$6.4 million to fight breast cancer during their annual October fundraising drive at some 1,600 stores in 20 states across America. Last year, the company raised \$3.3 million, including \$180,000 locally.

"Safeway is pleased to be taking an active role in helping to defeat a disease that strikes more than 215,000 women in the U.S. every year," said Greg TenEyck, director of Public Affairs for Safeway's Eastern Division.

"We are so pleased to receive this donation from Safeway," says Christine Teal, MD, director of the Breast Care Center. "It is wonderful to be a part of a program that involves so many people in the community. The money raised for the Mammovan will enable women in the Washington, DC metropolitan area who might not otherwise get a mammogram to be screened for breast cancer. Because early detection is the most important factor in fighting breast cancer, the generosity of Safeway, its employees and its customers will potentially help to save lives in our community."

The GW Cancer Institute
Chronicles
is published through the GWUMC
Office of Communications and
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