

CANCER RESEARCH & TREATMENT FUND, INC.

SUMMER 2011

LUNG CANCER



by Richard T. Silver, MD

We have often talked about our successes in cancer chemotherapy, but to paraphrase Robert Frost:

"We have miles to go before we sleep".

Lung cancer, remains a leading cause of cancer-related deaths around the world. According to a recent article in the New England Journal of Medicine (March 10, 2011), there were approximately 160,000 deaths from this cancer in the United States in 2010. Advanced stage lung cancer is considered an incurable disease for which standard chemotherapy unhappily only provides marginal improvement in overall survival. Moreover, chemotherapy for this illness has significant morbidity (complications) and mortality. Unfortunately, less than 30% of patients with metastatic lung cancer have a response to chemotherapy.

A very specific type of lung cancer is known as small cell cancer. However, more than 90% of the cancers we deal with are not small cell cancer. The overall survival of this type of metastatic cancer remains about one year and less than 5% of patients with metastatic cancer survive five years after diagnosis.

The most commonly used drug is called cisplatin, which is, in fact, a platinum-based chemotherapy. Clearly, chemotherapy has not provided the answer to lung cancer as it has in other forms of disease and does not approach

the consistency of good results we see in patients with leukemia.

Attention has shifted to new treatment options and approaches. For example,

continued on page 2



LUNG CANCER

continued from cover

there are various growth factors on the surface of a cell and inhibition of these growth factors can sometimes be associated with antitumor effect. Likewise, drugs affecting the vasculature (blood supply) of the tumor, such as one known as Avastin, are also used in the treatment of lung cancer. Nevertheless, success with these agents have been measured in months, not years.

It is of interest that not all patients with lung

cancer have a smoking history. For example, there are women of East Asian descent with no history of smoking who develop a certain type of lung cancer which is responsive to small molecule chemotherapy bearing a resemblance to those used in the treatment of chronic myeloid leukemia which, incidentally, is not active in lung cancer. So not all is bleak. Indeed, at one year, the rate of progression of these patients was significantly better with some of the new small molecule agents. The use of these drugs, nevertheless, have a high cost and still a relatively low response rate.

Thus, their use in patients with lung cancer really becomes a societal issue which has not yet been resolved.

It has been found that certain patients have certain mutations in their cancer that predict a good response to certain drugs. Our readers may have read elsewhere about the term "tailored- treatment", a term to which this refers. Hopefully, even more emphasis on cancer prevention, especially avoidance of cigarette smoking, will reduce the incidence of this terrible disease.



BREAST CANCER GRANT

A Progress Report from Linda Vahdat, MD

Dr. Linda Vahdat is an
Associate Attending Physician
at New York-Presbyterian
Hospital, a Professor of
Medicine at Weill Cornell
Medical College, and Director of
the Weill Cornell Breast Cancer
Center. She also serves on the
Cancer Research & Treatment
Fund Medical Advisory Board.

CR&T's impartial scientific board recommended renewal of Dr. Vahdat's grant this year so that she can continue her promising research in breast cancer.

Two of the projects she has been working on include correlative studies of angiogenesis (blood vessel formation) in women with breast cancer and a phase II trial of tetrathiomolybdate (TM) in female breast cancer patients at high risk for relapse. The goal of these correlative studies is to determine why certain breast

cancers metastasize (spread) while others do not. So far, her research has discovered that changes in early blood cells (stem cells) can predict relapse and response in breast cancer

is assessing the safety and tolerability of the drug in patients with high risk tumor recurrence and evaluating the effect of TM on the circulating surrogate markers cells (cells that give rise to the cells that form blood vessel walls), which are believed to be critical for breast cancer recurrence.

CR&T will continue to monitor



patients. The phase II trial of tetrathiomolybdate (TM), a copper depleting compound, of angiogenesis. Depleting copper levels has been shown to reduce endothelial progenitor Dr. Vahdat's findings and bring you updates on this breast cancer research.

CR&T SALUTES Morton Coleman, MD, FACP

Dr. Morton Coleman is a
Clinical Professor of Medicine
at Weill Cornell Medical Center
and Director of the Center for
Lymphoma and Myeloma.
He has collaborated with
Dr. Richard T. Silver on over
70 research articles and
authored over 400 publications
himself. His expertise includes
the treatments of lymphoma,
myeloma, Waldenstrom's
macroglobulinemia, and other
associated diseases.

Dr. Coleman has played an instrumental role in devising the standard treatment for Hodgkin's disease, in the use of infusional chemotherapy in lymphoma, the concept of dose intensity and its use in myeloma and lymphoma, in the combined use

of thalidomide in myeloma, and in the role of PET scanning in lymphoma. Currently, he, along with colleagues at the Center for Lymphoma and Myeloma, is pioneering anti-lymphoma therapies based on novel combinations of monoclonal antibodies, a molecule-targeting tool that is revolutionizing the treatment of cancers.

Dr. Coleman has served on our Medical Advisory Board for many years and we thank him for his continued service to CR&T, and also for his commitment and dedication in finding cures for blood cancers. Dr. Coleman was recently appointed Associate Scientific Director of Cancer Research & Treatment Fund.



SAVE THE DATE: NOVEMBER 2, 2011



Sponsored by:

Cancer Research & Treatment Fund and The MPN Research Foundation

Affiliate Member: The SASS Foundation







New York City will be the site of the 6th International Patient Symposium on Myeloproliferative Diseases. This event will be held at The University Club on Wednesday, November 2, 2011.

Cancer Research & Treatment Fund and the MPN Research Foundation will sponsor this educational event for patients and other individuals interested in the latest research developments and treatment practices from a panel of leading MPD researchers and distinguished physicians.

For more information, please call CR&T at 212-288-6604.



PROSTATE SCREENING EVENT

his year CR&T was given the opportunity to sponsor a new initiative serving underprivileged communities by helping to provide free prostate testing at the First Presbyterian Church in Jamaica, Queens. The free screenings were done by a team of urologists from Weill Cornell Medical Center, led by Dr. Douglas Scherr, Clinical Director of Urologic Oncology. Prostate cancer is the second most common form of malignancy in American men (first is skin cancer) and the second leading cause of death in American men (first is lung cancer). Rates of prostate cancer are much higher among minorities,

especially African Americans, largely due to the lack of access to health care as well as environmental and lifestyle factors. Recent studies have also suggested that men of African origin share common genetic links that may increase chances of developing this disease. Over 125 individuals were able to receive complete prostate examinations at the free screening on March 26th.

Other sponsors included Weill Medical College of Cornell University, the New York Hospital of Queens, the New York City Housing Authority, the Community Healthcare Network, Neighborhood Health Providers, and the SASS Foundation.



Michael Wargo, CR&T V.P. of Development & Rev. Patrick O'Connor, First Presbyterian Church



Dr. Douglas Scherr, Weill Cornell Medical Center



Beginning the screening process.



Event participants

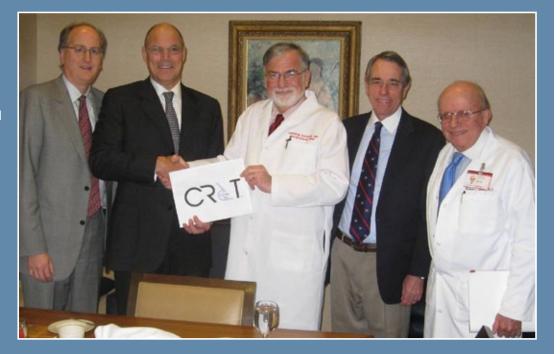


everend O'Connor and medical volunteers.

CR&T presented a grant to Weill Cornell for continuing research in breast cancer, myelo-proliferative diseases and fellowship support at the medical center.

Those attending the presentation were, from left: Dr. David Nanus, Co-Chief of Hematology and Medical Oncology at Weill Cornell Medical Center; Douglas McCormick, CR&T Board President; Dr. Andrew Schafer, Chairman of Medicine at Weill Cornell Medical Center; David Boule, CR&T Board Member; and Dr. Richard T. Silver, Medical Director of CR&T.

Grant Awarded to Weill Cornell Medical Center



SAVE THE DATE

Cancer Survivors
Hall of Fame
Dinner

Tuesday, November 15, 2011

Essex House

160 Central Park South,

New York, NY

Please join us for a very special evening honoring courageous cancer survivors, outstanding medical professionals, and compassionate humanitarians for their dedication and accomplishments this year. Cancer Research & Treatment Fund is proud to have Maria Brisbane and Amanda Johns Perez as our Co-Chairs for this wonderful event. All proceeds will go directly to CR&T so that we may continue to do our part in finding a cure for cancer. For more information, please contact CR&T at 212-288-6604 or www.crt.org.



Dinner Co-Chairs

Maria Brisbane and Amanda Johns Perez

Please help us

advance our
mission to
provide the
most promising
state of the art
research that
leads to effective
treatments for
cancer. Please
send your gift
today. We thank
you for your
continued support
in helping CR&T
find a cure.

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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 Myelpro liferative 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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