Cancer Research & Treatment Fund, Inc.

CR&T™

CANCER SURVIVORS HALL OF FAME™

SUMMER 2009

DOUGLAS W. McCORMICK: New CR&T Board President

Cancer Research & Treatment Fund is pleased to announce Doug McCormick as its new board president. Doug is a long-standing board member having served in many capacities, including Chair of the 2008 Cancer Survivors Hall of Fame Gala. Doug, along with his wife Kasia, were instrumental in orchestrating the successful fund raising event to support new research and education projects in the fight against cancer.

An accomplished media executive, Doug is currently a Venture partner with Rho Capital Partners in New York City, where he specializes in New Media investments.

Prior to joining Rho, Doug was Chairman and C.E.O. of Village Inc., (NASDAQ, IVIL) a company that was sold in 2006 to NBC Universal. Preceding his work at iVillage, Doug was the CEO of Lifetime Television Networks from 1991 to 1998 where he and his team established Lifetime as "Television for Women" and also created the Lifetime Movie Network.

Prior to Lifetime, Doug McCormick held executive positions with The Samuel Goldwyn Company, Cable Health Network, Petry Television and KCOP-TV, Los Angeles.

Doug's efforts on behalf of social issues have won him many awards, including top honors from the N.Y. Women's Agenda, Girls, Inc. and the Golden Cable ACE for Lifetime's public service efforts in cancer awareness. He also received the National Women's Political Caucus' prestigious "Good Guy Award." Doug was also honored with CR&T's Humanitarian Award in 2002.

Currently he also chairs the Board of Directors of LIN TV (NYSE:TVL) and Waterfront Media. He is a member of the board of Ovation Television, and Travel Ad Network.

Doug McCormick is a published songwriter. His songs have been recorded by Paul Anka and Dusty Springfield among other professional artists.

Doug holds an MBA from Columbia University.

CANCER CLINICAL TRIALS

by Dr. Richard T. Silver, CR&T Medical Director, Professor of Medicine, Weill Cornell Medical Center

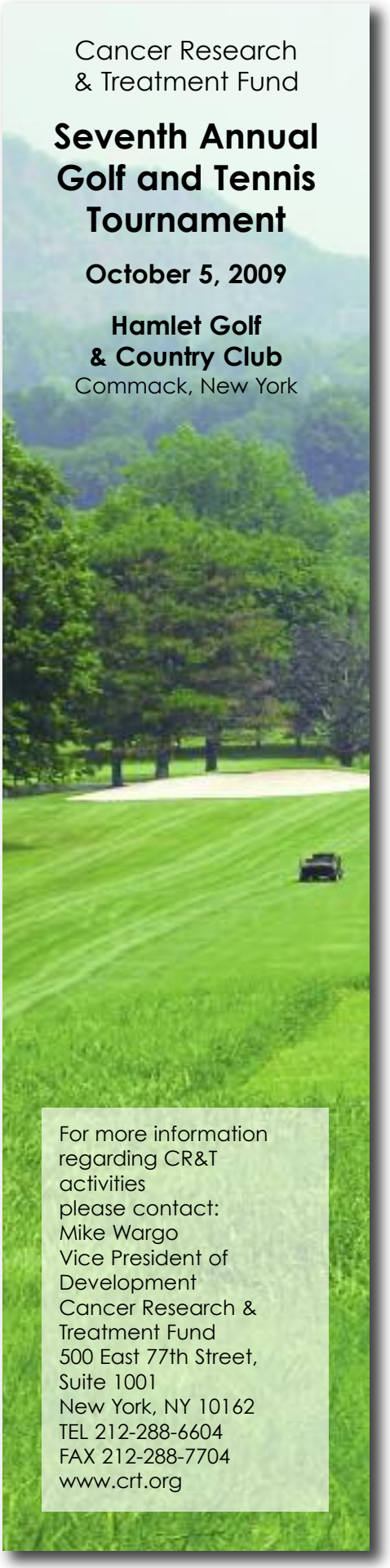
Many of our readers know that the major clinical advances in cancer depend upon clinical trials. Virtually all drugs used have been introduced after a randomized clinical trial, whereby the new drug is tested against the standard regimen or treatment. However, less than 10% of patients in the United States who are eligible for such trials enter them for a variety of reasons.

Dr. Richard T. Silver

The clinical trial system as it exists in the U.S. has many deficiencies. It exhausts the investigator by virtue of many bureaucratic roadblocks, utilizes a great deal of research time and is unusually expensive. An article in the May 2009 issue of Oncology News International (ONI) emphasized this as did the American Society of Clinical Oncology at its annual meeting in 2009 in Orlando, in a symposium entitled "Global Clinical Trials—Challenges and Solutions".

Going global, as noted in ONI pertains not only to computers and automobiles, but also to clinical trials which are performed more and more overseas, especially in the Asia/Pacific region. Such trials have increased by 50% in 2007 compared to 2004. It is also clear that our European colleagues have far outdistanced us in the United States. For example, there is an organization called the European Breast International Group (BIG) which consists of a network of 44 collaborative groups and partnerships in Europe, Canada, Latin America and the Asia/Pacific region which can rapidly accrue a large number of patients so that studies can be completed within a reasonable time. Moreover, both European patients and physicians are more responsive to entering clinical trials. For example, in Austria, there is a high enrollment of patients, resulting from the efforts of scientists and physicians working together for more than 20 years. It also reflects a homogeneity of the population and the relatively small size of the country.

In the United States, it takes nearly 2 ½ years to design and open a clinical trial, longer than foreign countries. The pharmaceutical industry has long looked to the U.S. for initial testing of new compounds while European consortiums are now used for comparative drug trials. Can governments influence this clinical trial situation? Absolutely. Japan has experienced a dramatic increase in participation in global clinical trials because of an environment established by the government which is more conducive to them, according to a report cited by Centerwatch, entitled "The Emerging Markets of Clinical Research" cited by ONI in May 2009. This is at least one instance where government intervention can help.



WHEN AND WHY TOO MUCH IRON IS BAD FOR YOU

by Professor Elizer Rachmilewitz

Eliezer Rachmilewitz, MD
Head Hematology Department,
Edith Wolfson Medical Center,
Holon, Israel

There are patients over the age of 50 who may develop severe refractory anemia as a result of inadequate production of red blood cells in their bone marrow. Consequently, they require frequent blood transfusions every few weeks, which could be higher in older patients with co-morbidities affecting the heart and blood vessels.

One of the major problems resulting from frequent blood transfusions is accumulation of excess amount of iron in major organs, primarily in the liver, endocrine glands and the heart. Eventually, when too much iron is accumulated in the circulation, some of it is floating free, since the capacity of the proteins that bind the iron are over saturated. The existence of free iron species in the blood stream promote generation of free radicals of oxygen which are very toxic since they initiate major damage to various components of the cells, including lipids in the membrane and also to proteins and to the DNA in major organs such as the liver and the heart with the final outcome of premature cell death.

A key question is how to estimate the excess amount of iron? Obviously, one can calculate the amount of iron in each blood transfusion. On that basis there are different recommendations from eight international groups when to recommend treatment with iron chelators, to get rid of the excess iron. Another parameter is the measurement of ferritin in the blood, which is an iron storage protein synthesized in the liver that binds excess of iron. However, there are differences in the guidelines when to start treatment on the basis of ferretin levels. Moreover, factors such as infection can influence serum ferritin levels which can alter the results.

In addition, there are controversial data in the literature about the efficacy of iron chelation therapy on long term survival and quality of life in the patients with refractory anemia due to bone marrow failure. Some reports present positive results on overall survival, decreased transfusion requirements, and a decreased risk to transform more refractory anemia to acute leukemia. However, not all the reports share this conclusion. The major problem with the interpretation of all these studies are their being retrospective. Until now, prospective studies on the efficacy of iron chelators to prolong survival are not available.

The question is what to do until such studies will be carried out? To date, there are three available iron chelators. The name of the most commonly used chelator for more than 30 years is Desferal. The main problem is that it can be given only by subcutaneous infusion with a pump for many hours during the night which is cumbersume and reduces the compliance. The second chelator is Deferiprone, which is given orally and has the advantage to remove excess iron from inside iron loaded cells in the heart into the circulation. However, one of its major side effects is a decrease in the number of white blood cells. The third chelator is Deferasirox, also an oral chelator, given once a day, which also has some side effects.

Recently, additional parameters to estimate the magnitude of iron overload are becoming available.

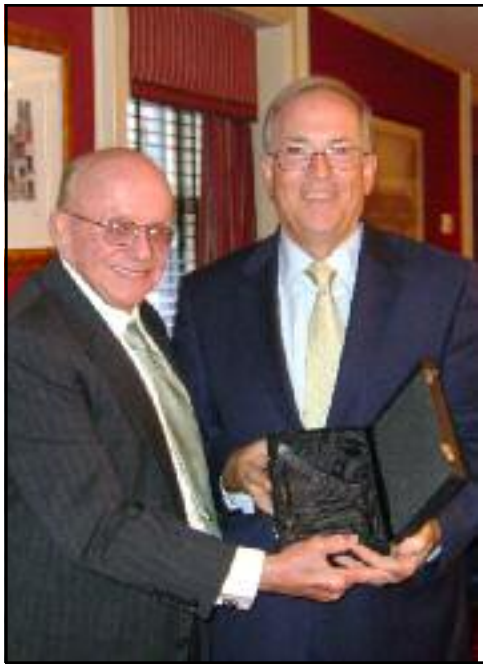
It should be noted that the cost of each one of these drugs should also be taken into consideration in the decision when and who to treat.

Recently, additional parameters to estimate the magnitude of iron overload are becoming available. One way is to calculate how much iron is bound by the proteins in the blood and whether it exceeds 75% of its capacity. Another option is to measure the free iron species in the plasma and cells. However, at this point the methods are available only in a few laboratories in the world.

A non invasive method to measure and monitor total body iron in major organs such as liver, heart and pancreas is by T2* magnetic resonance imaging (MRI), which is available in many centers in the US and around the world. Preliminary results did not

show evidence for excess iron in the heart or in the pancreas in this group of patients who received less than 100 units of blood, while there was excess iron in the liver.

Taken together, the decision if, when and for how long to chelate iron in multitransfused patients with refractory anemia due to bone marrow failure, should be made for each individual separately, taking into account the age, comorbidities, compliance, the cost and eventual side effects of the chelators and obviously the number of transfusions, serum ferritin, and T2* MRI. If all of the above criteria will be available, it is hoped that those who really require iron chelation will get the treatment, until more data and more parameters to measure iron load such as free iron species, will be available in order to recommend more general guidelines.



CR&T Applauds Richard J. Rose

At the recent Board of Directors meeting, members made a special presentation to Richard Rose commemorating his many years of service as President of Cancer Research & Treatment Fund. Dr. Richard T. Silver presented Richard with a crystal award with the inscription, " In grateful appreciation for 14 years of dedicated service and expert counsel as President, CR&T Board of Directors".

Although no longer serving as CR&T President, Richard continues to serve as a member of the Board.

5th International Patient Symposium on Myeloproliferative Diseases

presented by
Cancer Research & Treatment Fund and MPD Foundation

The Cancer Research & Treatment Fund and the MPD Foundation will host the 5th International Patient Symposium for individuals with myeloproliferative diseases. Patients attending this symposium will learn the latest research developments and treatment practices from a panel of leading MPD researchers and distinguished physicians. Our distinguished faculty comes from CR&T, MPD Foundation, Weill Cornell Medical College, Mayo Clinic, Johns Hopkins University , MD Anderson Cancer Center and Ospedali Riuniti di Bergamo.

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

Schedule

8:00am	**Registration**
9:00am	**David Boule** Welcome
9:10am	**Dr. Richard T. Silver** Introduction
9:15am	**Dr. Ayalew Tefferi** JAK2, MPL & TET2 Developments
9:45am	**Dr. Richard T. Silver** Treatment of PV
10:15am	**Break**
10:45am	**Dr. Jerry Spivak** Treatment of ET
11:15am	**Dr. Ruben Mesa** Treatment of PMF
11:45am	**Dr. Richard T. Silver** Moderated Q & A
12:15pm	**Lunch**
1:30pm	**Dr. Richard Champlin** Stem Cell Transplants
2:00pm	**Dr. Tiziano Barbui** International MPD Research
2:30pm	**Dr. Srdan Verstovsek** New Drugs & JAK2 Inhibitors
3:00pm	**Program Sponsors** CR&T/MPD Foundation
3:15pm	**Break**
3:45pm	**Disease specific breakouts**
4:45pm	**Adjournment**

November 4, 2009: The New York Athletic Club

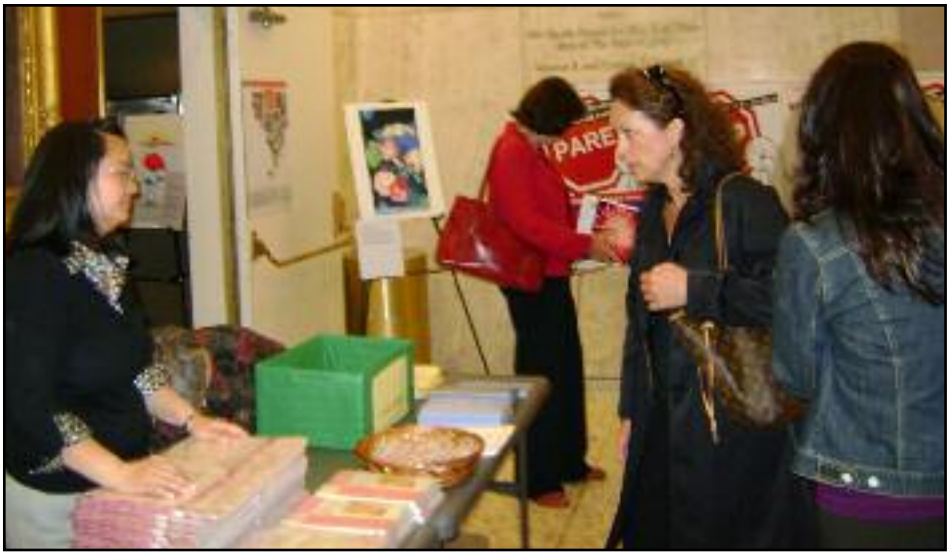
WEILL CORNELL BREAST CENTER

The Eleventh Annual Symposium on the Latest News About Breast Cancer

On May 19, the Weill Cornell Breast Center presented an educational conference addressing the latest information about breast cancer. The program highlighted the latest approaches to diagnosis, treatment and genetic disorders related to breast cancer.

Alexander J. Swistel, MD, acted as symposium moderator. Dr. Swistel is Director, Weill Cornell Breast Center, Iris Cantor Women's Health Center, and Professor of Surgery at New York-Presbyterian Hospital/Weill Cornell Medical Center.

One of the featured speakers included CR&T Medical Advisory Board member, Linda Vahdat, MD. Dr. Vahdat is Director, Breast Cancer Research Program and Associate Professor of Clinical Medicine at Weill Cornell Medical Center.



Dr. Alexander J. Swistel

Dr. Linda Vahdat

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 Myelproliferative 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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