

**Cancer
Research &
Treatment
Fund, Inc.**



SPRING 2008

CR&T AND PHILANTHROPY by Richard T. Silver, MD

What motivates people to give away money? In the March 9, 2008 issue of the New York Times Magazine section, Dave Denison addressed this issue. Charitable donations at all levels have increased markedly in the United States in the 1990s and more than 21 trillion dollars will go to charity over the coming 50 years. Denison reviewed some of the experiences of Paul Schervish, a sociologist and former Jesuit priest who had asked wealthy people what motivated them to give away money. He interviewed more than 250 Americans, and found that more wealthy people found purpose and happiness through a "philanthropic vocation." Denison found that people with low incomes tend to give as high a proportion of their earnings as do the rich, but as net income increases, there is a slight increase in the percent of contributions. Most importantly, there is a strong correlation between the feeling of economic security and the willingness to give. Schervish indicated that whereas multimillionaires could just as well invest in new businesses or set up trusts to transfer their wealth on to heirs, an important reason they give to a charity is because it establishes a direct caring relationship and experience which extends caring outward, responding to and paying attention to the needs of others.

The issue of why people give was also addressed by David Leonhardt in this same issue. It is Leonhardt's thesis that people do not give to make the world a better place or to give back to the community as a token of gratitude or seeing one's name on a building,

To put it bluntly, charitable giving is not a high-minded form of consumption. Rather, he believes people give money to feel the glow that comes with being associated with those who are directly involved with the various causes they are supporting.

How does this apply to CR&T? We have asked a number of our contributors why they have donated to CR&T. All have said they

derive a great deal of satisfaction in "seeing" the results of their contributions. What a wonderful feeling to know that you have helped to cure certain types of leukemia, and lymphoma and improved the well being of many women with breast cancer to name a few of our achievements.

Thank you again for your contributions and your thoughts remembering CR&T.

BREAST CANCER UPDATES

By Linda Vahdat, MD, Director, Breast Cancer Research Program

Breast cancer research is advancing at an electrifying pace. This past year has seen many advances with approvals of several drugs active in breast cancer and some real insight into our understanding how breast cancer behaves.

One of the things we have learned over the past few years is that breast cancer is not just one disease but probably at least a dozen distinct entities. Probably the only thing they have in common is that they are found in the breast. Since the completion of the human genome project several years ago, this has enabled scientists to really understand breast cancer on a molecular level which, in my opinion, is the reason for so many advances.

So let's look at some examples of some of these advances. Trying to exploit differences among different types of breast cancer is a test that is becoming integrated in how we take care of breast cancer that has not spread to the lymph nodes under the arm (node negative breast cancer) and uses estrogen to grow (hormone receptor positive

breast cancer). This test is comprised of a set of genes (made up of DNA, the building blocks of life) that estimates the risk of recurrence of breast cancer and response to hormonal therapy. Many breast cancers use estrogen to grow and one way to tackle stray cells that are floating around in the blood stream is to block these cancer cells ability to use estrogen as food to grow- this is called hormonal (really anti-hormonal) therapy. Well, this test (called a 21 gene recurrence score or Oncotype) seems like it is pretty good at predicting the response of tumors to tamoxifen (a hormonal therapy used to treat breast cancer). We are trying to learn if this test can be useful in predicting behavior of tumors that have spread to the lymph nodes under the arm. The goal of this is to be able to figure out what patients with breast cancer might be able to avoid having chemotherapy and who may absolutely need it. There is a large clinical trial underway trying to evaluate this question and it is called the TAILORX trial. It

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**The Board of Directors of CR&T
and the Tournament Committee**

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**cordially invite you to the
Cancer Research & Treatment
Fund
Sixth Annual
Golf and Tennis Tournament**

Monday, May 12, 2008

Dellwood Country Club
New City, NY

Registration and Breakfast

9:00 AM

Golf and Tennis Start

11:00 AM

Cocktail Reception

4:30 PM

Dinner and Program

5:30 PM

For reservations and information,
please call Carla Capone
at 212-213-1166 or email to:
crt@carlacapone.com.

BREAST CANCER UPDATES

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is estimated that over 10,000 women will be enrolled in this trial.

Another advance over the past year has been the FDA approval of three drugs. They are called lapatinib (Tykerb), bevacizumab (Avastin) and ixabepilone (Ixempra). Lapatinib is called a tyrosine kinase inhibitor and this is used to shrink breast cancer that is HER2neu positive. HER 2 neu is a growth accelerator present of breast cancer cells but is also a target for drugs (i.e. trastuzumab or Herceptin). The studies showed that lapatinib was very good at keeping cancer under control longer when combined with another chemotherapy pill called capecitabine (Xeloda) as compared to capecitabine alone. This is a real advance for patients who have HER 2 neu positive tumors because it gives them another option. It might also be really important because we are learning so much about HER2neu and it might be that all HER2neu is not created equal and lapatinib may exploit this fact.

The other biologic that was approved in the past year was bevacizumab (avastin). This is an interesting drug because we think it affects blood vessels that feed tumors. Blood vessel formation is critical for tumors and normal tissue development. The bevacizumab sops up VEGF-A which is critical for blood vessel growth and maintenance. We don't know if bevacizumab just cuts off blood vessel formation or if it allows the tumor blood vessels to become less tortuous so that we get better delivery of chemotherapy (vascular normalization hypothesis). Either way, we know that when breast cancer patients receive chemotherapy (Taxol) and bevacizumab together, it is twice as good in shrinking the breast cancer and keeping it under control for double the time as Taxol alone. This is a very important finding.

Ixabepilone is a chemotherapy drug which was approved by the FDA in October 2007. It is the first in class of a new family of chemotherapy drugs called the epothilones. Our group was very involved in developing this drug so we are particularly happy it was approved. This drug is very

good at shrinking tough to treat (refractory) breast cancer. Our expectation is that once the clinical trials are done, we hope to find that it is equally good at preventing breast cancer from spreading. These adjuvant trials are underway in Europe right now.

The oncology health care team is always looking at ways to try to prevent cancer from coming back. The Breast Cancer Research Program at Weill Cornell has two really interesting projects aimed at exactly this concept. One of our studies is a Phase II trial of tetrathiomolybdate (TM) in patients with breast cancer who have a moderate to high risk of breast cancer coming back. We know that blood vessels are critical in promoting a dormant tumor to transform into an actively growing entity. Studies have shown that copper is a key component of angiogenesis (blood vessel formation) so armed with a lot of background studies, we have embarked on clinical trial of providing a copper depletion compound (TM pills) to patients who have completed standard therapy but are looking to do something extra- with the hope of decreasing the risk of tumor recurrence. This trial is actively accruing and we are seeing some interesting results.

Because we are trying to understand how breast cancer behaves and why it may be pre-destined to spread at diagnosis, we have several studies underway with our colleagues in Pediatrics, Dr David Lyden and Dr. Rosie Kaplan. Our studies are looking to ultimately predict who has the "kind" of breast cancer that is pre-determined to spread. We are looking to develop a strategy that can prevent this from happening. In our study, a simple blood test over time provides us with the raw material we need to study and try to figure out this important issue. In support of this concept and project, we were awarded a Komen for the Cure Grant to study this whole area. What this could potentially mean for our patients is that we would be able to tailor therapy for all our patients' particular tumor.

So as you can see, these are exciting times in breast cancer research and the best is yet to come.

CR&T WELCOMES A NEW MEMBER TO ITS FAMILY

Following the recent departure of Keith Muhleman, who left his position after seven years to rejoin the Methodist Church in a fundraising capacity, CR&T welcomes Mike Wargo as its new Vice President of Development. While we thank Keith for his years of great service to CR&T, we are delighted that Mike has joined our family of dedicated professionals and donors united in the common cause of cancer treatment.



Mike brings over 20 years of fundraising and marketing experience to his position at Cancer Research & Treatment Fund. In addition to working closely with the Board of Directors, he will be responsible for fundraising, donor relations and program development.

Prior to CR&T, he was the Northeast Director for the Hispanic Scholarship Fund responsible for fundraising and educational programs. Mike also held senior level positions with the Ackerman Institute for the Family and Big Brothers and Big Sisters of New York City.

Before moving to New York, Mike was Senior Director in charge of managing the brand strategy at United Way of America, Alexandria, Virginia. During his career at United Way National Headquarters, Mike was responsible for strategic planning, served as the Vice President of Resource Development and Director of National Corporate Relations. In addition, he also served with United Ways in Philadelphia and Boston.

Mike is a native of Scranton, Pennsylvania; a graduate of Temple University and holds a Master's Degree in Public Administration.

SAVE THE DATE

This year's **Cancer Survivors Hall of Fame Dinner is scheduled for Wednesday, November 12** at the Hilton New York. This event honors the courage and outstanding contributions of cancer survivors and humanitarians for their efforts in raising awareness and hope that a cure is close at hand. For more information, please call Carla Capone at 212-213-1166 or email: crt@carlacapone.com.

CR&T...on the move

Cancer Research & Treatment Fund has relocated its offices. This move was driven by our long standing commitment to remain an efficient and effective organization. We have reduced major office expenses, thereby, allowing us to provide more support in addressing our critical mission. Our new location is: 500 East 77th Street, Suite 1001, New York, NY 10162. We can still be reached at 212.288.6604.

In Memory

It is with great sadness that we announce the passing of **Henry "Hank" Seiden** on January 29, 2008. Hank was a trusted past President and longtime member of the Board of Directors and a dear friend to all at CR&T.

Hank Seiden was a very passionate man. Although he enjoyed great success as an advertising executive, he was equally successful in his many charitable roles, including the American Heart Association and the New York City Police. He had a particularly special connection to CR&T and his cousin and friend, Dr. Richard Silver. Although his involvement predated his own battle with prostate cancer, his commitment to CR&T intensified during the past few years. His leadership guided CR&T to its many accomplishments in the common cause of cancer research and treatment, the



very name of our organization.

His wisdom, advice and commitment were matched by his eloquence, spirit and generosity. We extend our sympathy to his family.

Cancer Research and Treatment Fund Leadership

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Cancer Research and Treatment Fund, Inc., is a non-profit group of physicians, nurses, and other medical professionals dedicated to research for the treatment of cancer and other blood diseases. Richard T. Silver, MD FACP founded CR&T in 1968.

Dr. Silver is Professor of Medicine and Director of the Leukemia and Myeloproliferative Center at Weill Medical College at Cornell University. He is Attending Physician at New York Presbyterian Hospital/Weill-Cornell Medical Center.

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