

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



**JULY 2007**

## **BREAST CANCER SYMPOSIUM**

In late March, Uris Auditorium, on the York Avenue campus of the Weill Cornell Medical College was the site for a Breast Cancer Symposium sponsored by CR&T, Eli Lilly and the Sass Foundation.

More than 275 women and men heard Dr. Linda Vahdat, Associate Professor of Clinical Medicine, Medical Director Breast Cancer Research Program speak on "Breakthroughs in Breast Cancer Research and Treatment," and Dr. Anne Moore, Professor of Clinical Medicine, Chair-Breast Committee, NY Presbyterian Hospital talk on "Breast Cancer: Lifestyle Interventions to Reduce Risk."

Over 2 million women and men are diagnosed annually with breast cancer, but the death rate since 1990 has been steadily declining because of improvements in early detection and the development of more aggressive treatments. Diet, personal hygiene and weight control play a pronounced role in not only the prevention of breast cancer in persons with high risk, but also in the recovery of survivors of surgery and chemotherapy.

Lumpectomies have replaced mastectomies as the primary surgical treatment and new drugs have been approved by the FDA and are in development that target the newly identified markers for this form of cancer. Early detection beginning with self examinations are very important especially for those in the high risk category, i.e., a family history of breast cancer, obesity, etc. A periodic mammography or MRI is proving to be an excellent diagnostic tool for spotting any suspicious growths.

If you would like more information, we encourage you to view the entire session (presentation as well as questions and answers) on our web site, [www.crt.org](http://www.crt.org)



caption here for both images??????



## **R E M I N D E R**

**Cancer Survivors Hall of Fame Dinner  
November 1**

Hilton, New York,  
Avenue of the Americas

### **Honoring**

Ms. Margo D'Agostino  
Cancer Survivor

Richard "Beau" Dietl  
Humanitarian

Dinner Chair  
Joe Grano

MC – Ron Insana

**SAVE THE DATE**

# IRON OVERLOAD IN MYELODYSPLASTIC SYNDROME (MDS). IS THERE A RATIONALE FOR TREATMENT?

**Eliezer A. Rachmilewitz. Head Hematology Department, The Edith Wolfson Medical Center, Holon, Israel.**

Low risk myelodysplastic syndrome (MDS) is characterized by decrease in all blood cells – red cells, platelets and white cells, due to their ineffective production in the bone marrow. The production of red blood cells is usually most affected in the early stages of the disease, resulting in anemia with all the clinical consequences, tiredness, shortness of breath etc... In cases with severe anemia (hemoglobin level less than 9 grams/dl), therapeutic blood transfusions are indicated and result in the accumulation of large quantities of iron which is defined as iron overload. For instance, a patient receiving two blood units per month, will receive about 100 units every 4 years. Although transfusion therapy is the main cause for iron overload in MDS, it is not the only contributing factor. This could be in part due to increased intestinal iron absorption, either by ineffective production and consequent destruction of red blood cells, less oxygen, or due to low levels of a protein - hepcidin that have been documented in MDS, which is the protein regulating iron absorption from the intestines.

Another measurable parameter resulting from iron overload are circulating forms of free iron, termed “non-transferring bound iron” (NTBI) which were found to be increased in MDS, and are taken up more readily by tissues. This fraction of free iron is toxic by promoting formation of oxygen radicals which are very toxic, since they oxidize major components in the cells, mainly the membranes and result in ineffective production of red blood cells and premature death resulting in iron accumulation in several tissues including liver and heart. Following these observations, it has been shown that in patients with MDS, generation of free oxygen radicals were found in red cells, platelets and leukocytes, concomitant with decrease in the enzymes which protect them from damage induced by the oxygen radicals.

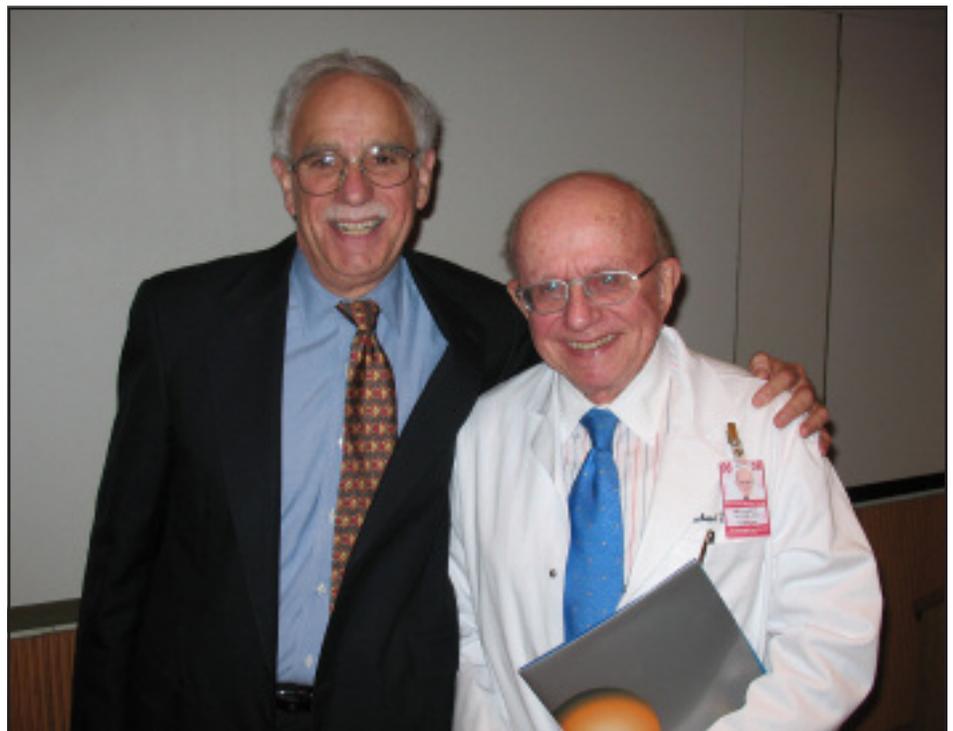
It has been shown that drugs which are capable to get rid of the excess iron known as iron chelators were also capable of neutralizing the toxic effects of free oxygen radicals.

Cardiovascular T2\* magnetic resonance imaging (MRI) is a new imaging technique

which allows estimation of iron in the heart and liver and is now used to measure and monitor iron overload in patients with MDS. Surprisingly, when this method was applied to measure degree of iron overload in 10 transfused MDS patients who received an average of 90 blood units, iron overload was found in the liver of all of them, but not in the heart, unlike in other diseases associated with iron overload. It is possible that in MDS more time and more transfusions are required to induce iron accumulation in the myocardium.

However, even without excess amounts of iron in the heart measured by T2\* MRI,

treatment with drugs to eliminate excess of iron and the consequent generation of oxygen radicals might be justified in order to get rid of the toxic species of iron. A new oral iron chelator (Exjade) is now available, which is much more convenient for the patient compared with a previous drug which was administered through a needle. In any case, scanning the heart in more MDS patients is required since it may show iron deposition especially in those receiving more transfusions for a longer period of time.



Dr. Robert J. Mayer (left) is pictured with Dr. Richard T. Silver during Grand Rounds at Weill Cornell Medical College in mid-May. Dr. Mayer, the Stephen B. Kay Family Professor of Medicine and Director of the Center for Gastrointestinal Oncology at the Dana-Farber Cancer Institute in Boston, reported on the progress being made in the screening and treatment of colon cancer.

Between 1990 and 2007, there has been an 8.7% decrease in deaths caused by colon cancer, the largest decline of any form of cancer. The survival rate has been extended from 9 to 27 months. Through improved screening, the early detection of adenomatous polyps gives the physician diagnostic choices including surgery and/or chemotherapy. 5-Fluorouracil (5FU) is the cornerstone of treatment for all patients, but five new chemical and targeting agents have been created that when added to 5FU give a longer survival window.

Dr. Mayer was the 2007 Richard T. Silver, MD Visiting Professor.

## ADMINISTRATION'S BUDGET RECOMMENDATION TO FIGHT CANCER

In mid January, 2007, President George W. Bush said during a visit to the National Institute of Health (NIH), "I truly believe the NIH is one of America's greatest assets, and it needs to be nourished." He was present to announce a decrease in US cancer deaths due to improved diagnostic tools and research supported in part through the NIH.

Biomedical researchers were disappointed when two weeks later the Administration's proposed budget for 2008 reduced the NIH budget by \$511 million to \$28.9 billion. Similar reductions were made to the National Cancer Institute (NCI) and three other research institutes.

NCI (reduced \$11 million to \$4.782 billion) will stop funding 180 grants and cancel or postpone 95 clinical trials (60% of the new trials that open annually). Further, a proposed 10% budget reduction within the existing cooperative groups will limit the

availability of clinical trials for nearly 3000 cancer patients.

"Scientists are fearful they are losing the next generation, despite their best efforts which have resulted in the first reductions in cancer mortality that we have seen in 70 years," Geoffrey Wahl, President of the American Association of Cancer Research said. "There is a message that has been given consistently that for some reason cancer research is not a priority. We are expecting an increased incidence of cancer in the near future, because we are living longer and cancer is a disease of age."

Robert Berdahl, President of the Association of American Universities, said in a statement, "It is essential that Congress accomplish what this budget fails to, and not only sustain but increase the nation's investment in NIH research."

Organizations like CR&T are fast becoming the source for funding for basic research and the creation of technical and personnel support for departmental structures that support the clinical trials funded by pharmaceutical companies, the NCI and the NIH. Friends of CR&T have formed a partnership with a growing number of clinicians to accomplish our common goal to make cancer a chronic disease in the future.

## SCOTT WADLER, M.D.

The Board of Directors of the Cancer Research and Treatment Fund mourns the death of Dr. Scott Wadler. Dr. Wadler was a member of our Medical Advisory Board and the first occupant of the Richard T. Silver Distinguished Professorship of Hematology and Medical Oncology at Weill Cornell Medical College. He was an earnest friend who was always willing to share his medical expertise and he had a talent for explanation for those with questions. In his life work, he gave encouragement and understanding through his support and participation in educational and research opportunities that addressed the needs of all people with cancer. A brilliant physician, he was taken too soon from his colleagues, friends and family who will miss his smile, compassion and easy way with words.

Richard J. Rose, President  
Richard T. Silver, M.D., Medical Director

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Times

## NEW DRUGS FOR LIVER CANCER

By Keith A. Muhleman

Liver cancer is one of the few drugs for which the annual death rate is increasing – about 16,000 Americans and 600,000 globally. This is roughly double the number since 1987. The disease usually follows organ damage because of hepatitis B, hepatitis C or cirrhosis of the liver.

It was reported in The Wall Street Journal (June 5, 2007) that now there are a number of targeted drugs in development and on the market that can extend the life of those with the disease. Naxavar, a drug currently approved for kidney cancer, leads the way and was found to block the proliferation of cancer cells and to shut down the blood vessels to the cancer (a process called angiogenesis). In a trial of 602 patients, this meant a 44% improvement in overall survival. Other promising drugs being tested include Avastin (a blood-vessel-blocking drug now used in colorectal and lung cancers) and Sutent (a similar angiogenic drug used for kidney cancer.)

Dr. Joseph Llovet, Director of Liver Cancer Research at Mt. Sinai School of Medicine in New York, called this "a real breakthrough in the treatment of a very harsh and unforgiving disease."

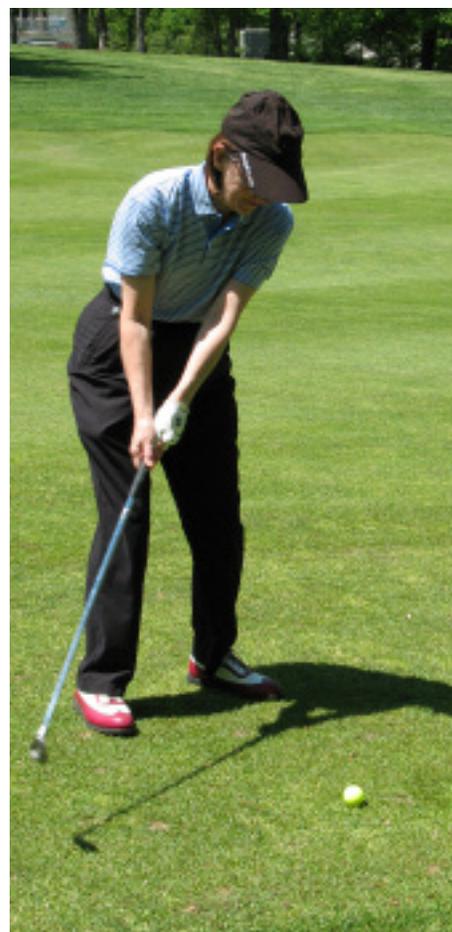
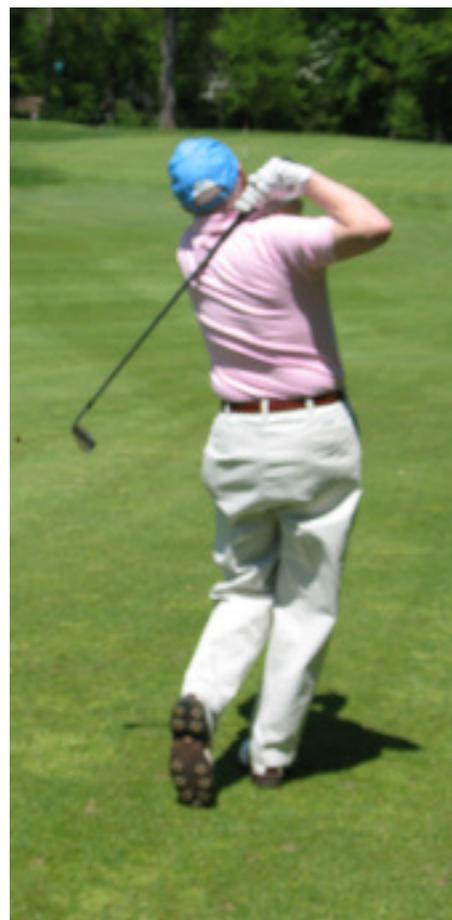
The Cancer Research and Treatment Fund has been privileged to be associated with the development of targeted therapies that are reflected in these successful trials. In 2001, treatment protocols for blood cancers changed with the introduction of Gleevec as a successful treatment for CML. The medical affiliates of CR&T and the William Waugh and Judy Olin Higgins Center for the Study of Myeloproliferative Diseases are engaged in various current trails to discover more therapies for treatment not only of blood cancers but treatments that can lead to a better prognosis for patients with solid tumor cancers.

## 5TH ANNUAL GOLF AND TENNIS TOURNAMENT

In mid-May, 90 golfers and tennis players gathered at the Dellwood Country Club in New City, New York to mark the 5th Annual CR&T Golf and Tennis Tournament. The temperature was sunny and mild and the course and the courts were in excellent shape. No one won the new Lexus sitting on hole 9, but only praise was heard for the course and the fellowship of the event.

The evening was marked by a sit-down dinner complete with awards for the day's efforts and a raffle and live auction. The raffle featured two all expense paid trips to golf resorts throughout the world (valued at \$4000 each, generously provided –as in the past–by Active International) as well as, custom made clothing, golf clubs, an executive desk chair, an Armani watch and dinner packages. At the live auction included Mets and Yankees baseball tickets, a 3-ball at the Baltusrol Golf Club, Nets tickets and a personalized autographed photo of Leonardo DiCaprio.

A great day to be outdoors and a great time!





**We wish to thank the sponsors  
for their generosity:**

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## CRUISE FOR THE CURE

On the 4th Annual Cruise for the Cure, 70 young professionals gathered on May Day for common causes – to hear exciting news concerning cancer breakthroughs and to have a good time. Both goals were achieved!

Old friends got together and welcomed new friends for the three hour dinner cruise aboard the Festiva around Manhattan on a crisp clear night. A tasty buffet meal, a lively raffle, a silent auction, and great music guaranteed the success of the fellowship, while Dr. Richard Silver, Medical Director for CR&T, told the group (before karaoke) about some of the exciting breakthroughs in cancer research happening today.

Missions accomplished? Definitely!!

We thank the sponsors for their help in making this a great success:

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## 4TH INTERNATIONAL PATIENT SYMPOSIUM

The Cancer Research and Treatment Fund and the MPD Foundation are pleased to announce that they will co-host an International Patient Symposium, November 7 at the Harmonie Club in midtown Manhattan, 4 E. 60th Street, between 5th Avenue and Madison Avenue.

The daylong event will begin at 8AM with registration and end at 4:30PM with a lunch served at the Club. It will include presentations on the current developments in myeloproliferative disease research and treatments. There will be general sessions and small groups with the presenters for questions and answers.

Our speakers include: Dr. Richard T. Silver (Weill Cornell Medical College), Dr. Ayalew Tefferi (Mayo Clinic), Dr. Jerry Spivak (Johns Hopkins University School of Medicine), Dr. Ronald Hoffman (University of Illinois, Chicago), and Dr. Ruben A. Mesa (Mayo Clinic), Dr. Gary Gilliland (Dana Farber Cancer Institute, Harvard), and Dr. Tiziano Barbui (Italy), Robert Rosen (MPD Foundation).

Topics will include JAK2, PV research, stem cell advancements, treatments of myelofibrosis and myeloid metaplasia, marrow transplantation, ET, and exercise and physiology.

We plan to record the session in video and make it available for streaming at [www.crt.org](http://www.crt.org).

Your donation of \$100 will help us defray our costs. You are encouraged to invite your spouse and/or a guest for an additional \$75 each. The shared experience and information will be discussed and remembered.

For those who wish to make a larger contribution of \$1000 (Platinum), \$750

(Gold) and \$500 (Silver), the gifts will be recognized on the websites and displayed on the program with our thanks.

Make a reservation at [www.crt.org](http://www.crt.org) (call Keith Muhleman, 212-288-6604) or [www.mpdfoundation.org](http://www.mpdfoundation.org) (call Ann Brazeau – 312-683-7226)

We look forward to seeing many of our friends there as well as some new faces!

**SAVE THIS DATE! –  
WEDNESDAY, NOVEMBER 7,  
2007**

# CR&T LOOKS FOR RESEARCHERS... IT IS UNIQUE

By Keith A. Muhleman

In a recent Wall Street Journal article, "Coaxing Cancer Researchers to Take Your Money" (May 22, 2007, Page D-1), the writer, Amy Dockser Marcus reported on Jeffrey and Marnie Kaufman who wanted to support research for a rare form of salivary-gland tumor that affected Marnie. They were able to raise more than \$700,000 from family and friends but had difficulty finding researchers willing to work on this "orphan" cancer.

"Budgets are tight at the National Institutes of Health, labs are scrambling to find funding, and many private foundations and pharmaceutical companies do not invest in research for rare cancers," Ms. Marcus reported.

"Raising the money was not the hard part," Mrs. Kaufman said. "We found out we would have to find the right people to give it to."

Fatalism keeps many researchers from even applying for grants, given long waiting periods from submission to acceptance...sometimes one year to a year and a

half. The Kaufmans set out to hire the right people to do the research for them. This is a unique approach given the passive stance that most grant makers use by waiting for submissions from interested researchers.

Unlike the general grant maker, the Cancer Research and Treatment Fund, like the Kaufmans, has utilized the unique approach since its inception. We have always sought skilled researchers and clinicians to investigate prior research, start new basic lab research in areas such as adult stem cell growth and the recidivism of breast cancer as well as basic and trial studies into blood cancers. Like the Kaufmans we are concerned for the orphan cancers and for unique approaches to treatments for cancers, especially blood cancers which have historically formed the basis for understanding and treating solid tumor cancers.

As supporting partners, the friends of CR&T have encouraged the study of cancer using unique and creative methods in finding the best researcher in the field and providing them with the assistance they need to shed more light on new and more successful treatments for cancer. That continuing support will ensure a future where we will successfully make cancer a disease for the history books.

## A Bequest: A Gift for the Future

There are many ways that you can give to CR&T to help in the fight against cancer. You can give a cash gift periodically, a planned gift of annuities or establish a trust. Another option is to leave an outright bequest to CR&T.

When you prepare your will, instruct your legal counsel that you would like to leave a percentage of your estate or an outright gift to:

The Cancer Research and Treatment Fund, Inc  
74 E. 79th Street, Suite 5-B,  
New York, NY 10075

This gift will make a difference in the future as we continue the look for methods to make cancer a word in the history books. Be a part of the future of this fight.

Questions: call 212-288-6604

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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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