

# centerpoint

Yale Cancer Center's community newsletter spring 2009

Yale **CANCER CENTER**  
A Comprehensive Cancer Center Designated  
by the National Cancer Institute



Thomas J. Lynch, Jr., MD

## New Center Director Fights Cancer By Getting Personal

From the 14<sup>th</sup> floor of the new Smilow Cancer Hospital at Yale–New Haven, Tom Lynch likes what he sees. Below, workers prepare this state-of-the-art facility for its opening. Over at Yale's campus, the medical school's staid brick buildings keep company with sleek modern ones housing bioengineers and cell biologists. To the south, Interstate 95 skirts Long Island Sound and stretches toward Yale's West Campus, a 136-acre research facility.

Thomas J. Lynch, Jr., MD, arrived in April as Director of Yale Cancer Center and Physician-in-Chief at Smilow. He came because the landscape here is so favorable for making real progress against cancer. Yale made a huge commitment of resources for cancer treatment and research with the construction of Smilow and acquisition of the West Campus. Dr. Lynch commented that the Cancer Center remains an ideal size to form teams of practicing physicians and laboratory researchers collaborating to develop "personalized medicine" that

will improve the odds for cancer patients at Yale and beyond.

His recruitment was vital to Yale's cancer strategy, said Robert J. Alpern, MD, Dean of Yale School of Medicine. "The leader sets the upper limit for how good the faculty will be," he said, calling leaders like Dr. Lynch "a magnet for talent."

Marna P. Borgstrom, Yale–New Haven Hospital President and CEO, described him as "a superb clinician, teacher, mentor, and administrator. We're delighted that Dr. Lynch will provide the medical leadership that interweaves clinical expertise with compassionate, family-centered care for our patients."

After college and medical school at Yale, Dr. Lynch returned to his native Boston. He was a professor of medicine at Harvard Medical School and chief of hematology/oncology at Massachusetts General Hospital (MGH) Cancer Center. A lung cancer expert, he also directed the Center for Thoracic Cancers at MGH and was director of medical

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## TOP Team Sets the Stage for Best Lung Cancer Treatment

One of the most important steps in securing a good outcome for lung cancer patients happens before treatment ever starts. Accurate determination of the extent of the tumor is crucial for planning the combination of radiation, surgery, or chemotherapy that will be most effective for a patient. The extent of tumor is known as the stage, based on standards that have been adopted worldwide. However, the process of accurately staging is not always straightforward. "Research shows there are widespread inaccuracies in the way that lung cancer patients are staged," explained Dr. Frank Detterbeck, a thoracic surgeon at Yale Cancer

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## Gifts that Change Lives

Everyone is touched by cancer in some way and there are many opportunities at Yale Cancer Center to help patients and families who will face a diagnosis of cancer. Each gift touches a life by funding innovative research, new treatments, and important patient services. Donors may never know the people that benefit from their philanthropy, but their generosity has a profound impact on the lives of so many. Without the support provided by people wishing to make a difference, cancer research and care would not be nearly as advanced as it is today. Your gift enables us to continue to make critical advances tomorrow.

Many donors choose to make a gift each year to Yale Cancer Center to honor friends and loved ones who have faced cancer. We encourage you to consider this as part of your philanthropy, possibly at a birthday, anniversary, or other important time.

Please use the enclosed envelope to make a gift to Yale Cancer Center. Remember, no gift is too small and each gift makes a difference.

If you have any questions, please call  
203-436-8527.

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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.

## Battling Cancer with Hope

Matthew Fried was twenty-two years old when he was diagnosed with stage I testicular cancer. He had just graduated college and was looking forward to beginning his Masters Degree in Music Performance at Yale University. During a monthly self-exam, he noticed a lump and immediately went to his primary care doctor where an ultrasound revealed a small tumor.

Matthew was sent to a urologist for a biopsy, but since there was a chance it could be a malignant mass, they did not want to perform a biopsy and risk causing the cancer to spread. Instead, an orchiectomy, or removal of the testicle, was performed and confirmed his diagnosis of testicular cancer.

"I've never been afraid of going to the doctor like most men my age. When I first felt the lump I knew immediately that I needed to have it checked out. I went to the initial appointment alone because I thought it would turn out to be nothing, and came home to an empty house. I tried to remember everything the doctor had told me, and just told myself that I had to get through this," Matthew said.

Matthew had Retroperitoneal Lymph Node Dissection (RPLD) surgery and was in the hospital for two weeks. RPLD is a procedure to remove abdominal lymph nodes in order to treat testicular cancer, as well as to help determine the exact stage and type of the cancer. Lymph nodes in the retroperitoneum are a primary site for the disease to spread.

After the surgery Matthew's outlook was improving and he began classes at Yale in the fall. He was also playing tuba in the Yale orchestra, a passion of his. Then, in

December, during a follow-up appointment at Yale Cancer Center with Dr. Kevin Kelly, Associate Professor of Medical Oncology and Co-Director of the Yale Cancer Center Prostate and Urologic Cancers Program, he learned that the cancer had metastasized to his lung and was diagnosed with metastatic testicular cancer.

"I took a final on Friday, started chemotherapy on Monday, and spent my winter break receiving the first two rounds of chemotherapy. Thankfully, I was able to receive Dr. Kelly's treatment regimen at a small office in my hometown, which was very helpful because it allowed me to be at home with my family and still receive the quality care I needed. I returned to school in January and completed the last two rounds of chemotherapy. It was important for me to stay involved and on track with my education and not let cancer make me lose sight of my goals in life," said Matthew.

School was the biggest catalyst for getting Matthew through his chemotherapy treatments. He only missed about 12 days of classes and his GPA was the highest it had been at 3.96 that semester. No matter what obstacles he faced, there was always something pushing him forward. Receiving a diagnosis of cancer at such a young age was difficult, but Matthew had his entire future to fight for.

While Matthew was undergoing treatment the greatest support came from his girlfriend of 8 years, now his fiancée. She stayed at the hospital with him, along with his mother, when he had his surgery and attended every chemotherapy treatment. Even with that strong support behind him, he found it hard without knowing continued on page 6 >>>



Matthew Fried brings the lessons he learned during treatment to teaching music.

PETER BAKER



Pat Sclafani is ready to take on his third Connecticut Challenge.

## The Connecticut Challenge

On Saturday, July 25<sup>th</sup> Yale Cancer Center will participate in the Connecticut Challenge 5<sup>th</sup> anniversary ride. The money raised from the charity bike ride supports the Connecticut Challenge Survivorship Clinic at Yale Cancer Center and the HEROS Clinic for Pediatric Cancer Survivors at Yale. The impact is simple: these clinics have helped thousands of cancer survivors. Together, we are changing the way cancer survivors are cared for across Connecticut and beyond.

Please join Yale Cancer Center in the Challenge! Ride with us in 2009. Please call (203) 436-8544 to learn how to join a Yale Cancer Center team.

Riders can register for the 12, 25, 50, or 100 mile bike ride by visiting the Connecticut Challenge website at [www.ctchallenge.org](http://www.ctchallenge.org), volunteers for the event are also needed. ☺



## “Why I Ride...”

On July 28, 2007 I rode in my first CT Challenge and it was a day I will never forget. Just seven weeks prior, I had completed my treatment for stage IV thymoma. Riding 50 miles that day with family and friends was a triumph against the disease. The experience was an enormous boost to my survivorship and what survivorship means to my family, my friends, and me. Having cancer opened many new doors for me and in many ways it has been a new beginning for my family and me. I am blessed to be able to get on my bike and enjoy such a great day after going through so much. Cancer is not an individual disease as it affects all of those around you. To celebrate survivorship is to celebrate family and relationships.

So on July 25<sup>th</sup>, I will be once again riding for my wife, Lucille, and my children, AnnPatrice and Marie, because they have been my rocks from the day I was diagnosed. I will be riding for my siblings, relatives, friends, fellow employees, neighbors, and well wishers as they have been such a huge part of my team that got me through my treatment and helped me on the road to survivorship. I am riding for the entire team at Yale Cancer Center that has treated me with amazing care and concern. I am riding for all my supporters at my employer as they helped me to continue to work throughout much of my treatment. I am riding for the Survivorship Clinic at Yale Cancer Center because I truly believe in their mission to help all survivors live longer and healthier lives. Finally, I am riding for all cancer patients in order that they can be supported in their quest to become a thriving survivor.

Pat Sclafani  
Marlborough, CT

## Smilow Cancer Hospital at Yale-New Haven

The progress on the new building has reached an astonishing pace over the last few months to remain on schedule. The first patient will be treated in the new facility on Monday, October 26<sup>th</sup> in the radiation oncology clinics and the building is scheduled to be completely open in the spring of 2010. Today it is fully enclosed and the permanent roof is now being constructed.

There are several transition teams hard at work—including committees to plan the building's operations, occupancy, information systems and telecommunications, and the transition of patients into the building. Other teams will be working with the medical staff and other employees to train and orient them to the new building.

We look forward to welcoming our patients and the community into the Smilow Cancer Hospital at Yale-New Haven.

For more information, please visit [smilowcancer.org](http://smilowcancer.org)



The new cancer hospital is currently under construction and is on schedule to begin opening in October of this year. The 14-story building will be the most comprehensive cancer facility in the region.

► **New Center Director** continued from page 1

oncology at the MGH Thoracic Oncology Center.

Dr. Lynch returns to Yale determined to make landmark achievements in cancer here. There are precedents. Yale was the first to use chemotherapy to treat cancer patients, and it was among the first centers designated as a comprehensive cancer center by the National Cancer Institute. Now Dr. Lynch plans to make it a leader in "personalized cancer therapy." The plan is to deploy the expanded cancer resources in a highly indi-

"The therapeutics we have in 2009 are not enough," said Dr. Lynch. Though cure rates have improved dramatically for some cancers, success against breast, colon, lung, or prostate cancers that have spread, has not increased much in four decades.

"If we don't commit ourselves to clinical trials and we don't commit ourselves to creating a culture of investigation and new drug development, we really have failed the public, and we've failed ourselves as doctors," he said.



PETER BAKER

vidualized way, one patient at a time. "Personalized medicine is about getting the right drug to the right patient and designing treatment based on both the patient's underlying characteristics and the tumor's underlying characteristics," explained Dr. Lynch.

In his own work, Dr. Lynch has pioneered molecular profiling of lung cancer tumors to understand their mutations and development of drugs most effective on cancers with those specific mutations. The treatment is also guided by the patient's general health and history. "The more information you have, the better your chances are to treat the cancer," he said.

He's working toward making molecular profiling standard care at Yale. Smilow Cancer Hospital at Yale-New Haven would be one of only a handful of cancer centers offering such individualized diagnosis. It would also set the stage for researchers and clinicians to collaborate on much more effective cancer treatments. The personalized approach offers the best hope for victories in the "War on Cancer," a pledge to conquer the disease first made by President Richard Nixon in 1971 and newly affirmed by President Barack Obama.

His first major task in New Haven is preparing to open the new 500,000-square-foot hospital in October. That involves moving clinical care now scattered throughout the medical center to a single location. While the logistics are considerable, Dr. Lynch said that the excellence of the oncologists already practicing at Yale is a tremendous asset to Smilow. "I wouldn't have come if I didn't think the physicians, nurses, and staff were the very best," he said.

He will also devote himself to filling the West Campus with great scientists who are also great collaborators. In addition to the Cancer Biology Institute, the West Campus will house programs in cell biology, systems biology, infectious disease, and chemical genetics, all areas with implications for cancer care. "It's probably the only place that is bringing in this many types of scientists all in one group," said Dr. Lynch.

At Harvard, Dr. Lynch continued to see patients even as his administrative and research responsibilities grew. He hopes to do the same at Yale. "I'm fundamentally a physician, first and foremost," he said. ☺

# La Cassa Magica

Yale Cancer Center's tenth annual black-tie benefit, La Cassa Magica, was held on Saturday, April 18<sup>th</sup> at the Belle Haven Club in Greenwich, CT. The evening raised money to support research and the clinical trials program at Yale Cancer Center, which provides cancer patients with access to the most innovative treatment options available.

Carol and George Crapple of Greenwich were the Vice Chairs for the evening, which was hosted by Yale Cancer Center Board member Paula Zahn. Kathryn Anderson Adams of Greenwich Chaired the event. Corporate Chairs for La Cassa Magica included Louis Chênevert, Paul K. Kelly, Nicholas T. Makes, and Joseph R. Perella.

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Yale Cancer Center's new Director, **Dr. Thomas J. Lynch, Jr.**, shared his vision for cancer research and treatment. He told the guests that his focus on personalized medicine would be the standard for cancer care at Yale with two exciting areas of expansion, a new Cancer Biology Institute and the fall opening of the Smilow Cancer Hospital at Yale-New Haven.

Yale Cancer Center would like to thank the generous underwriters for the evening: **Duke Brodsky; Debbie and Louis Chênevert, United Technologies Corporation; Carol and George Crapple, The Crapple Foundation; Fraydun Manocherian Family; Mr. and Mrs. G.S. Beckwith Gilbert; Anne MacDonald; Amy and Joseph Perella; and Turner Construction Company.**

A highlight of the evening was a performance by **Melissa Errico**, a Broadway entertainer and recording artist. Her third upcoming solo album, *The Summer Knows*, is a romantic symphonic collection due out later this year. Ms. Errico sang a selection of some of the best-known songs from Cole Porter to celebrate La Cassa Magica's tenth anniversary. ♪



1 Jack Mitchell, Marna and Eric Borgstrom

2 Paul Guth, Madeline Dempster, George and Carol Crapple, Paula Zahn, Louis Chênevert, and Nancy and Walter Raquet

3 Nancy Wilson, Laura Pappano, Chris Lynch, Dr. Thomas Lynch, Dr. Lynn Wilson, Dr. Dennis Cooper, and Agnes Rethy

4 Dr. Gail D'Onofrio, Dr. Robert Galvin, and Bill Mitchell

5 Kathryn Anderson Adams, Amanda Adams, and Paula Zahn

A Weekly Radio Program  
on WNPR – Connecticut  
Public Radio

Sunday Evenings at 6:00 PM

**June 14, 2009**

**Thomas Lynch, Jr., MD**

*Personalized Cancer Care at Yale*

**June 21, 2009**

**Stuart Seropian, MD**

*Understanding Stem Cell Transplantation*

**June 28, 2009**

**Peter Schwartz, MD**

*Building Awareness of Cervical Cancer*

**July 5, 2009**

**Daniel Boffa, MD and Jill Lacy, MD**

*Treatment Innovations for Esophageal Cancer*

**July 12, 2009**

**Thomas Quinn, APRN, Lina Chase, LCSW, and Scott Capozza, PT**

*The Connecticut Challenge Survivorship Clinic*

**July 19, 2009**

**Congresswoman Rosa DeLauro**

*Legislative Support for Cancer Patients*

**July 26, 2009**

**Richard Edelson, MD**

*The Expanding Role of Immunotherapy*

**August 2, 2009**

**Dr. Mel Goldstein**

*Survivorship: A Patient Perspective*

For the latest schedule information and audio and written archives of all shows, please go to [yalecancercenter.org/answers](http://yalecancercenter.org/answers)



**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

▶▶ **TOP Team Sets Stage** continued from page 1

Center. "In fact, recent data shows that better staging has a much greater impact on survival than access to cutting-edge treatments." A patient who has been staged correctly is on the road to getting optimal treatment. Furthermore, Dr. Detterbeck said, a center that takes great care in staging is likely to maintain high standards throughout treatment, leading to better results.

Dr. Lynn Tanoue and Dr. Detterbeck, co-directors of the Yale Cancer Center Thoracic Oncology Program (TOP), are using the resources of the Cancer Center to raise the quality of staging for all lung cancer patients. Better staging does not always mean more tests for the patient. A variety of imaging technologies, needle biopsies, surgical procedures, and laboratory tests can be used to stage lung cancer. "Choosing the right test is an important step to achieve quick and efficient staging for the patient. Both ordering the right diagnostic tests and correctly interpreting the results require skill and good judgment," said Dr. Tanoue.

In the Thoracic Oncology Program, a multidisciplinary team participates in staging every lung cancer case using evidence-based, standardized, and detailed protocols. "I can't possibly know everything there is to know about lung cancer and that is why we work as a team," Dr. Detterbeck explained. The team is comprised of specialists in medical oncology, nuclear medicine, pathology, pulmonology, radiation oncology, thoracic surgery, and diagnostic imaging, in addition to staff providing support in areas such as nutritional counseling and physical therapy. Each team member's expertise contributes to developing an accurate diagnosis and staging of the disease and providing the best treatment to each patient.

TOP has invested in several newer technologies that provide less invasive options for diagnosis and staging. These are all part of the newly developed Thoracic Interventional Program. These procedures include advanced bronchoscopic techniques such as electromagnetic navigation, which is like a GPS system to locate small tumors, endobronchial ultrasound, endobronchial laser,

and other therapeutic procedures. More extensive staging is available through minimally invasive surgical techniques, such as video assisted mediastinal lymphadenectomy. With all this experience and technology, it is no surprise that the Yale Cancer Center Thoracic Oncology Program has grown rapidly and now cares for more lung cancer patients than any other program in Connecticut.

Dr. Tanoue and Dr. Detterbeck are not only leading efforts to accurately stage patients at YCC, as authors of the chapters on staging in the Lung Cancer Guidelines published by the American College of Chest Physicians they helped "write the book" on accurate and efficient staging. In addition, they are involved in efforts to improve quality of care of patients with lung cancer nationally. "It is clear that there are vast discrepancies in the staging process and many people are not getting quality care," said Dr. Detterbeck. "If we are serious about improving outcomes for these patients, we have to address these issues."

Most patients with lung cancer do not have access to a program as large or specialized as TOP. They may be under the care of excellent physicians and oncologists, but those doctors are often at a disadvantage because they are working in relative isolation without the opinion of a team of specialists whose primary focus is lung cancer. TOP is working hard to counter this problem and to share the team's input and expertise with others. Their thoracic conference is open to any physician who wishes to discuss a case and the teleconferencing capabilities at Smilow Cancer Hospital at Yale-New Haven will make it easier for TOP physicians to collaborate with other physicians at distant hospitals.

The major advantage of the Thoracic Oncology Program is that "it brings the whole team's knowledge to bear on each patient," said Dr. Detterbeck. "We need to extend this approach to other hospitals by developing an infrastructure and culture of collaboration. This really is an opportunity for all patients to benefit and for everyone to win." ☺

▶▶▶ **Battling Cancer with Hope** continued from page 2

someone that understood what he was going through. A turning point came during the summer when he talked for three hours with a male patient that had also had RPLD surgery.

"Although I was not embarrassed to talk to my friends about my diagnosis and treatment, most people avoided the topic as they assumed it would be uncomfortable for me. Looking back, the more I told my story and advocated for monthly self-exams, the better I felt and the more open I became. Reliving the experience by telling my story over and over has helped me to get past

the scary parts and focus on the great things that came from it; I'm a happier person now. The dedication my girlfriend showed during my treatment and recovery made me realize that I absolutely had to marry her, and I've joined an amazing and lifelong club of people who have survived cancer," said Matthew.

Matthew is currently teaching music at an inner-city elementary school in New Haven. Music has always played a large role in Matthew's life, and was also a large part of his recovery. He attended as many rehearsal sessions with the

orchestra as he was able to during treatment and it served as a great support to him and helped him stay involved with school.

"Working in an inner-city school I see the difficult situations that some of these kids deal with daily. I bring the patience I've learned from having cancer to help them do their best. I bring the safety and reassurance I received from my doctors to make them feel cared about. And I also bring a positive outlook so they know that with effort, they can all make it too," said Matthew. ☺