University of North Carolina School of Medicine & UNC Hospitals

Fall 1999

LINEBERGER COMPREHENSIVE CANCER CENTER

Director's Message



UNC Scientist Receives Award



Profile:
Jenny Ting
& Briefs

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5 Smoke-Free Kids





The UNC Melanoma Team: An Image-Minded Group

"It's time to find your place in the sun." When Pablo Cruise made that song popular in the mid-1970s, people were just starting to consider the adverse effects of unprotected exposure to the sun. Today, you can still find your place in the sun, according to UNC Lineberger surgeon and Melanoma Program leader Benjamin Calvo, but just make sure you slather on the sunscreen.

That's because anybody can get melanoma, the most serious form of skin cancer. "Those most at risk are people of northern European descent who live in southern latitudes like the Sunbelt states," Calvo notes. "The one preventive measure to take is to avoid sunburns early in life and throughout life. So always use sunblock.

"North Carolina is a Sunbelt state and the number of melanoma patients is rapidly rising," he adds. "To better serve the citizens of North Carolina and the nation, we are very interested in prevention, treatment and research of all aspects of melanoma."

Vital Statistics

Melanoma can appear without warning or develop from or near a mole. It's most often found on the upper back, but can occur anywhere including nail beds, soles of feet and skin between toes. Most melanoma is found on skin—about 90 percent—with only 5 percent found in eyes and 1 percent in the mouth or anus. If left untreated, malignant melanoma can spread to organs and cause death.

The first sign of malignant melanoma may be a flat, mottled, dark blemish with irregular borders. It can be a quarter-inch in size and may turn red, blue or white, develop a crust on the surface or bleed. Because it's harder to see in

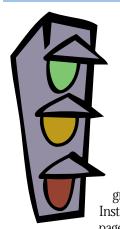


Dermatologist Dr. Nancy Thomas evaluates a patient in the Pigmented Lesion Clinic, which uses whole-body photography to create a pictorial record to follow any changes that may occur.

dark skinned people, there's a common misconception that people with darker skin including African-Americans are at no risk. On the contrary, says Calvo, "Their tumors are frequently detected later and have a worse prognosis."

Multidisciplinary Approach

Treating any cancer, including melanoma, requires a multidisciplinary team of medical professionals. "Obviously different specialists bring into focus different areas of expertise which continued on page 3



Breaking News This Just In!

UNC Lineberger's plans for growth over the next five years just got a big green light from the National Cancer Institute. The Center submitted its 1,283 page, five-year core grant proposal to the

National Cancer Institute in February. In June a team of 25 experts from universities and cancer centers across the U.S. visited UNC to review our plan and its financing. They

recommended an extraordinary increase in UNC Line-berger's annual budget—from \$1.7 million to \$3.3 million per year, a 94 percent increase, moving us into the top 10 in core grant funding in the nation.

Significant increases were given for: *Clinical Research*, to support development, evaluation and monitoring of new therapies; *Cancer Prevention and Control Research*, to support population-based studies using molecular techniques to understand the interplay among genetics, environmental exposures and lifestyle factors that may lead to cancer; *Basic Science Research*, to develop animal models that mimic the development of cancer in humans so we can better understand cancer's mechanisms and how best to target new therapies and preventive measures.

More details on the increase and what it means to North Carolinians will follow in the next *Cancer Lines*.



Dr. H. Shelton Earp, III

Comprehensive - an adjective that describes UNC Lineberger's approach to cancer care and research. It is also a mark of distinction conferred upon our Center by the National Cancer Institute. Cancer

Lines' lead story (page 1) presents our newest comprehensive program, our multidisciplinary melanoma team.

Unfortunately, the incidence of melanoma is increasing, especially in Sunbelt states such as North Carolina. Our clinicians know that early detection improves treatment outcomes, and they decided to do something about it by using technology to monitor changes in pigmented skin lesions. Our team created a computer system to capture images of the skin surface of susceptible people. These images, which can be stored digitally on computer discs, are much more reliable than our frail memories and provide precise detection of changes in the character or shape of moles. When malignant changes occur, our surgical and medical team springs into action with new techniques for mapping the melanoma's borders and determining its extent. If the tumor has spread, new treatment options are used, including sophisticated tumor vaccine therapies. As always, planning is the key; in the weekly multidisciplinary conference, our best minds-physicians, nurses and support staff—devise the most effective and compassionate care for each patient.

If early detection is good, then prevention is even better. The single most effective cancer prevention activity is to stop children from taking up tobacco use. Christine Jackson's Smoke Free Kids Program (page 5) gives you an idea of how faculty approach tobacco control at the elementary school level. Dr. Jackson's research proposal was accorded the highest rating in a National Cancer Institute competition due to its innovative approach and rigorous evaluation. We anxiously await the results as Smoke Free Kids tests a strategy enlisting parents who smoke and gives them the tools to help discourage their own children from starting. Tobacco control research is so important that, in conjunction with the Health Behavior and Health Education Department, the Center recently recruited two superb young faculty members from Stanford and Harvard to help build a center of excellence, targeting youth smoking. We are ready to help North Carolina devise its program as the tobacco settlement resources for better health become available.

The development of comprehensive cancer research programs requires support from multiple sources, from the private sector to national funding agencies. For example, both the Melanoma Program and the Smoke Free Kids received early boosts

from Lineberger supporters' private contributions. In this issue of Cancer Lines (pages 6-7) we thank our wonderful private donors who have contributed so generously, making new initiatives possible. These are staunch friends, many of

whose families have been touched by cancer. The issue also reports great news from the National Cancer Institute, the recognition of the UNC Lineberger as one of the nation's best with renewal of our Center Core Support grant and a doubling of our yearly budget. This budgetary increase is one of the largest ever awarded by the NCI, an extraordinary tribute to the University, the state, and our superb faculty and staff who are increasingly seen as among the country's best.

On a sad note, our task is clearly not complete. Cancer has taken three of our close friends and sources of inspiration. This year, Pansy Hedrick, a beloved Board of Visitors member, succumbed to lymphoma—but not until experiencing a high quality three-year response to an innovative therapy. Michael Hooker, Chancellor of UNC-CH, died in June from complications of his lymphoma. The University keenly felt the loss of this dynamic leader who challenged all of us to make UNC the best in the nation. Just yesterday, State Representative Jane Mosley died after a recurrence of breast cancer. She was a highly effective advocate for breast cancer screening and many other issues affecting North Carolina. The passing of Pansy Hedrick, Michael Hooker, and Jane Mosley, along with countless other friends and patients, makes it mandatory that we redouble our efforts to find causes, prevention and treatments of this disease.



UNC Lineberger is designated a comprehensive cancer center by the National Cancer Institute.

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UNC Melanoma Program continued from page 1

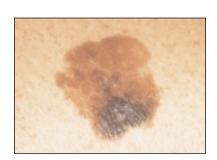
The ABCDs of Melanoma

Asymmetry. One half doesn't match the other half.

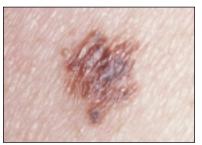
Border irregularity. The edges are ragged, notched or blurred.

Color. The pigmentation is not uniform. Shades of tan, brown and black are present. Dashes of red, white and blue add to the mottled appearance.

Diameter. Greater than six millimeters (about the size of a pencil eraser). Any growth of a mole should be of concern.







UNC Melanoma Program

continued from page 1

are important to the global treatment of any cancer," Calvo asserts. "As is true of any other human endeavor, teams frequently think better than individuals."

The Melanoma Program takes a cross-functional approach to diagnosing and treating patients with malignant melanoma. The program provides the expertise of physicians from Dermatology, Nuclear Medicine, Surgical Oncology, Head and Neck Surgery, Reconstructive Surgery, Pathology, Radiation Oncology, and Medical Oncology.

Treatment modalities are available through the whole gamut of melanoma tumors. "From screening to treating very early (thin) tumors to very late metastatic tumors," he says, "our treatment modalities include all aspects of surgery (sentinel node), chemotherapy, melanoma vaccines, radiation therapy and basic science studies."

"Patients frequently require more than one type of treatment—operations, chemotherapy, vaccine therapy, radiation therapy," Calvo explains. "The order of the treatments and the timely, seamless transition from one modality to another has to be planned and executed well in order to obtain maximal benefit for the best outcome." Charmayne Gray, MSN, is the nurse practitioner who coordinates the multidisciplinary melanoma program. "Patients quickly learn what an important and personal resource Charmayne is," Calvo notes.

Detection

Once a person has developed melanoma, he or she is at increased risk for developing other melanoma lesions. "It becomes very important to raise our vigilance about other pigmented lesions in that person," asserts Robert Briggaman, Chair of Dermatology at UNC.

To do that, the Department of Dermatology developed the Pigmented Lesion Clinic, which uses whole-body photography to create a pictorial record from which the team can follow any changes in lesions throughout the whole body. This augments observations by physicians and patients. "In people with many—sometimes hundreds—of pigmented lesions or moles, a photographic record becomes critical to early detection," Briggaman notes. And it's a very inexpensive procedure, costing less than a typical set of dental X-rays.

Another detection device is sentinel node biopsy. In approximately 20 percent of patients with melanoma, the disease spreads to the regional lymph nodes. "This approach allows us to determine if tumors have traveled to lymph nodes with



UNC Melanoma Program team members: front (left to right) Dr. Tom Hensing; Charmayne Gray; Dr. David Ollila; Protocol Office staff Leah Sansbury, Rachael Hajnal, Denise Ritchie; back row (left to right) Dr. John Woosley; Dr. Jim Cusack, Dr. Bill Cance, Dr. Michael Zenn, Dr. Stephen Falen and Dr. Ben Calvo. Not pictured are Drs. Robert Briggaman, James Evans and Nancy Thomas.

minimal discomfort to the patient and is vital to determining the aggressiveness of a tumor," explains David Ollila, a surgical oncologist who has conducted important research on sentinel node biopsies. "Tumors that have the ability to travel to lymph nodes are much more likely to come back in some other part of the body. So patients with these types of tumors need treatment beyond surgery alone." The team began using the biopsies three years ago.

Another tool for detecting melanoma is genetic counseling. Melanoma patients can undergo genetic tests to determine if they have a genetic predisposition to melanoma. If so, the team is alerted to not only watch pigment lesions such as moles on the patient, but on his or her family members as well.

"If a person has a genetic predisposition to melanoma, then siblings and children potentially may be at increased risk for developing it, too," cautions James Evans, chief of the Genetic Counseling Service. "In this case, we advise family members to take preventive measures such as sunscreen. We would also recommend they be followed carefully by screening tests such as total body photography."

Treatment

Patients in the melanoma program benefit from the exchange of knowledge and opinions among team members. "Because we discuss cases and perform multi-specialty patient evaluations, we can create a comprehensive treatment plan designed specif-

ically for each patient," Calvo says.

Treatment may include surgery, radiation, chemotherapy or a combination of these modalities. When a large amount of skin needs to be removed or a difficult area of the body such as face or lips is affected by melanoma, the reconstructive surgery team makes possible the best cosmetic results. These specialists have the ability to graft skin for another part of the body or rotate skin (flaps) to cover defects left by the melanoma resection.

Radiation is sometimes used to treat local recurrences of melanoma that cannot be removed surgically. UNC and Wake Forest University jointly run a radiation treatment modality used to treat melanoma metastatic to the brain.

Chemotherapy includes conventional biologic agents such as interferon, or the FDA-monitored melanoma vaccine—CancerVax.® This vaccine doesn't kill melanoma cells directly, but it stimulates the patient's own immune system to identify and destroy any present melanoma cells. The vaccine is currently in clinical trials at UNC. "If this study shows the vaccine is effective," Ollila explains, "we'll be able to offer patients a treatment option that is less toxic than conventional drugs."

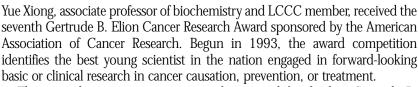
The Melanoma Program also provides access to other new cancer treatments through affiliation with national clinical trials groups and participation in clinical trials developed at UNC through the Lineberger Comprehensive Cancer Center. The Program offers clinical trials to treat Stage III and Stage IV melanoma.

In cases in which the disease has spread to other parts of the body, patients can undergo treatment with chemotherapy. "We're committed to the development of improved treatments for all patients with melanoma and are currently studying a novel chemotherapy approach for these patients," explains Tom Hensing of Medical Oncology.

Better Results

"We link aspects of prevention—genetic counseling, whole body photography—and treatment—state-of-the-art surgical techniques, chemotherapy, vaccine therapy, radiation therapy," Calvo says. "Relevant research results and measurable clinical outcomes ultimately lead to increased prevention, new treatments and for the majority of patients with melanoma, a cure."

UNC Scientist Receives National Award



This annual young investigator award is named for the late Gertrude B. Elion, D.Sc., Nobel Laureate, distinguished past president and honorary member of the AACR, member emeritus of the Lineberger Center and longtime Chapel Hill resident. The research award is supported by an educational grant from Glaxo Wellcome Oncology in honor of Dr. Elion who was scientist

emeritus at Glaxo Wellcome until her death in February 1999.

Dr. Xiong is one of the world's leading experts on how the control of cell proliferation is regulated in normal cells and how it goes awry in the cancer cell.



Jenny Ting is proof that dreams come true.

When she was growing up in Taiwan, Thailand, the Philippines and here in the United States, she considered becoming a teacher. Today, she's an Alumni Distinguished Professor of Immunology and leader of the UNC Lineberger's Immunology Program.

"This is pretty much my ideal job," she asserts,

"because you hope you can make a difference. I'm never bored or down about coming to work. Every day is challenging because there are too many scientific puzzles to solve. I work with very talented and highly motivated young people in the laboratory. Getting them to enjoy science and to become contributors to science as academic researchers, educators, pharmaceutical investigators, etc., isin itself—a great reward."

Ting chose immunology because of its broad reach. "The immune system affects so many aspects of our health," she notes. "The areas we have focused on are basic science; however our studies have practical applications to cancer, immunotherapy, transplantation, infectious diseases and inflammatory responses." She got interested in the immune system because of its complexity and disease implications. She received her BS from Illinois State University in biology and medical technology and her PhD from Northwestern University in microbiology-immunology.

After obtaining her PhD, she switched to a more molecular biologic approach to the study of immunology. "At that time, I liked the pre-

cision and cleverness of molecular biology and felt that it provided the most powerful tool to study any complex biologic system," she says.

"In research, you hope for the best outcome, wish your findings can make a mark, and positively impact someone's health some day." She's working on several projects, including:

Understanding the molecular basis by which chemotherapy kills or does not kill target cells: Ting et al are looking at ways to enhance the tumorkilling ability of a chemotherapy, paclitaxel (trade name Taxol). Paclitaxel is used to treat ovarian and breast cancers.

Developing tumor vaccines: In collaboration with Gene MacDonald and Bob Johnston in the Department of Microbiology and Immunology, Ting and her team have placed a model tumor gene into a new viral vector to introduce tumor vaccines directly into an animal's immune system. "The results show that the vaccine is highly effectively in preventing the growth of the tumor," Ting says.

Regulating the human leucocyte antigen D or HLA-D: HLA-D, a major stimulator of immune T lymphocyte activation, is controlled by a master regulator known as the class II transactivator (CIITA). Ting and colleagues are finding new ways to interfere with the function of CIITA, and hence change the immune response. Some of the work on CIITA is to be published in the journal Science.

Prolonging survival of grafts: With the help of



Beverly Koller at UNC and Tom Coffman at Duke, Ting and colleagues have tested a mouse model that lacks CIITA gene expression in heart transplantation. "We found that the graft survival is greatly prolonged," she says. "Targeting CIITA may be a pathway to improved transplantation"

In addition, her group is also trying to understand the role of inflammation in brain diseases.

Ting enjoys the challenge of balancing teaching and research, though she admits, "I wish I could have more time for each. In didactic teaching you reach a lot of people at once," she says. "If you can get a class excited about your topic and see its relevance, then that is the ultimate reward."

Ting is a mentor for graduate students and postdoctoral fellows in her lab. "It is heartwarming to see them succeed and mature as scientists, to appreciate the elegance in high-quality science and be able to recognize faulty science," she says. "I consider it a great privilege to watch trainees sharpen their imagination and creativity."



Discovery may improve cancer treatment

UNC Lineberger scientists have discovered they can shrink—and in many cases eliminate—human tumors grown in laboratory animals by inhibiting a natural mechanism that prevents tumor cells from dying. Although not yet tried directly in humans, scientists believe their technique could one day significantly improve survival among patients with many kinds of cancer. They are planning the first human tests, which should begin early next year.

The mechanism they've studied for more than three years involves NF-kappa B, a protein that attaches to DNA inside the nucleus of cells and turns genes on and off like a switch. Doctors use chemotherapy or radiation to kill cancer cells, but NF-kappa B kicks in and soon enables many cultured tumor cells to escape death. After developing resistance to the therapy, the cancer cells continue reproducing and show no ill effects from the

In the latest experiments, the scientists used a novel cancer gene therapy strategy to block NFkappa B in mice with a natural inhibitor protein

known as I-kappa B. Human tumors growing in the mice then became susceptible to chemotherapy, and in some cases disappeared altogether following treatment.

A report on the study appeared in the April issue of

Nature Medicine, a scientific journal. Authors—all affiliated with UNC Lineberger Comprehensive Cancer Center—are Cun-Yu Wang, a former graduate student and now clinical instructor in endodontics; James C. Cusack, assistant professor of surgery; laboratory technician Rong Liu; and Albert S. Baldwin Jr., Center associate director for basic research.

National Cancer Institute to support statewide UNC-CH colon cancer study

The National Cancer Institute awarded \$1.5 million to UNC-CH researchers who are trying to prevent and detect earlier an illness once called "the cancer nobody talks about." The grant was one of six given nationally.

We're looking at how best to communicate with people about colon cancer so that they will adopt healthier lifestyles by improving their diets, increasing their exercise and seeking regular medical screening," says Marci K. Campbell, project principal investigator and leader of the Center's cancer prevention and control program. "Research has shown that better diets and exercise may lower the risk of colon cancer and that regular screening could save many lives."

Campbell, assistant professor of nutrition at the UNC-CH schools of public health and medicine, says the project will examine strategies for persuading both colon cancer survivors and others not yet affected to change their behaviors. Most of her colleagues are members of the UNC Lineberger Comprehensive Cancer Center, including: Drs. Robert Sandler, professor of medicine and coprincipal investigator; Brenda M. DeVellis, professor of health behavior and health education; Sharon C. Murray, research assistant professor of medicine; Sally C. Stearns, associate professor of health policy and health administration; and Boyd R. Switzer, associate professor of nutrition.

The new project will piggyback on the North Carolina Colon Cancer Study already begun by Robert Sandler.

Cancer drug cisplatin inhibits Taxol therapy for ovary tumors

A potent compound known as cisplatin—usually combined with the drug paclitaxel, or Taxol, for treating women with ovarian cancer—prevents paclitaxel from killing cancer cells in some situations, according to a new study.

The UNC-CH study suggests that second-line therapy for patients with advanced ovarian cancer may need to be changed, researchers say. Their results indicate paclitaxel alone likely would work

Smoke-Free Kids

Old habits are hard to break. That's why Christine Jackson, associate professor, Department of Health Behavior and Health Education at the UNC School of Public Health, initiated a program called Smoke-Free Kids designed to prevent young children from smoking.

"The younger the age at which a child starts smoking, the more likely he or she is to become a habitual smoker during adolescence and adulthood," Jackson says. About 20% of children first try smoking while in elementary school, though most school-based anti-smoking programs begin in middle school—after a fifth of the student body has taken its first puff. "Once they've started, smoking prevention messages are much less effective.

According to a comparison of prevalence estimates across several studies, Jackson found that the group of early initiators breaks down like this:

10% of 3rd graders 18-23% of 5th graders 25-40% of 7th graders

The 1993 North Carolina Youth Risk Behavior Survey found that 30% of all 9th and 12th graders first smoke a whole cigarette prior to age 13. Another study, Monitoring the Future, showed that 40% of 8th-grade students reported retrospectively that they first tried smoking in the 4th to 7th grades.

A Unique Approach

Smoke-Free Kids is unique because it aims to modify smoking-specific socialization processes that affect children in households where parents smoke cigarettes. "That's never been done before," Jackson notes. "Most anti-smoking campaigns exclude par-



Smoke Free Kids investigator Dr. Christine Jackson explains some of the program's publications.

better to increase survival among patients.

'This is important information, especially for clinicians treating ovarian cancer patients," says Patricia Judson, clinical instructor in gynecologic oncology at the UNC-CH School of Medicine. "About 24,000 new cases occur in this country every year, and they are often fatal, with ovarian cancer having the highest death rate of any gynecologic cancer." Their report appeared in the May 15 issue of the medical journal Cancer Research.

Besides Judson, authors are Drs. Joanna Watson, postdoctoral fellow at the UNC Lineberger Comprehensive Cancer Center, and Paola A. Gehrig, clinical fellow in obstetrics and gynecology. Other authors are Drs. Wesley C. Fowler Jr. and J. Stephen Haskill, professors of obstetrics and gynecology at the medical school and at Lineberger, respectively.

The finding is clinically relevant, she says, because patients who don't respond to the combined therapy are deemed platinum-Taxol resistant and are taken off both compounds.

UNC clinical trials of new drug for recurrent brain tumors

Clinical trials are underway at UNC on a promising new drug to treat malignant and recurrent brain tumors that have so far proved difficult to treat.

The tumors being studied, glioblastoma multiformae and anaplastic astrocytoma, originate in the brain. Of roughly 13,000 malignant brain tumors diagnosed in the United States each year, about 60

percent are glioblastoma multiformae and about 20 percent are anaplastics, according to Matthew Ewend, assistant professor of neurosurgery, section chief of neuro-oncology at the UNC-CH School of Medicine and leader of the Center's neurooncology program.

"Average survival for patients with glioblastoma multiformae is about one year," Ewend says. "It's very malignant and tends to come back at the same site. Surgery won't cure it, nor will radiation, although both are of benefit. Chemotherapy to date has had limited success."

One study is a randomized, phase III clinical trial in which patients with glioblastoma multiformae will receive either the new drug SU101 or procarbazine, a standard chemotherapy agent. All participants in this trial will be those whose tumors have returned after previous treatment.

SU101, manufactured by Sugen in Redwood City, CA, is thought to prevent tumor cell growth by blocking specific molecules on the surface of tumor cells. Initial clinical studies in 80 patients have shown that nearly half have a positive reaction

The second study is a phase II clinical trial, which like the glioblastoma multiformae study, also is sponsored by Sugen. This preliminary trial will test the effectiveness of SU101 against anaplastic astrocytoma, a slightly lower grade malignancy than glioblastoma multiformae.

UNC-CH is the only center in North Carolina involved in these SU101 brain tumor studies.

ents; ours focuses on parent-child communication, decision-making and consequences."

To do that, the program targets the preparation stage—when children learn the social meaning of smoking. It's one of the few programs in the nation that targets children under 12. And it's the only one that's home-based, getting parents who smoke involved in lowering their children's risk of smoking.

Parental Involvement

Smoke-Free Kids directly and extensively involves

parents who have the potential to make a strong impression on their children's decisions about smoking "Compared to adolescents, elementary school-aged children are strongly influenced by their parents and less so by their peers," Jackson says. "Yet few parents realize that smoking prevention should begin with children at this age. Most wait until adolescence before worrying about tobacco or other substance abuse."

It's no secret that children of smokers are more likely to take up the habit. That's why Jackson's first goal is to create a program that prevents early smoking initiation by children whose parents smoke. Twenty-one percent of 3rd-, 4th- and 5th-grade children of smokers had started smoking, according to a study by Jackson. Only 9.8 % of children of non-smokers did.

A secondary goal is to provide a complementary program to school-based prevention efforts by involving parents. "We're aiming to engage parents who smoke in

countering their pro-smoking influence by getting them involved in anti-smoking socialization activities," Jackson explains. "This is an innovative and potentially powerful way to break the link between parental and child smoking."

Smoke-Free Kids will help smoking parents take steps to reduce the likelihood that their children will start smoking:

- Talk to your child about smoking and its consequences
- Eliminate the home as a source of tobacco
- Monitor smoking behavior of your child and friends
- Establish and communicate the disciplinary consequences of smoking

For parents who smoke, Jackson adds that they should reduce smoking in the home to further strengthen the message. The program focuses mostly on mothers, since most children spend more time with their mothers—almost one-third of American children live with single parents and 81% of single parents are women.

The program is currently under way in 30 school districts in North Carolina, South Carolina and Colorado. Jackson will begin contacting parents and children in the spring to evaluate their participation and results. Annual follow-up calls will be placed for three years. The program will be evaluated by measuring whether fewer children try smoking after participating in Smoke-Free Kids versus those receiving fact-based programming.

"The premise of this project is that children learn to smoke long before they ever puff on a cigarette," Jackson notes. "If the parents participating in Smoke-Free Kids can change what their children learn about smoking, perhaps they can avoid passing on to their children the life-threatening habit of smoking."

This list includes gifts and pledge payments to the UNC Lineberger Comprehensive Cancer Center between July 1, 1998 and June 30, 1999. Unlike previous years, the list does not include the many generous pledges also received. We have adopted this policy in order to better conform with those of the greater University of North Carolina at Chapel Hill.

Your gifts support and enrich the Center's many cancer research, treatment, and prevention programs. We are grateful for the hope and trust expressed by these individuals and organizations. We have made every effort to ensure this list is accurate and complete. If you find an error, please let us know by calling 919.966.5905 or writing to the Assistant Dean for Institutional Advancement.

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(left to right) Patient/Family Resource Coordinator Anne Washburn shows patient education materials to Zeta Tau Alpha president Cameron Williams. The sorority raised \$6,000 for patient education at UNC Lineberger.

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UNC Breast Center co-director Dr. Mark Graham and physician assistant Lee Daly, all smiles after their race.

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UNC Lineberger earned the largest team award—300 members strong—for this year's Race for the Cure held in Raleigh on Saturday, June 5. Pictured above: Race for the Cure co-chair and UNC Breast Center Advisory Board member Jeanne Peck.

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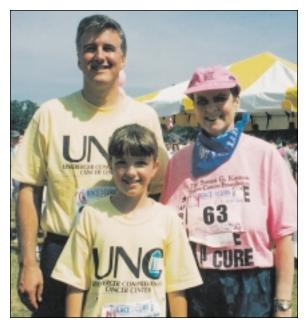


UNC Breast Center Advisory Board members Mary Beck (left) and Linda Brown pause for a photo.

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In Memory of Jane Mosley

We honor the life of Jane Mosley and her courage and strength throughout her illness with breast cancer.

State Representative Jane Mosley from Cary was known and admired for her inspirational support for breast cancer and numerous issues of importance to North Carolinians.

She served as honorary co-chair of the June 5, 1999, NC Triangle Race for the Cure. She is shown here (right) with UNC Breast Center director Dr. Bill Cance and his daughter Alyssa. More photos from the event can be seen on page 7 in this issue of Cancer

Clinical Trials Underway

For more information about any of these clinical trials or others, please call 919.966.4432.

Lung Cancer (MK99-005). This study is intended for patients who are diagnosed with Non-Small Cell Lung Cancer that can not be cured with surgery and who have not received any prior treatment with chemotherapy or radiation. This new and upcoming protocol uses L-778123, an investigational agent being developed by Merck Pharmaceuticals. LY-778123, a farnesyl transferase inhibitor, has been tested in over 40 patients in four on-going cancer studies.

Patients enrolled on this study will receive LY-778123 continuously by intravenous infusion for two weeks. Patients will initially be treated in the clinic after which they will be discharged with a portable infusion pump to receive the remainder of their treatment at home. Approximately 10 subjects will be enrolled in this study at the University of North Carolina over the next three years.

Breast Cancer (NSABP P-2, The STAR Trial). This study of Tamoxifen and Raloxifene is one of the largest breast cancer prevention studies ever and is currently recruiting 22,000 postmenopausal women at more than 400 centers across the United States, Puerto Rico, and

Canada. UNC is one of 400 centers with a projected enrollment of 60 participants.

This study is the first trial to compare a drug proven to reduce the chance of developing breast cancer (Tamoxifen) with a second drug (Raloxifene) that has the potential to reduce breast cancer risk and reduce osteoporosis at the same time. Patients enrolled on this study will receive one of the two study medications daily for five years.

Melanoma (LCCC 9821). This study is intended for metastatic melanoma patients who have failed previous treatment regimens. This study uses Taxol (paclitaxel), a novel chemotherapeutic agent, that has been shown to be active in the treating solid tumors. Taxol has been studied in several different schedules, including 1-hour, 3-hour, 24-hour, 96-hour, and 120-hour infusions over changing schedules. To date, the optimal schedule has not been defined for most tumor types. However, the weekly schedule of Taxol has been effective in other tumor types and provides a well tolerated approach to increasing the amount of chemotherapy that patients receive. This protocol will study the effect of weekly Taxol in patients with metastatic melanoma by measuring the response rate, side effects and duration of time that the tumor's growth is controlled.

Patients enrolled on this study will receive Taxol intravenously over 1-hour once a week for six weeks. Researchers hope to enroll approximately 25 patients onto this treatment protocol over the next three years.

NOVEMBER 1999

Clinical Symposium co-sponsored with Rex Healthcare. The Friday

Center, Chapel Hill, NC.

2000 FEBRUARY

//// Board of Visitors Meeting. Lineberger Cancer Center, Chapel Hill, NC.

Elineberger Club Annual Brunch Basketball Game. Kenan Center, Chapel Hill, NC.

APRIL 2000

17–18t/724th Annual Scientific **Symposium.** The Friday Center, Chapel Hill, NC.

UNC Lineberger Comprehensive Cancer Center CB# 7295 School of Medicine University of North Carolina at Chapel Hill Chapel Hill, NC 27599-7295 (919) 966-3036 http://cancer.med.unc.edu

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