

# Cancer Lines

University of North Carolina School of Medicine & UNC Health Care

Fall 2001



## Childhood Cancer: UNC Treats the Whole Family

Childhood cancer is complicated. First, it's rare—only about 130 in a million children will be diagnosed annually in the U.S. Second, treatment often cures the initial cancer—about 75 percent—but also can result in complications later in life, including the rare development of second malignancies. Finally, more than any other cancer, it involves the entire family and not just the patient.

Despite its rarity and improvements in treatment and supportive care, childhood cancers are the second leading cause of death in children after accidents. The most common is leukemia, accounting for almost 30 percent of childhood cancers. The most common type of leukemia is Acute Lymphoblastic Leukemia (ALL), which accounts for about two-thirds of the leukemias.



**Pediatric Oncology Team.** Front row (left-right): Dr. Rupa Redding-Lallinger; Linda Mansmann, oncology nurse; Dr. Julie Blatt, chief, of pediatric hematology-oncology; Dr. Stuart Gold; and Dr. Matt Richardson (yellow). Back Row (left-right): Mary Brookins, clinic nurse; Michael Musty, data manager; Dr. Brent Weston; Rose Dunaway, oncology nurse; Barbara Cheek; receptionist Khadijah Farrakahan, receptionist; Dr. Mike Douva (yellow); Dr. Paul Monahan; and Fran Wright, nurse practitioner. Not pictured are Dr. Herb Cooper; Kristi Geib, oncology nurse practitioner; Gwen Konsler, oncology nurse; and Verity Kromah, clinic nurse.

### Rare As Truffles

“Common adult cancers are carcinomas, such as lung and colon cancers, and are very rare in childhood,” notes Brent Weston, associate professor of pediatrics in the Hematology/Oncology Division. “In children, cancer is less toxin- or environment-related and more virus-related or hereditary. Because most pediatric tumors are tissue-specific rather than organ-specific, they can be challenging to diagnose.” According to American Cancer Society statistics, about 8,600 children under the age of 15 in the United States will be diagnosed with cancer this year.

“Because there are so few cases and fewer tumors, there has to be good coordination among cancer centers,” explains Julie Blatt, professor and chief of the Pediatric Hematology/Oncology Division. “We do cooperative group trials which allow us to monitor types of treatments over time to determine which are most effective.”

Stuart Gold, associate professor of pediatrics, is the principal investigator for UNC to Children's Oncology Group — the largest cooperative group in the world caring for childhood cancer. The group undertakes randomized clinical trial as well as Phase I and II studies identifying new agents. “These trials incorporate laboratory/genetic research as well,” Gold says. “We send in tumor tissue to a central bank for distribution to researchers looking into better treatments, the etiologies of childhood cancers and the genetic basis of disease.” The group also initiates studies on supportive care, quality of life and nursing.

*continued on page 3*

### Breast Cancer SPORE Renewed

A highly competitive national review by the National Cancer Institute awarded the Center a \$12.5 million renewal of its *Specialized Program of Research Excellence* (SPORE) in breast cancer with one of the best ratings in the history of the SPORE program. Featured are projects using fundamental research to create novel therapies for advanced breast cancer and pioneering methods for genetically defining new subtypes of breast cancer and their response to therapy. Ground-breaking investigations into the disparities in incidence, mortality, and morbidity between African-American and Caucasian women will take on new dimensions as we follow up outcomes in over 4,000 breast cancer cases. Full story in the next issue of *Cancer Lines*.

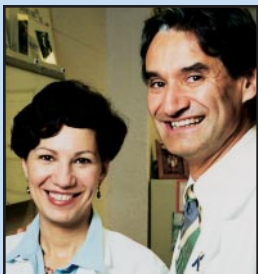
### America's Top Doctors 2001 List Published.

*We're extremely pleased that UNC had 53 doctors on this list in all specialties, and particularly excited that 19 of the 53 are UNC Lineberger faculty.*

### 2 Director's Message



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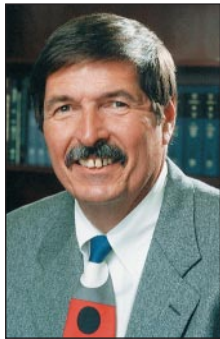
### 6 Gifts to the Center '00-'01 & Clinical Trials

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the inside line up



# Director's Message



Dr. Shelton Earp

Pediatric cancers tug at the very core of everyone's heart. A cancer diagnosis at any age is frightening, but when a child is diagnosed, it hurts us all a little more. And while UNC Pediatric Oncology can't

prevent children from getting cancer, they can, in increasing instances, make it go away.

Even after a child has been treated and is back to a normal life, issues of long-term effects of therapy such as risk of a second cancer, insurance, employability, fertility and other issues linger. UNC is mindful of these issues and when possible treats each pediatric patient with minimal dosing to achieve maximum results. Our clinicians have created a clinic for long-term follow-up care of these brave young people. And fortunately this is one clinic population — pediatric cancer survivors — that we expect will continue to grow and flourish.

UNC Pediatric Oncology treats the patient, but works with the entire family

throughout the cancer experience. A range of programs is available to patients, parents and siblings to make the time during treatment a little easier. We are particularly grateful that UNC student groups have organized programs to complement the staff's care.

Others have come forward to support pediatric oncology as well. Carolyn Burnett is an example of a parent who wants to make a difference. After her son, Edwin, was treated at UNC, she worked tirelessly to expand Wilmington's highly successful "Chasing the Horizon" fundraiser for Pediatric Oncology. We salute her, and a whole host of Lineberger friends in Wilmington who took the time to plan and direct this fabulous early spring event; we truly enjoyed seeing old friends and making new ones during the festivities.

Treating cancer at any time is challenging to patients, their families and friends as well as the staff providing the care. That's why we are delighted that the new, spacious infusion area is now open in the Clinical Cancer Center. This new unit triples the space we have to care for our patients who receive chemotherapy. The suite is a reality thanks to the dedication and persistence of several patients and their families who helped articulate the need. UNC is known for

its intellectual and humane treatment of patients, but not for its facilities. While this new infusion area will help, as will expanded clinic space for women's cancers in the new

N.C. Women's Hospital, these improvements are only a stepping stone toward a new clinical cancer center. The UNC Hospitals Board has authorized initial planning for a new facility to better care for our patients and families. Incidentally, we come into the 21st century with a new way to access care at UNC Lineberger, a toll-free number to start the process. Dial **1-866-828-0270**, and patients, doctors or families will be connected with program coordinators who can help.

Lastly, donors such as those who developed "Chasing the Horizon" make so much possible: clinical care and research innovations that would not be possible without this help. This issue of *Cancer Lines* recognizes our donor honor roll. This remarkable list continues to grow, forcing us (joyfully) to expand *Cancer Lines* to add a two-page foldout. We thank each and every one of you who support the Center and its mission. Your confidence sustains our work and helps us move more swiftly towards the goal of eradicating this disease. ●



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

*Cancer Lines* is a semi-annual publication of the UNC Lineberger Comprehensive Cancer Center, The University of North Carolina School of Medicine at Chapel Hill.

Dr. H. Shelton Earp, III, Director  
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## The open house and dedication of the new infusion area was held July 9

A plaque was made to "honor the courage and spirit of cancer patients and their families treated at UNC with special thanks to George Jefferson whose family helped make this new space a reality." Patient advocacy catalyzed the remodeling process. Pictured (left to right): Dr. Beverly Mitchell, Center associate director; Marlene Rifkin, senior vice president, UNC Hospitals; Dr. Shelton Earp, Center director; Pat Decator, clinic head nurse; Mrs. Eileen Jefferson, wife of patient George Jefferson; Wendy McBride, clinic education coordinator; Kathy Guyette, director oncology services; Catherine Hogan, oncology nurse practitioner; Mary Beck, senior vice president for planning and program development, UNC Hospitals, and member UNC Breast Center Advisory Board.



## UNC Treats the Whole Family

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### Tricky Treatment

According to the American Cancer Society, childhood cancer mortality rates have declined 50 percent since 1973. Advances in treatment mean that roughly two-thirds of kids treated for one to three years are cured. “In children, we’re often not as worried about cancer recurrence as we are about the effects of treatment,” Blatt notes. Currently, a national long-term study of 20,000 childhood cancer survivors is underway to study these late effects. “We continue to look for treatments with the same positive effects, but less toxicity.”

Part of that means looking deeper into the biology of each patient to determine courses of therapy. “There are biological features we understand at the molecular level about specific subgroups of patients with ALL, for instance,” Weston says. “They have a much higher risk for resistance to chemotherapy and may need more intense chemotherapy than a patient with a lower risk of resistance.”

But because children’s cells are still developing, treatments can do more than cure or mitigate the current cancer. “One of the largest challenges in dealing with childhood cancer is remembering that you are working with a growing, developing child,” Gold says. “The younger the child, the more significant may be the problems of growth, development and cognition,” Gold says. Depending on the disease and treatment, anywhere from 2-10 percent of children treated for pediatric cancers might develop secondary malignancies related to chemotherapy.

“In pediatrics, we have a lot more time to deal with than medical oncologists because of secondary malignancies, infertility and late effects,” Gold continues. For example, a child could be successfully treated for Hodgkins disease, then 5 to 10 years later develop AML related to the alkylating agent used to treat Hodgkins. Or a teenaged girl with Hodgkins in her chest would be predisposed to a significant risk of breast cancer if she underwent radiation therapy.

Longitudinal studies and off-therapy clinics have helped pediatric oncologists develop new therapies or modify treatment regimens to reduce these after-effects. UNC runs off-therapy clinics in Wilmington and Raleigh for a variety of cancer and hematologic patients. “We deal with the problems by identifying new ones, screening for existing ones and educating our families about them,” Gold notes.

### All in the Family

“We treat whole families, not just the children,” Blatt says, “because the entire family is involved.” Most adults can be treated near home, but because of the rarity of pediatric oncology, most kids have to travel to regional medical centers for treatment. This means travel logistics, missing more school and parents having to miss work. The other siblings sometimes suffer from interruptions caused by the patient’s frequent medical visits.

One particularly challenging aspect is how a particular child deals with illness. “A five-year old might have a smoother or easier time of it than a teenager, whose life is relatively well-formed and gets interrupted by the process,” Weston notes. And this is on top of the traditionally frustrating aspects of adolescence such as dating and body image.

“Working with pediatric patients requires a multidisciplinary team,” Blatt says. “Social workers, school teachers, transportation providers, psychologists — it’s a true team effort.” ●

## “UNC Has Given My Son a Chance for Life”

“Children are so resilient that it is hard to know when they are sick, because they don’t act sick,” says Carolyn Burnett. On a family trip, her two-year old son, Edwin, developed bruises and red spots, but was acting fine. She wasn’t worried until a trip to the park. “Edwin was coming down the little slide and when he rushed into my arms and his face came to my chest, the little medallion I was wearing left its imprint in his forehead and I said, ‘Oh dear, something is badly wrong here.’”

The next day, after a visit to his pediatrician, Edwin was rushed to UNC Hospitals with swelling organs and a white blood count of 87,000. Stuart Gold, associate professor in pediatrics and the Pediatric Oncology Division’s outpatient clinic director, started treatment immediately.

The Lineberger pediatric oncology team forms close ties with patients and their families, Burnett says. “Dr. Gold has not missed a Christmas working at that clinic — he truly is an angel. The same can be said for Miss Rose, Rose Dunaway. That wonderful lady has taken Edwin’s blood every time we have gone to the clinic, even coming on her day off. I have never seen such dedication as I have from the members of that clinic!”

Today, Edwin is doing much better. “He has tremendous hand/eye coordination,” says his mom. “His learning abilities were not affected at all by the chemotherapy. He is having a bit of trouble walking because the meds have flattened his feet, but with physical therapy, he is getting better all the time.”

Shortly after Edwin’s treatments started, Nick and Lee Garrett asked the Burnetts to speak at *Chasing the Horizon*, an annual event founded by Sanford Doxey and Louie Woodbury, Jr. to benefit the Cancer Center’s pediatric oncology program.

The Burnetts were initially reluctant about speaking, but had such a good experience, they spoke again the following year. “After all that the clinic has given me, how could I not do everything in my power to help?” Burnett says. “They have given my son a chance for life.”

Two years later, the Burnetts co-chaired the fundraiser with the Garretts and Richard and Barbara Lund. The black-tie event had a Mardi Gras theme, complete with masks handmade by the children of the clinic with help from the Carolina Pals, an organization that provides a buddy to each child in treatment. “Together the team created the masks and art work as a form of art therapy,” Burnett explains. The art was then auctioned at the event along with basketballs signed by UNC players and prints by Betsey Fowler. All in all, the event raised more than \$265,000 for the Cancer Center.

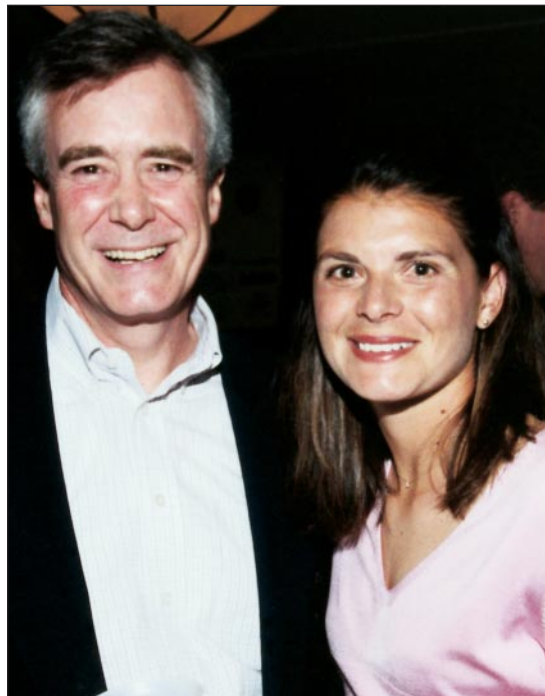
“The thing about cancer,” Burnett has learned, “is that it does not discriminate. Cancer affects the young as well as the old, any race—black, white, Indian. As the wonderful doctors at Chapel Hill say, ‘We don’t know how or why cancer exists, all we can hope is to find a cure. And we will.’”



Carolyn Burnett and Dr. Stuart Gold pause for a smile at the “Chasing the Horizon” fund-raising event for UNC Lineberger Pediatric Program.



Edwin, Carolyn and Grayson Burnett.



## Mia Hamm Golf Classic

The Mia Hamm Foundation Golf Classic drew celebrity golfers to UNC’s Finley Golf Course for a good cause in April. The Foundation donated \$30,000 to a fund at UNC Lineberger named in honor of Mia Hamm’s brother, Garrett J. Hamm, who died in 1997 from complications related to a bone marrow transplant. The funds will be used to help bone marrow transplant patients and their families in the post-transplant period with expenses such as hotel stays and travel costs. Participants included LPGA members, 1999 World Cup Soccer Champion players, UNC coaches, television sports celebrities, NFL, PGA and USA Hockey players. Shown here at a reception prior to the event are: Mia Hamm and Dr. Tom Shea, director of the UNC Lineberger Bone Marrow and Stem Cell Transplantation Program. ●



# Profile

## Cancer Physicians: A Family Affair

Growing up, Patricia Rivera wanted to be a talk show host. "I never envisioned a career in medicine," she laughs now. "But after taking some science classes in college, my genetics professor suggested I pursue a career in science because I had a knack for it. It also," she adds with a grin, "seemed like a more sustainable career."

Her pursuit of a career in medicine not only landed her a stable career (she's now an assistant professor of medicine at UNC, specializing in lung cancer), but also led her to her husband, Ben Calvo, associate professor of surgery at UNC. The couple met while at Memorial Sloan-Kettering Cancer Center.

When Calvo was offered a position at Lineberger in the surgical oncology program, Rivera wondered what she would do. Happily, she recalls, "UNC was trying to develop a multidisciplinary lung cancer program and there was a need for a pulmonologist."

## Specialties of the House

Rivera was working in the pulmonology division at Sloan-Kettering when she had the chance to work

on a national trial of fluorescent bronchoscopy, a technology used in early detection of lung cancer. "Lung cancer is one of the most lethal

cancers," she says. "More people will die of it than breast, colon and prostate cancer combined. I saw an opportunity to look for better screening methods and develop improved therapies and techniques to get better patient outcomes." Today she's the pulmonologist on the Lineberger multidisciplinary lung cancer team, focusing on screening and diagnosis.

Calvo, who says he never thought of anything other than medicine as a career, looks at both surgical and biological factors in treating tumors. When he's not in the operating room, he's investigating a group of cell receptors in the human growth factor family and their expression in solid tumors.

"During my surgery residency, I learned what you can and can't cure with operations," he says. He was enthralled by biology and chemistry (studying the latter in college) and never lost his love of basic science even after deciding to be a surgeon. "I was always thinking, what's another way to treat cancer besides surgery, and wanted to pursue research and surgery in parallel. But there are few institutions that have the gestalt to permit that to happen. UNC is one of them."

Dedicated as they are to their professions, Rivera and Calvo put family first. "There's life outside of



Drs. M. Patricia Rivera and Ben Calvo pause a moment. Artwork on the door is by their three children; Benjamin, Alejandro & Sofia.

medicine and biology," Calvo says. Rivera concurs. "I'm most proud of my family first, then my career." The couple has three children, ages 6, 5 and 3.

Though both parents are in medicine, Calvo says he has no intention of pushing his kids into the field. "I'm still trying to figure out how I got into medicine," he laughs. "All I know is that my parents let us find our own way. The only direction they gave was 'Whatever you are, you gotta be good at it.' That's what we're telling our kids." ●

# Briefs

## Mutation May Provide Key To Inflammation & Autoimmune

A report in *Nature* from UNC scientists focused on the function of a gene called Mer, which is expressed as a receptor on monocytes and macrophages, scavenger cells that circulate throughout the body or reside in tissue and ingest dead tissue and degenerated cells. Together with the genes Axl and Tyro3, Mer comprises a family of molecules known as receptor tyrosine kinases, which serve multiple functions in different tissues. Mer and Axl are found on cancer cells. After further study, it appears that Mer is also an important player in phagocytosis, the rapid clearance from tissue of dying, or apoptotic, cells. Without Mer, macrophages apparently can still recognize and bind apoptotic cells but cannot ingest them.

"So the signal to ingest is missing due to the deletion of the receptor's cytoplasmic tail," explains Glenn Matsushima, a molecular neuroimmunologist at the UNC Neuroscience Center. "And because of this inability to quickly clear apoptotic cells, the cells eventually degenerate, releasing their internal components." The consequences can eventually play out as an autoimmune response. The body sees this spilled material from its own cells as foreign and makes antibodies to it. Adds Shelton Earp, Line-

berger's director, "By not clearing this material as rapidly as you should, you end up developing antibodies against 'self material,' that you shouldn't have." Some human patients with retinitis pigmentosa have been shown to contain mutations in the Mer gene

authors stated. There is also a possible link to the autoimmune disorder systemic lupus erythematosus. "It's very exciting to see a real physiologic function for this molecule emerge from research and to show it may be important in diseases of immune origin," Earp says.

## Key To Drug Metabolism Uncovered

Chemists at UNC and GlaxoSmithKline have succeeded in determining the structure of a key molecule, PXR, responsible for metabolizing more than 60 percent of drugs taken by humans. PXR is the master regulator of a protein called cytochrome P450-3A, or CYP3A, that breaks the medications down. The molecule literally turns on and off the metabolism of half of all drugs used, and is critically important to human health. Deadly examples of interactions mediated by PXR include the breakdown of the immunosuppressant cyclosporin and the anti-HIV drug Indinavir.

"Using the crystal structure of PXR, we may be able to predict these effects and possibly prevent such drug-drug interactions," says Matthew Redinbo, assistant professor of chemistry at UNC and a member of the Lineberger Comprehensive Cancer Center. "This work is likely to become important

clinically because drug companies have been clamoring to know how the human body recognizes their drugs and marks them for degradation," he says. "Our work provides the first close glimpse into how that is accomplished. These results will further help us to identify and prevent dangerous drug-drug interactions in humans and to understand how drugs are metabolized and disposed of." These results were published in *Science*.

## Tumor Suppressor Activity

New research reported in *Science* explains for the first time how an important tumor suppressor gene, p53, is activated in response to DNA damage to keep cancer tumors in check. The gene normally monitors biochemical signals indicating DNA damage or mutations associated with tumor development. When such signals occur, the p53 protein accumulates in the cell nucleus where it can either program the cell to self-destruct or arrest its growth cycle. The new study explains the molecular site of an all-important effect on p53 of phosphorylation.

"In half of all tumor cells p53 is not working, sometimes because a kinase gene responsible for p53 phosphorylation is mutated," explains Yue Xiong, associate professor, biochemistry and biophysics and Lineberger member. "When that gene is broken, DNA damage cannot be repaired because p53 is continually exported to the cytoplasm and getting degraded there. So one could imagine if we were to develop a compound to block p53 export, we might be able to restore p53 function in tumor cells with mutated kinase genes. We could give the compound to patients to wake up the p53 or prevent its degradation. By continuing this line of research we



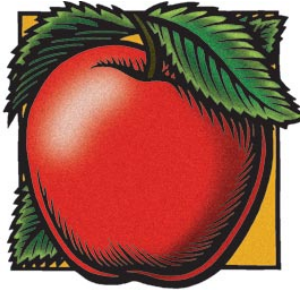
## Preaching Prevention:

# Churches and Scientists Partner to Increase Cancer Screening and Health Behaviors

Despite a decline in the overall incidence of colorectal cancer over the last 20 years, statistics show that the rate of new cases among the African-American community actually increased 9 percent. Studies have shown that at least part of the reason for this disparity is lifestyle — diet and exercise — and the lack of early detection.

This prompted Marci Campbell, professor of nutrition and leader of Lineberger's cancer prevention and control program, to launch *Wellness for African-Americans Through Churches* (WATCH), a program that involves the religious community in promoting healthier lifestyles and cancer screening. The pilot study was deployed in 12 North Carolina churches.

"The Black church is the center for many religious, cultural and social activities," Campbell explains. "Many include the health of their members and the community in their missions. Pastors and church leaders are highly credible role models and persuaders in encouraging healthy behaviors through sermons, organized activities and by personal example." In addition, the Bible and scripture advise people that "the body is a temple" and health pro-



motion is seen as serving God as well as taking care of oneself. "Working in partnership with churches, health promotion efforts can be promoted and sustained by incorporating the natural assets of the social, organizational and religious aspects of the church into behavior change programs."

That's a powerful way to motivate people to eat more fruits and vegetables, lower dietary fat, exercise more and undergo cancer screenings.

The initial study will compare two main interventions: tailored education (TEd) includes personalized computer-tailored newsletters and videotapes, and lay health advisors (LHAs). TEd materials included a message from the participant's pastor, community resources, testimonials and used Biblical passages to enhance cultural relevance and motivation for change. The videotape, *Screening for Health, Screening for Life*, won the Silver Medal in the Public Health category at the Houston International Worldfest film festival in 2000.



hope to understand exactly how the phosphate signal shuts the door on p53 export. That knowledge can be used to develop a targeted treatment for malignant tumors."

## Predictive Genetic Testing Reviewed

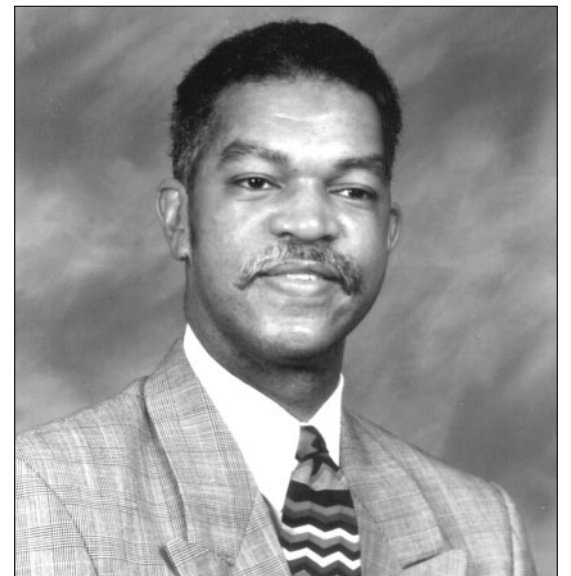
"Predictive genetic testing is still very much in its infancy," asserts cancer geneticist Jim Evans of the UNC's School of Medicine and Lineberger Comprehensive Cancer Center. "It needs to be tailored to the disease one is trying to predict and to the individual and their family." Evans, UNC colleague Cecile Skrzynia and Wylie Burke of the University of Washington published a paper on the subject in the *British Medical Journal*.

"Predictive genetic testing has a profound impact on additional people besides your patient," Evans notes. "It invariably tells you important things about family members who may or may not be interested in that information, but who nevertheless could be impacted profoundly by that information. There are diseases for which it makes tremendous sense. And all the way down on the far end of the spectrum are genetic tests that offer very little besides harm to patients." One example of a disease for which genetic testing is highly useful is multiple endocrine neoplasia type 2, a rare disorder leading to thyroid cancer. Identifying those with this disorder makes preventive surgery an option. On the other hand, Alzheimer's disease illustrates the potential for predictive genetic testing to cause harm. A positive test is an imprecise measure of risk and could result in anxiety, social stigma or discrimination. ●



The lay health advisors were trained using a manual and a series of bi-monthly sessions regarding health behaviors, how to support members' efforts to change, and health activity planning. LHAs were required to hold at least one church-wide activity focused on each behavior in the study (diet, physical activity, screening). Initiatives included starting walking/exercise groups, having healthy choices at church events, and inviting local physicians to speak at worship services about the problem of colorectal cancer in the African American community and the importance of screening.

The results of the interventions are constantly reviewed and participants are surveyed at baseline and after one year of participation. In addition, focus groups and church leader surveys assess qualitative changes. "WATCH evaluation data are showing that the project was a success; participants increased fruit and vegetable consumption, physical activity, and colorectal cancer screening using fecal occult blood testing," Campbell notes. "All these differences were significant compared to the control churches." The program is now being extended to churches in the control group. "We also recently applied for a new American Cancer Society grant to extend the WATCH model to include breast and prostate cancer screening, also very important for the African-American population."



Pastor Joseph L. Ratliff of Shiloh Baptist Church in Henderson, NC, is one of the twelve pastors whose churches worked with the WATCH study. The goals of the study: to eat more fruits and vegetables and less fat, get regular exercise, and to be checked regularly for colon cancer, were ones the pastors all endorsed for the members of their church. Each of the pastors involved in the project provided the support from within the church that made the project successful. Below is an excerpt from a message sent by Pastor Ratliff to his congregation.

## Nutrition

"Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body." I Corinthians 6:19 (NIV)

In this passage, it is clear that God expects our best when it comes to taking care of these wonderful bodies He has given us. One way of taking care of our body temples is to eat more fruits and vegetables, which gives us more fiber and helps protect us from many diseases and health problems.

It is not always easy to eat the way we should since we all lead lives with busy schedules and responsibilities. But when we look at the price that was paid for us on Calvary, we should not have a problem with honoring God with healthy bodies by obeying His word.

## Cancer Prevention

"...I have learned to be content whatever the circumstances." Philippians 4:11 (NIV)

When it comes to cancer, people have many types of reactions. One way we can be content is to have regular check ups and ask our doctors questions about any concerns that we may have concerning getting tested for cancer.

Some people think that if they ignore symptoms or don't ask questions, then they don't have to worry or be concerned. Nothing is further from the truth! That is called living in denial. If we have the necessary tests, we can know the truth and be content. ●



# Gifts to the

This list includes gifts and pledge payments to the UNC Lineberger Comprehensive Cancer Center between July 1, 2000 and June 30, 2001. The list doesn't 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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NCCU held its annual "Walk for the Cure" and raised \$1000 for the UNC Lineberger Breast Cancer program. Some of the participants included back row (left to right): Michelle Gray; Kisha Adams; Darritta Edwards; Sonja Matheny; and Merrily Neill. Front (left to right): Michele Taylor; Sonya Scott; and Patrice Hargrove.

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Carolina Cancer Focus, the UNC campus group that raises awareness of and funds for cancer, held a 3-on-3 basketball tournament in April in Woollen Gym. Close to \$1000 was raised for UNC Lineberger. Pictured are CCF event organizers, officers, and some team members. Front row (left-right): Jon Holmes; Alex Barnes; Erica Simon; Shelley Koon; and Lisa Wald, CCF president. Back row: Eric Johnson, CCF founder; UNC men's varsity basketball team members Will Johnson and (now former team member) Joseph Forte; Paymon Rouhanifard; Robert Albright; Arash Jahanian; and Michael Abel.



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The Chapel Hill Tennis Club held a local celebrity tournament and silent auction and raised \$3200 for the Lineberger's lung cancer program. (Left to right): Chapel Hill Tennis Club manager and tournament organizer Jane Hamborsky; Lineberger director emeritus Joseph Pagano; UNC President Molly Broad; Tennis Club pro Michael "Z" Zaluski; and UNC Lineberger associate director Bill Cance.

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Performance BMW held its annual Drive for the Cure, a fundraiser for the Susan G. Komen Breast Cancer Foundation, on May 19 with over 185 drivers and raising \$4716.00 for breast cancer research. This year's local Hero was Lillie Atwater, a member of UNC Lineberger's Breast Center Advisory Board and a volunteer with the Breast Imaging Program at UNC. (Left to right): Mark Moore, general sales manager; Performance BMW; Jill Farrell, marketing manager; daughter Jo Atwater; Lillie Atwater; daughter Donna Farrow; and Paulette Pauley, NC Triangle affiliate Komen representative.



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UNC Breast Center nurse practitioner Judy Swasey (center) organized a women's exercise group for sedentary women with participation in the NC Triangle Komen Race for the Cure as a goal. More than 60 women between the ages of 22-82 took part in the Race including first-time runners and sisters (left) Stefanie and (right) Heidi Schmechel. The Friday Continuing Education Center made space available for weekly warm-up exercise sessions and parking. Thanks to South Square Mall's Lady Foot Locker for discounts on shoes and clothing.



UNC Lineberger was a co-sponsor of this year's American Cancer Society "Relay for Life" in Orange County. UNC participants included: front (left to right): Gartrell White; Kerry Ashburner; postdoctoral fellow Brian Ashburner; postdoc Kate Guttridge; Stephanie Stahl; postdoc Sandy Westerheide; Vasiliki Anest; Allison Hawke; and Dr. Tom Shea, director of UNC Lineberger Bone Marrow and Stem Cell Transplantation Program. Back (left to right): Relay for Life chair Marc Huber; postdoctoral fellows Denis Guttridge, who was the scientific speaker for the event; Alan Howe; and Noel Hawke.

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# Center '00-'01

More Inside



UNC Lineberger's team was close to 400 for this year's NC Triangle Race for the Cure. The race attracted over 15,000 participants and raised over \$520,000 for breast cancer. Taking part were UNC Lineberger Board of Visitors and Breast Center Advisory Board member Missy Julian-Fox (far right) and her daughter Betsy and UNC Lineberger "Sole Sister" team member Betty Bouldin (left) and daughter Katherine.

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At the UNC Lineberger Club annual brunch and basketball game, Board of Visitors member John Burruss was the emcee and he auctioned a basketball signed by the UNC men's basketball team. The ball was purchased for \$2,000 by Board member Robert Williamson Jr.

## Clinical Trials Underway

For information about any of these trials, please call 919-966-4432 or visit the UNC LCCC website at <http://cancer.med.unc.edu/patient/protocols>.

**Non-Small Cell Lung Cancer Stage IIIB/IV (LCCC 2003).** This is a Phase II investigator initiated trial. Patients are randomized to receive weekly Taxol and every three week carboplatin or every three week Taxol and carboplatin. This trial is designed to determine the toxicities related to the differing treatment schedules, how well patients respond to treatment, patients' quality of life during treatment, and to estimate survival between the two treatment groups. *PI, Mark Socinski, MD.*

**Myelodysplastic Syndrome (D-0007).** This is a Phase III trial of a novel agent, Decitabine, determining the efficacy and safety in patients with advanced stage disease. Patients are randomized to receive either Decitabine or supportive care measures. This trial will also assess the patient's quality of life during participation. *PI, Beverly Mitchell, MD.*

**GI Malignancies (RPI0003).** This is a Phase II multi-center trial of a new agent, Angiozyme, in combination with chemotherapeutic agents 5-FU, Leucovorin and Irinotecan in patients with metastatic colorectal cancer. Angiozyme is a completely new approach to destroying the blood vessel growth factor made by tumors. It was developed to inhibit tumor growth and spread and is admin-

istered by sub-cutaneous injection. This trial will help to determine if the new agent added to standard chemotherapies for colon cancer will improve the response rate. Safety and drug tolerability will be monitored. *PIs, Stephen Bernard, MD and Bert O'Neill, MD.*

**Renal Cell Malignancies (C-100-12).** This is a multi-center, randomized Phase III study of Oncophage versus observation in patients with a high risk for recurrence after surgery for renal cell carcinoma. Oncophage is a vaccine developed from the patient's own tumor. This treatment represents a unique opportunity to deliver a vaccine specific to that patient hoping to achieve long lasting immunity against this tumor. *PI, Raj Pruthi, MD.*



## A Panoramic View

# UNC's new infusion area



The new infusion area opened July 10 on the ground floor of the clinical cancer center. This new space triples the number of therapy chairs for patients and offers additional space for family and friends to be near their loved one during therapy. (See page 2 for dedication ceremony photo).

### *New Toll-Free Number for Patients and Referring Physicians*

Call 1-866-828-0270 to make an appointment or get information about UNC Lineberger cancer programs.

### *We welcome the following new clinical faculty who have recently joined UNC Lineberger:*

Drs. Nancy DeMore, Cherie Dunphy, Lev Goyal, Margaret Gulley, H.J. Kim, Chad Livasy, and Bert O'Neil.

## calendar *of events*

**JANUARY 2002**

***12th* Lineberger Club Annual  
Brunch/Basketball Game.** Kenan Center,  
Chapel Hill, NC.

**MARCH 2002**

***27-28th* 26th Annual  
Scientific Symposium "Developmental  
Biology: Implications for Human Cancers."**  
Friday Center, Chapel Hill, NC.

**APRIL 2002**

***19th* UNC Medical Center  
50th Anniversary Symposium: "Exploring  
Medicine in the Post-Genome Era."** Friday  
Center, Chapel Hill, NC.

UNC Lineberger Comprehensive Cancer Center  
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