Cancer Research & Treatment Fund, Inc.

CR&T™

CANCER SURVIVORS HALL OF FAME™

FEBRUARY 2007

BREAST CANCER PATIENT SYMPOSIUM

Tuesday, March 27
6:00 - 7:30 PM
Refreshments at 5:30
Uris Auditorium
Weill Cornell Medical College
1300 York Avenue (69th Street)
Admission: Free

Join us for an interactive session with top physician/researchers in the field of breast cancer. You will hear how to reduce the risk of breast cancer and about the latest in research and improved treatments. There will be an opportunity to ask your questions of the physicians.

The Symposium is free but pre-registration is requested by contacting Keith Muhleman, Cancer Research & Treatment Fund, 212-288-6604 or through our web site, www.crt.org

Speakers:

DR. LINDA VAHDAT - Associate Professor of Clinical Medicine, Medical Director Breast Cancer Research Program

Breakthroughs in Breast Cancer Research and Treatment

DR. ANNE MOORE - Professor of Clinical Medicine, Chair-Breast Committee, NY Presbyterian Hospital

Breast Cancer: Prescription for Survivorship

5TH ANNUAL CR&T GOLF AND TENNIS CHARITY TOURNAMENT

This annual outing is always a day to remember!! This year it will take place on May 14 at the Dellwood Country Club in New City, New York. It will be a great day for golfers and tennis buffs alike! The proceeds will benefit the research and education programs of the Cancer Research and Treatment Fund.

The amenities at Dellwood include a premier golf course and well maintained tennis courts. New this year: there will be a reduced charge for tennis players to encourage more men and women to attend. Everyone can participate!

Tee, green, and court sponsorships are $250 for each sign. Larger sponsorship packages include players and will include recognition in our newsletter and on our web site. Journal ads can be placed for $500 for a full page, $300 for a half page and $100 for a business card ad. There will be cars and monetary awards for holes-in-one opportunities and prizes for best score, best drive, straightest drive and putting.

The day at the Dellwood Country Club includes meals, beverages, and all activities for $350 for the day for each player. Tennis players can enjoy all the benefits of the day for $200. A 50/50 raffle will be included as well as a general raffle, auction and silent auction in the evening.

Do not miss a great day! Contact Carla Capone, CR&T, 212-213-1166 or see our web site (www.crt.org) events for more information and registration.

BREAST CANCER UPDATE FROM NATIONAL MEETING

By Linda Vahdat, M.D. (Member of CR&T Medical Advisory Board)

If there was one theme that is pervasive in Oncology today and was epitomized at the 29th Annual Breast Cancer meeting in San Antonio, TX, it was that we are moving towards individualized treatment of tumors. The majority of the presentations were either identifying new specific targets to develop drugs against or the evaluation of targeted agents in specific clinical situation. These fields are still in their infancy but now they are not newborn and are approaching toddlerhood.

I will highlight some of these findings:

HER2neu is a specific characteristic that is present on approximately 25% of breast cancer cells and acts as a growth accelerator for this type of breast cancer. Tremendous strides have been made forward in that now we have a drug called trastuzumab (or Herceptin) that can neutralize this growth accelerator which results in more people surviving this type of cancer.

Trying to improve on this drug is another drug called lapatinib. This drug not only targets HER2 neu but a second target that also makes tumors grow quicker. This drug was highlighted at our larger American Society of Clinical Oncology Annual Meeting in 2006 because it made an effective drug for breast cancer (capecitabine or xelodal) work much longer.

The trial they presented this year in San Antonio was that lapatinib also works well in inflammatory breast cancer (a hard breast cancer to treat) in getting rid of the cancer in the breast.

Another study suggested we are shifting away from some chemotherapy drugs that have been the mainstay of treatment for decades- adriamycin. While adriamycin is a highly effective drug for breast cancer, the question is, can we substitute it with another drug that has a better side effect profile without compromising efficacy. The answer is that probably we can and will be able to do that in the future. In that study, it seemed that docetaxel (taxotere) carboplatin (paraplatin) and trastuzumab (herceptin) were just as good as the standard adriamycin, cyclophosphamide followed by paclitaxel (taxol) and herceptin. Our major concern for looking for an adriamycin substitute is that the combination of the adriamycin and Herceptin can damage the pumping action of the heart. This new combination with lapatinib does not affect the heart.

Another exciting study showed that by choosing a chemotherapy based on the genetic makeup of a tumor, one was able to shrink the tumor in breast more than expected prior to definitive breast surgery. In that study, women who had a genetic predisposition to develop breast cancer (BRCA1/2 positive) received an relatively old type of chemo drug (cisplatin) to shrink their breast tumors before they had surgery to remove it. The reason this chemo was chosen was that these kinds of tumors are known to be particularly susceptible to this chemo because they don t have the cellular machinery to fix the damage done by the chemo and die quicker. Remarkably, this study showed that when surgery was done to remove these tumors, 18% of the tumors had completely disappeared. One would expect less than 5% of these tumors to shrink.

Again, targeting the therapy for specific characteristics of the tumor is the direction of research. These are just a few small examples of the type of targeted therapy that is happening in breast cancer and that make the future very bright indeed.

IRA DISTRIBUTIONS TO CHARITY

(IRS Notice 2007-7)

In 2006 and 2007 only, the PPA [Pension Protection Act] permits an individual who is 70? to cause his/her IRA to make a distribution directly to a qualified charity, without the distribution being taxable to the IRA owner. The rule applies only to IRA distributions which the owner otherwise would include in gross income. While the individual may not take a charitable contribution deduction for such amounts, the distributions do apply toward the RMD [Required Minimum Distribution] otherwise required for that calendar year.

The PPA provisions apply even to 2006 IRA distributions made before the PPA enactment date. The limit on the amount of such distributions is $100,000 per year. An individual with more than one IRA must aggregate all such distributions in applying the limit. Each spouse in a couple who files jointly has his/her own $100,000 limit. Any taxable IRA distribution (except from a SEP or from a SIMPLE IRA to which an employer contributes for the taxable year of the qualified charitable distribution), including the taxable portion of a Roth IRA distribution, qualifies for this special tax treatment.

An IRA beneficiary who is 70 1/2 may take advantage of the PPA IRA distributions to charity rule. Qualified distributions are not subject to withholding under Code /3405 and the IRA trustee or custodian may rely on the reasonable representations of the IRA owner that the distribution is qualified. The IRA may make the distribution directly to the charity or the IRA owner may receive the distribution check and deliver it to the charity, provided that the check is made payable to the charity. If the distribution does not qualify under the PPA rules, it is treated as taxable to the IRA owner under Code /408 or Code /408A and then treated as a charitable contribution under Code /170.

[Please note that one of the major benefits of making a contribution in this manner instead of receiving it as income and then making the contribution is the fact that the donor s adjusted gross income (AGI) remains unaffected. This is important because the AGI serves as the basis for many income tax deductions (i.e. medical expenses) and benefit programs (taxation of social security benefits). JJH]

Jay J. Hochfelsen, JD, CLU, LLIF

(Ed. Note: Jay is a Member of the CR&T Board of Directors. We thank him for sharing this very important information.

FUTURE TREATMENTS FOR CML

CR&T has emphasized the treatment of chronic myeloid leukemia (CML) and research activities on the JAK2 gene which has caused an investigative explosion in the myeloproliferative diseases. These activities have been well directed, for the 2006 Annual Meeting of the American Society of Hematology (ASH) was once again filled with research reports and updates pertaining to these two areas of investigation.

The treatment of CML with the drug Imatinib (Gleevec) has pushed the success of targeted treatments to the forefront of new research into cancer therapies. Clinical-scientists associated with the Cancer Research and Treatment Fund including Dr. Richard Silver and Dr. Eric Feldman played active and leading roles in the early clinical trials for this drug at Weill Cornell Medical College.

At the December meeting of the ASH in Orlando, it was reported that in a six-year follow-up study, 93% of patients who received Imatinib and achieved a major cytogenetic response by 12 months have remained in remission. However, as is usually the case with disease treatments, some new drug resistant mutations to the BCR-ABL gatekeeper gene have been noted. New trials are getting underway to overcome this resistance. One such drug is MK-0457, a small molecular inhibitor. Early tests have shown that this is the first compound to show positive activity against a very specific but somewhat common Gleevec resistant mutation.

This resistance to Gleevec occurs in only 2% of patients in first treatments and 8-13% of patients in end stage disease. As the number of patients who develop resistance grows, new targeted drugs such as MK-0457 will be an important addition to the available treatments.

CRUISE FOR THE CURE

The Young Professionals will sponsor the 4th Annual Cruise for the Cure on Tuesday, May 1 aboard the Dinner Cruise Ship Festiva from the 79th Street Boat Basin on the Hudson in Manhattan. The ship will begin boarding at 6:30PM and depart promptly at 7:00PM for a three hour cruise around lower New York City.

There will be live music, dancing and lively conversation inspired by music, the magnificent New York skyline and good friends. There will be hot and cold food, an open bar, silent auction, and a raffle.

Donations are $100 per person or $180 for two. The Cruise is limited to 100 so pre-registration is a must either online at www.crt.org or call Keith Muhleman for details 212-288-6604.

JAK2 MUTATION — HOW TO TURN IT OFF?

The JAK2 enzyme is a regulatory kinase (it chemically modifies other proteins and their function) that forms a unique mutation in many patients with myeloproliferative disorders (MPD). This mutation inhibits the off switch for red blood cell production so that patients with this abnormality develop too many red cells and a disease called polycythemia vera. Through the work of our clinical-physician associates CR&T is involved in research currently under way to find a way to turn back on the off switch function so that red cells are no longer produced in excess.

JAK2 is already serving an important clinical function by assisting physicians in a more accurate diagnosis of MPD, prediction of the disease s progression and providing an insight regarding possible treatments. JAK2 is found in nearly all patients with polycythemia vera and in varying proportions in other MPD patients.

Like the discovery of the Philadelphia chromosome in 1960, attempts to design a molecularly targeted therapy to meet the challenge of the JAK2 kinase will hopefully lead to a successful targeted therapy like Gleevec.

CANCER DEATHS ON THE DECLINE

A January report made by the American Cancer Society shows that not only has the death rate for cancer been reversed, but it has reversed so much that fewer people are dying even though the most susceptible segment of our society, the elderly, is growing.

Cancer death rates have been declining for a long time. The declines have now outpaced the growth and aging of the population, Elizabeth Ward, Director of Surveillance Research for the Society, said in a telephone interview with Reuters News Service.

The trend is real, she went on. Decreases in smoking may be a major factor. I think tobacco control has had a real impact. There is also the influence in early detection and screening and the third influence has been improved treatments.

Colorectal cancer, the second leading case of cancer death, experienced the most dramatic fall in numbers due to improved screening for both men and women. The death rate fell by 5.7% from 2003 to 2004.

The Four leading causes of cancer are lung, breast, prostate and colorectal. In 2004, 553,888 died from cancer compared to 556,902 in 2003. The American Cancer Society projects that 1,444,920 cases of cancer will be newly diagnosed in 2007 excluding skin cancer. The data for their report is drawn from several health organizations focused on cancer and state and local health agencies.

"Correction: In our listing of sponsors for the 2006 Golf and Tennis Tournament and in the Event Journal we failed to give proper recognition to Berg, Klein, Salomon, LLP, Certified Public Accountants for their support. Our apologies and thanks."

Meet the Expert – ASH

Dr. Richard Silver, CR&T Medical Director, participated in the two Meet the Expert sessions at the 48th Annual Meeting of the American Society of Hematology in Orlando, Florida in early December. He spoke on the topic Management of Polycythemia Vera.

The Meet-the-Expert sessions are designed to provide an opportunity for a small number of attendees to meet with an expert in a setting that fosters interaction. Session attendance was limited to 20 pre-registered individuals involved in hematology research and practice. The sessions were informal and designed to facilitate questions and discussion.

Dr. Silver also served as Session Chairman dealing with Myeloproliferative Diseases at the conference.

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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