

centerpoint

Yale Cancer Center's community newsletter winter 2007

Yale CANCER CENTER

A Comprehensive Cancer Center Designated by the National Cancer Institute



Joanna Fisher (left) and her sister Carol Rogo.

PETER BAKER

Saving a Sister's Life

Joanna Fisher knew something was wrong for almost a year. She couldn't put her finger on it, but she felt that her body was out of balance. Although her blood tests had come back normal, when she went to her doctor for a raspy cough in the winter of 2003 a chest X-ray revealed a tumor in the area between her lungs that turned out to be non-Hodgkin's lymphoma.

Joanna took the news of her diagnosis calmly and sought treatment with the same can-do attitude that she applies to every aspect of her life. A friend recommended that she consult with Yale School of Medicine surgeon, John A. Elefteriades, MD, but the tumor was determined to be inoperable because it was wrapped around a nerve. Joanna was then referred to Yale Cancer Center medical oncologist, Dennis Cooper, MD, and began what was to become a rollercoaster ride of ups and downs as she bounced back and forth between hope and setback.

Her first round of chemotherapy successfully reduced the tumor but didn't entirely eliminate it, so she underwent another round that had little effect. The

next step was radiation, which also turned out to be ineffective and the tumor actually grew during this phase of her treatment and was getting dangerously close to her heart. At that point Dr. Cooper suggested that she pursue surgery again and Joanna went back to Dr. Elefteriades to remove what remained

of the tumor. For the next six months, Joanna was in remission and was beginning to readjust to life without cancer. Unfortunately, the tumor returned and Joanna had a third round of chemo, another operation, and then a fourth round of

chemo when the cancer returned yet again. "The hardest part was that I would take two steps forward and then one step back," Joanna explained.

After a year and a half of treatment Joanna was finally cancer free, but because

"The hardest part was that I would take two steps forward and then one step back."

Joanna Fisher

Patients Benefit from Team Care

Cancer patients know better than anyone else that the treatment for cancer is complicated. Before a diagnosis and the subsequent treatment plan can be devised, several sophisticated imaging tests and biopsy procedures are required, multiple specialists are consulted, and a treatment consensus needs to be developed. With increasingly complex therapies and new treatment options available, Yale Cancer Center has restructured its clinical teams to streamline this process with the formation of 13 multidisciplinary programs.

"In order to achieve better outcomes for patients, it is essential to organize the process of care so that the input from multiple experts becomes an asset and not a barrier due to complexity," explained Dr. Frank Detterbeck, Associate Director for Clinical Affairs at Yale Cancer Center and Yale-New Haven Hospital. "Just as we are erecting a new cancer hospital with state-of-the-art facilities at Yale-New Haven, we are restructuring our clinical programs and practices so that we can deliver the best care that medical science has to offer, not only now, but far into the future," Dr. Detterbeck said.

Each of the 13 multidisciplinary teams is focused on a closely related group of cancers. These groups include brain, breast, gastrointestinal, gynecological, head and neck, prostate and urologic, thoracic, bone, and soft tissue cancers, as well as melanoma, leukemia, lymphoma, myeloma, endocrine and pediatric malignancies. Each team includes specialized medical and

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We're Growing

In February 2007, we will be expanding our practice to a second location on the sixth floor of One Long Wharf Drive in New Haven, CT.

If you have any questions regarding your appointment schedule or location please call 866-YALE-CANCER • (203) 785-4191 ☺

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Yale Cancer Center's quarterly newsletter is written to inform the public and the Center's friends, volunteers, donors, and staff on current items of interest at Yale Cancer Center. All inquiries should be addressed to Renee Gaudette, Director of Public Affairs and Marketing, 157 Church Street, New Haven, CT 06510-2100. Yale Cancer Center complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

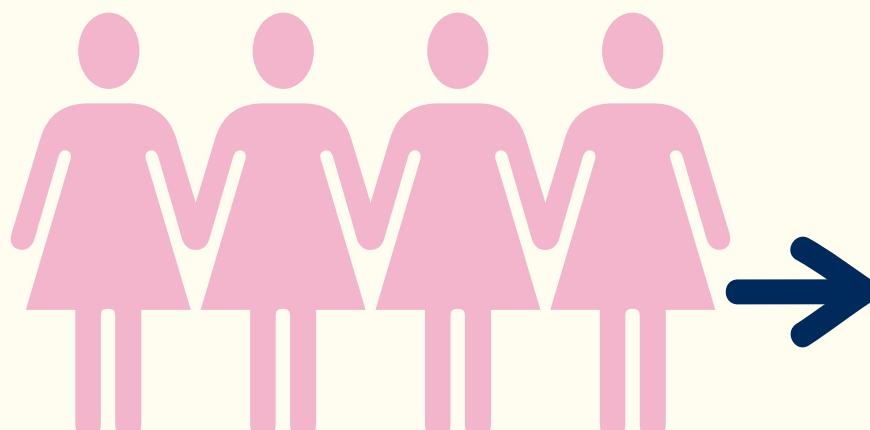
Patient Navigation Program will Help Underserved Breast Cancer Patients

It is widely recognized that health disparities exist in our community. While cancer is not unique in this respect, the consequences can be particularly devastating in the context of a life-threatening disease. In an effort to improve the health care of our community, Yale Cancer Center has partnered with The Hospital of St. Raphael to create an innovative program designed to improve care for breast cancer patients. Drs. Lyndsay Harris and Andrea Silber have embarked upon a pilot program in their breast cancer clinics designed to provide support to patients and their families in an effort to avoid diagnosis and treatment delays.

"It's been shown that underserved populations have a later diagnosis of their cancers and they often don't follow up with treatment or get optimal care when they do receive a diagnosis," said Lyndsay Harris, MD, Director of the Yale Cancer Center Breast Cancer Program. Since delays of just three to six months in initiating breast cancer treatment are associated with lower survival rates, helping women negotiate the system will hopefully translate into saving lives. Harris points out that the approach to breast cancer treatment is oriented to women of higher socioeconomic status, who become their own advocates when seeking medical

99% of patients had follow-up appointments scheduled before leaving the hospital compared to 25% before a breast navigation program was put into place. In addition, attendance at breast cancer support groups increased by 20%, the number of patients referred for physical therapy following surgery substantially increased, and the reasons for missed mammograms were tracked and addressed.

Dr. Silber, Director of Cancer Control and Early Detection at the Father Michael J. McGivney Center for Cancer Care at the Hospital of St. Raphael, noted that New Haven County is one of the three counties in the state that did not meet federal goals for cancer mortality as part of the Healthy People 2010 program, although the state of Connecticut as a whole met all expectations. "It is a paradox that a city with an outstanding medical school and many wonderful health facilities has not met our cancer benchmarks. I suspect some of the problem is due to economic disadvantages, which lead to comorbid conditions like diabetes, obesity, and hypertension. We hope that this exciting collaboration is a first step in improving cancer survival in New Haven, and could even potentially address other health issues," Dr. Silber said.



"Since delays of just three to six months in initiating breast cancer treatment are associated with lower survival rates, helping women negotiate the system will hopefully translate into saving lives."

care. Patients who lack such resources often find it difficult to understand the best way to proceed when faced with an abnormal finding or a diagnosis of breast cancer. Other differences may also play a role. Recent studies from Yale University epidemiologist Beth Jones, PhD show that breast cancer screening rates are not that different for African American women compared to other groups, yet these women are more likely to present with later stages of cancer, which may turn out to be a difference in the biology of the cancer itself. "These racial and socioeconomic differences appear to be coinciding in the same population of patients making them doubly vulnerable," Dr. Harris said.

Other hospitals have used such programs to great success. For example, at Long Island College Hospital,

At Yale, many minority patients fall through the cracks, according to Anna C. Martin, MSW, the community outreach coordinator in the Yale Cancer Center Office for Elimination of Cancer Disparities. They may have a positive mammogram or breast exam, but they don't return for follow-up. Cultural issues may affect treatment as well. African American women perceive issues of hair loss and risk benefit ratios differently and they may experience differences in the frequency of side effects. The patient navigator program will help provide therapy that's tailored to an individual, both from a biological perspective and a cultural and racial perspective. "The patient navigator program will be the extra step that we need to reach the underserved," Ms. Martin said. ☺

The Wonder of it All!

Friends and colleagues of Dr. Mel Goldstein gathered on October 12th to celebrate his 10th year as a cancer survivor and to show their support of his mission to fund research on multiple myeloma. *The Wonder of it All!* featured a musical performance by John Pizzarelli and Jazz Legends.



ALL PHOTOS ROBERT LISAK

Dr. Mel was diagnosed with multiple myeloma, a cancer of the bone marrow with a life expectancy of three years, a decade ago. In 1999, Dr. Mel established the Dr. Mel Goldstein Multiple Myeloma Research Fund at Yale Cancer Center. The endowment supports clinical trials and research targeting this incurable form of cancer. Dr. Mel was honored to learn that through

the event, his fund had doubled in donations to over \$200,000.

Ron Shaw, President and Chief Executive Officer of the Pilot Pen Corporation of America, chaired this special event. "Dr. Mel is a wonderfully giving and caring man who has become an inspiration to many cancer patients and survivors throughout the State of Connecticut. I am pleased that we were able to pay tribute to him as he celebrates 10 years as a cancer survivor," said Shaw. ☐



left: Dr. Mel entertains on the piano with John Pizzarelli and Jazz Legends.

right top: Event Chair, Ron Shaw, shares the evening's success with Dr. Mel at the podium.

right bottom: David Fusco (left), President of Anthem Blue Cross and Blue Shield, Connecticut Market, and Jon Hitchcock (center), General Manager, WTNH/WTCX Channel-8 TV, celebrate the evening with Dr. Mel.

Saving a Sister's Life continued from page 1

her cancer had been so aggressive, Dr. Cooper felt she was a good candidate for a stem cell transplant. Stem cells give rise to all different types of blood cells and are found in bone marrow and circulating in the blood. The procedure to harvest these circulating stem cells, also known as a peripheral blood stem cell transplant, is much simpler and less invasive than a bone marrow transplant because the cells are simply removed from the bloodstream in a process similar to donating blood.

Although family members are more likely to provide a better match, stem cell donors do not have to be related to the person undergoing a transplant. In Joanna's case, she was extremely lucky, her sister Carol was a perfect match. Ironically, Carol had signed up to be a donor in 1996, when a former high school classmate was hoping to find a donor. A simple blood test showed that she was not compatible with him, and although she remained on the list for almost 10 years she was never matched with anyone, until her only sister needed her.

In the winter of 2005, Carol received two injections of a drug that increased her stem cell production. She then spent the better part of a day at Yale Cancer Center, where blood was drawn out of one arm, the stem cells were filtered out and the blood was infused back into the other arm. The process wasn't difficult or painful, Carol said, apart from a slight achiness due to the injections.

So many stem cells were collected from Carol's blood that the surplus was reserved and frozen in case Joanna, Carol, or someone else ever needs them. Joanna kept her sister company while her stem cells were being removed, but physical proximity isn't necessary because the frozen cells can easily be shipped anywhere in the world.

As a stem cell recipient, Joanna had to undergo a more complicated procedure. She spent two days receiving intensive chemotherapy that destroyed her bone marrow, and on the third day, in a procedure similar to a blood transfusion, she received Carol's stem cells. After three weeks in the hospital she was able to return home. The procedure itself went smoothly, until she developed graft-versus-host disease, a common reaction in which the new immune cells make antibodies against the patient's tissues. In Joanna's case she had a rash on her face and later developed leg pain, but the condition is now under control.



Sharing such an emotional journey together has brought the two sisters closer. They now talk on the phone every day and Joanna has encouraged Carol to take up yoga. "She saved my life," Joanna said simply. As for Carol, being a stem cell donor was so rewarding, she wouldn't hesitate to do it again. "I'd do it for a stranger," she said. "It was that great an experience." ☐

In Memorium: Hinda Gould Rosenthal

Yale Cancer Center Advisory Board member and longtime friend of Yale Cancer Center, Hinda Gould Rosenthal died on November 7, 2006 at the age of 85. In addition to her long service as an original member of the Advisory Board, Mrs. Rosenthal supported research and clinical trial efforts at Yale Cancer Center through The Richard and Hinda Rosenthal Foundation, which was established in 1948 to support innovation in the arts and medicine.



ELAINE UBINAS

Mrs. Rosenthal was President of The Richard and Hinda Rosenthal Foundation located in Stamford, CT, where she was a longtime resident. She also served as vice chairwoman of the Stamford Center for the Arts, a longtime board member at Stamford Museum & Nature Center, and a director of the Stamford Health Foundation. In addition to her husband, Dr. Bernard Rosenberg, Mrs. Rosenthal is survived by her daughter, Jamie Wolf, her son, Rick Rosenthal, and several grandchildren.

Hinda Gould Rosenthal will be deeply missed by her colleagues on the Yale Cancer Center Advisory Board as well as by the members and staff of Yale Cancer Center.

event calendar February-May 2007

February 7, 2007

Understanding Cancer Lecture Series

Coping with Cancer: A Focus on Complementary Therapy

Mary Crooks, MSW, LCSW, and Chris Gaynor, MA

Yale-New Haven Hospital Cafeteria; 6:00 PM

(888) 700-6543

April 21, 2007

La Cassa Magica

Yale Cancer Center's Annual Gala

Belle Haven Club of Greenwich, CT; 6:00 PM

(203) 436-8531

March 14, 2007

Understanding Cancer Lecture Series

Treatment Side Effects

Wendelin Nelson, Pharm.D., BCOP, Kelly Derosier, RN, Karen

Coombe, RN, and Mary Crooks, LCSW

Yale-New Haven Hospital Cafeteria; 6:00 PM

(888) 700-6543

April 24, 2007

Exploring Myeloma: An Overview for Patients and Caregivers

Dr. Dennis Cooper, Professor of Medical Oncology

Yale-New Haven Hospital Max Taffell Room; 5:30 PM

(203) 427-2049

SAVE THE DATE

May 22, 2007

Cancer Survivor's Day

The Anlyan Center; 10:00 AM

(888) 700-6543

April 11, 2007

Understanding Cancer Lecture Series

New Treatments for Lymphoma

Dr. Francine Foss, Professor of Medical Oncology

Yale-New Haven Hospital Cafeteria; 6:00 PM

(888) 700-6543

clinical trials at Yale Cancer Center

Yale Cancer Center currently has numerous clinical trials available to cancer patients in search of novel therapies. These trials are evaluating new methods of prevention, detection, and treatment of cancer. Clinical trials give patients at Yale Cancer Center immediate access to the future of cancer care.

Clinical trials are currently available for patients in fifteen different disease areas. For more information on all of the trials currently open for accrual at Yale Cancer Center, please visit yalecancercenter.org or call 1-866-YALECANCER.

Clinical trials open for patients diagnosed with breast cancer:

HIC 27735 A Randomized Phase III Study of Conventional Whole Breast Irradiation (WBI) Versus Partial Breast Irradiation (PBI) for Women with Stage 0, I, or II Breast Cancer
Joanne Weidhaas, MD, PhD

HIC 0601000957 A Phase II Trial of Mammosite Breast Brachytherapy Optimization in the Treatment of Stage 0, I, and II Breast Carcinoma
Joanne Weidhaas, MD, PhD

HIC 0602001073 A Randomized Phase II Trial of Preoperative Herceptin/Navelbine versus Taxotere/Carboplatin/Herceptin in Early Stage, HER-2 Positive Breast Cancer
Lyndsay Harris, MD

HIC 0605001396 A Phase I/II Study of Rapamycin (Rapamune, Sirolimus) and Trastuzumab (Herceptin) for Patients with HER-2 Receptor Positive Metastatic Breast Cancer
Maysa Abu-Khalaf, MD

HIC 0511000860 A Phase I Study of the mTOR Inhibitor Rapamycin (Rapamune, Sirolimus) in Combination with Abraxane (Paclitaxel protein-bound particles) in Advanced Solid Cancers
Maysa Abu-Khalaf, MD

HIC 0508000436 A Phase I/II, Multicenter, Randomized Dose-Escalation Study of Oral AEE788 on Intermittent Dosing Schedules in Adult Patients with Advanced Cancer
James Lee, MD, PhD

Pending

HIC 0609001793 A Randomized Phase II Study of Preoperative Letrozole (Femara) in Combination with Bevacizumab (Avastin) in Hormone Receptor Positive Breast Cancer
Gina Chung, MD

Discovery to Cure Gala – A Fall Fantasy

On Saturday, November 18th four hundred and seventy five people filled the Commons at Woolsey Hall at Yale University for the third annual Discovery to Cure gala. The gala raised over \$320,000 to support research into new ways to detect ovarian, cervical, and uterine cancers at their earliest stages and to develop promising new treatments for each disease.

The event honored **Dr. Peter Schwartz**, the John Ely Slade Professor of Obstetrics and Gynecology, for his dedication to the treatment of gynecological cancers over the last 26 years of his career at Yale. Dr. Schwartz was humbled and grateful when he was presented with news of an endowment established in his name by many of his friends, colleagues, patients, and family.

"Peter Schwartz is one of the true leaders and pioneers who has really shaped the field of gynecologic oncology. It is our great privilege to have this opportunity to pause and honor him in this special way for



ALL PHOTOS THIS PAGE HAROLD SHAPIRO



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his many achievements and contributions," said **Thomas Rutherford, PhD, MD**, Associate Professor, Obstetrics and Gynecology and Chief, Section of Gynecologic Oncology at Yale School of Medicine.

The evening was chaired by **Debra Levin**, who worked with a committee of 40 people, many of whom were cancer survivors who had been treated at Yale Cancer Center. Ms. Levin captured the spirit of the evening with her closing remarks stating, "We have come together tonight in support of a common goal – to find effective treatments and hopefully a cure for women's gynecologic cancers. Current and future generations are counting on us." ☺

1 The Commons at Woolsey Hall glowed during Discovery to Cure.

2 Congresswoman Rosa DeLauro, Dr. Peter Schwartz and his wife, Arlene.

3 Guests preview and bid on silent auction items.

4 Ms. Debra Levin, Chairwoman of Discovery to Cure.

5 Dr. Tom Rutherford presents Dr. Schwartz with a box of letters and mementos from the evening.

staff briefs

The Clinical Research Services Data Management Office welcomed **Terrena Spain** and **Natalie Phouyaphone** to their team of *data managers*.

The Connecticut Challenge Survivorship Clinic has hired **Hilarie Carietti, MPH**, as *patient coordinator* for the program and **Mary Lou Siefert, DNSC, APRN, AOCN**.

Sharon Gould and **Cheryl Soltysik** have been hired as *administrative assistants* to support physicians' offices at Yale Cancer Center.

Benita Palmer has joined the Yale Cancer Center Development Office as an *Executive Assistant to the Director*.

Stacey Scirocco has been promoted to *Associate Administrator* for Yale Cancer Center and will be overseeing the administrative research initiatives of the Center.

The Business Office has promoted **Liz Vastakis** to *Financial Manager* and has hired **Amy Ellis** as a *Financial Assistant*.

Cathy Vellucci has been named *Deputy Director for Administration* at Yale Cancer Center. In her new role she will oversee the management of the clinical, research, business, human resources, and administrative offices for the Center.

Lynn Wilson, MD, MPH has been promoted to *Professor of Therapeutic Radiology* at Yale School of Medicine. Dr. Wilson also serves as Clinical Director and Vice Chairman of the Department of Therapeutic Radiology, as well as Director of the Residency Training Program.



American Red Cross
Connecticut Blood Services Region

Providing for patients at Yale Cancer Center.
Please consider yourself asked and donate blood.
1-800-GIVE LIFE

► **Patients Benefit** continued from page 1

radiation oncologists, cancer surgeons, pathologists, diagnostic radiologists, nurses, and supportive care specialists. This structure fosters effective and ongoing communication among specialists, so that the team combines their expertise to create a treatment plan for each individual patient.

"The clinical programs allow the patient to benefit from the collective wisdom of many experts as issues are viewed from different angles and discussed to define the best approach to treat a cancer diagnosis. The benefit of multidisciplinary care is realized without the confusion and frustration patients can experience when the communication among specialists is fragmented," said Dr. Detterbeck.

Detterbeck, a Professor of Thoracic Surgery, is leading the effort to organize the clinical programs. Detterbeck also serves as the co-Director of the Yale Cancer Center Thoracic Oncology Program, which represents an excellent example of well coordinated patient care. The members of the Thoracic Oncology Program meet with patients in a weekly multidisciplinary clinic and assemble twice a week for a thoracic tumor board to review patient treatment plans and progress.

"We try to make it easier for patients by accomplishing as much as possible during their first visit. By planning ahead and working as a team, we can often complete much of the evaluation, consultation, and treatment planning in one day," said Dr. Detterbeck. A nurse coordinator is a critical element in managing this process. "Once a patient arrives in the clinic, we take care of the complexities for them from then on," said Linda David, RN, coordinator for the Thoracic Oncology Program.

The communication and collaboration between experts at Yale Cancer Center reaches beyond the clinical team. The program organization also promotes the ability to take clinical questions to the laboratory for answers, and to quickly translate laboratory insights into better clinical outcomes. Moreover, the team organization enables clinicians and scientists to focus on the whole spectrum of cancer, from understanding risk and prevention to early detection, diagnosis, and cutting edge treatment.

"Looking at all aspects, putting our heads together, and integrating science and clinical care is the key to being and staying at the forefront of cancer research and treatment. It is the communication, collaboration across disciplines, and the comprehensive nature of our programs that have earned Yale Cancer Center the designation as one of only 39 comprehensive cancer centers in the country recognized by the National Cancer Institute," Dr. Detterbeck explained. ◇

TERRY DAGRADI



Members of the Yale Cancer Center Thoracic Oncology Program gather twice a week to review treatment plans and patient care. The Thoracic Oncology team is just one of 13 multidisciplinary clinical programs at the Center.

Healing Shawls Bring Warmth to Cancer Patients

Barbara Cervero, of Shelton, CT, has found a way to bring comfort and warmth to those receiving chemotherapy at Yale Cancer Center. She first learned about healing shawls through a program at Bridgeport Hospital, and decided to volunteer her time so that patients at Yale could benefit from them as well. With the help of Bonnie Indeck, LCSW, the Director of Patient Services at Yale Cancer Center, they formed the healing shawls program, which has been well received by patients at the Center.

The purpose of the healing shawls, Barbara says, is to give spiritual warmth and comfort to cancer patients. "Some people pray over the shawls, or just say words of hope and encouragement. It's good to know that someone is being made warm physically and spiritually through our donations," Barbara explained.



Barbara Cervero

JERRY DOMIAN

Barbara has a regular group of knitters that diligently works to make the shawls, but she is always looking for additional help. She herself knits, and together they have sent 45 shawls to cancer patients. "It takes time to get people to understand the real meaning behind the shawls and to get them involved, but it really is a rewarding experience," Barbara said. ◇

To learn more about the program or to knit for cancer patients, please call (203) 436-8549.