

A promising era:
The state of your
prostate

A myriad of
emotion: Realities
of a caregiver

New advancements
in blood cancer
research

**MEDIA
PLANET**

December 2012

BEATING CANCER

DID YOU
KNOW
10%
MORE PEOPLE
SURVIVE
CANCER
EACH YEAR

Giuliana Rancic
tells a new story
of survivorship



TACKLING THE ODDS

NFL Linebacker Mark Herzlich
has faced his biggest opponent off the field.

LEFT PHOTO: TIMOTHY WHITE OF E! ENTERTAINMENT; RIGHT PHOTO: EVAN PINKUS

Prospect

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Metastatic Prostate Cancer

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To learn more, visit continueyourfight.com

CHALLENGES

Every year, **physician researchers are making substantial strides against cancer**, progress that helps people with cancer today as well those who will face the disease in the future.

Building bridges to the future

The American Society of Clinical Oncology's recent report, Clinical Cancer Advances 2012, included many inspiring advances. People with cancer today are living longer, better lives. Since the 1990s, cancer death rates have declined 21 percent among men and 12 percent among women, reversing decades of increases.

Two of three people in the United States live at least five years after a cancer diagnosis (up from roughly one of two in the 1970s). People with cancer are increasingly able to continue to work and live active lives because of treatments with fewer adverse effects and better management of symptoms.

These dramatic trends—and the advances highlighted in ASCO's report—would have been unthinkable without the engine that

drives life-saving cancer treatment: Clinical cancer research.

Clinical trials

Thanks to remarkable advances in our knowledge of the genes, proteins and other unique molecular characteristics that drive each person's cancer, we are entering a new era of hope for patients. Clinical trials are the key to translating cutting-edge laboratory discoveries into treatments that extend and improve patients' lives.

Tragically, cancer still kills more than 500,000 people in the United States every year, and its global burden is growing rapidly. To conquer cancer, we need to build bridges to the future—bridges that will get scientific advances to the patient's bedside quicker, bridges that will enable us to share information and learn what works in real time, and



Sandra M. Swain, MD,
President,
American Society
of Clinical
Oncology

+ NEW THERAPIES

→ Two new therapies that delay progression of advanced breast cancer: One study found adding targeted therapy to hormonal therapy delays disease progression in postmenopausal women with advanced hormone receptor-positive breast cancer. Another advance was an armed antibody or "smart bomb" approach called TDM-1 to selectively deliver medicine to HER2-positive breast cancer cells, leaving healthy cells alone.

bridges that will improve care for all patients around the world.

Dedication

It takes years of research effort to achieve each significant advance in patient care. This progress would not be possible without patient volunteers, dedicated investigators, and substantial public and private research investment. In the United States, the federally funded clinical trials system is essential to progress against cancer. Despite difficult economic times, preserving our nation's investment in cancer research is absolutely necessary to keep the momentum that brings better treatments to the growing number of people with cancer.

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WE RECOMMEND



Research
A new world of
cancer treatment

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MEDIA PLANET

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Luke, transplant recipient



INSPIRATION

On November 21st, 2009, NFL linebacker Mark Herzlich's doctor told him he could probably start to run again, when he felt up to it. For six months of his life, Herzlich battled his biggest opponent yet: Ewing's Sarcoma.

Tackling Cancer

The diagnosis came during Mark Herzlich's junior year at Boston College, where he had earned the status of ACC Defensive Player of the Year and All American player.

"I was home playing squash with my mom and I felt this sharp pain in my knee," Herzlich says of his first symptoms. "We thought it was residual from the season."

Upon returning to practice however, the pain began affecting his running, his speed and his lifting—all skills he would need to carry out his dream of making it to the NFL. An MRI finally confirmed that the

pain he was experiencing was due to Ewing's Sarcoma, a bone cancer so rare that little data is available for doctors to go by, and which is usually treated by removing the tumor.

Hit with hard news

Herzlich recalls his doctor telling him the surgery would damage his leg so badly the he wouldn't be able to run again. Questions like, "Am I going to die? Am I ever going to play football again?" ran through the football player's mind. As an athlete who ESPN predicted would make it to the NFL, these questions

were beyond warranted, and Herzlich wasn't prepared to sit back and watch his dreams slip away right before him.

Like anyone who grew up with a strong support system of family and friends, Herzlich mustered strength from his loving parents, brother Brad, and

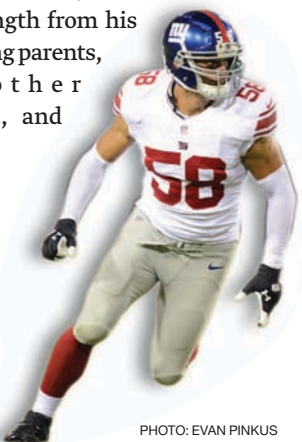


PHOTO: EVAN PINKUS

best friend Zack Migeot, and began searching for other options from top doctors in the country.

Faced with a decision

His own doctor brought up the option of radiation, which would allow Herzlich to keep his femur. "Zero doctors that we spoke to said radiation. They wouldn't even perform it," Herzlich remembers.

"Set a goal of what you want to do post-cancer," Herzlich advises those newly diagnosed with cancer. "Don't lose sight of that goal." With his own post-cancer goals in mind, Herzlich—with the support of his parents and oncologist—made the decision to move ahead with the radiation.

Overcoming the odds

Today, not only has Herzlich regained his ability to run, but he is living out his childhood dream of playing in the NFL, as linebacker for the New York Giants. "When ESPN says you're going to the NFL, that's when you start to believe it," the linebacker recalls. For Herzlich, nothing was going to get between himself and that belief.

ALEEN FITZGERALD

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The unbeatable strength of family

What does someone say to a mother whose two children and their father have all been diagnosed with cancer over the past 20 years? Nothing needs to be said to her ears, as she never asks for anything but the public understanding of how important research and development is for the future of others.

In 1999 Ann Weber Lang learned that both of her children were carriers of a rare genetic disorder giving them a greater chance of being diagnosed with cancer, predisposing them to lives of uncertainty. It was a diagno-

sis that could either paralyze a family and their spirits or fuel them to move forward with tenacity and advocate to help others. The latter is the route they chose without even considering the former.

The story and its particulars are lengthy but the message is simple and powerful: research saves lives and those who have died after fighting cancer have helped the future for cancer treatment by sharing their courageous battles of treatment. Ann's late husband Greg and her late son Gregory are two of many who

have done just that for our world.

Kaitlyn, Ann's daughter, knowing she too carries this genetic disorder, lives daily knowing more than a 21 year old needs to know about mortality. She welcomes each day as a gift, living responsibly and respectfully managing a healthy lifestyle. "I'm grateful to be alive, and appreciate even life's smallest things. When I get discouraged, I think of Gregory and everything he went through. If he were here, he'd remind me how much he'd give for even one more day." Kaitlyn is currently a patient,



as her brother was, at the Moffitt Cancer Institute in Tampa Florida where a current campaign is underway to provide watchful physician's eyes focused on highly vulnerable patients for cancer diagnosis: Total Cancer Care.

"Dr. David Shibata of Moffitt Cancer Center is a fan of Gregory's. "Gregory is an example of a very special indi-

vidual who was not only concerned about his own welfare but wanted to improve the lives and outcomes of other patients affected by cancer." Sharing a quote from the movie Gladiator that touched Gregory deeply is one way they express their son's spirit, "What we do in life echoes in eternity." Those eight words clearly sum up the life of a young man who asked of society to remember the importance of helping others by supporting cancer research for future treatments and cures. It's how the Lang family keeps Gregory's spirit alive and healthy.

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YOUR BEST CHANCE FOR
BEATING CANCER

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Beating the Odds, and Beating Cancer

UC Davis Comprehensive Cancer Center offers patients their best hope for a cure

Albert Plante was 64 when an appendix surgery uncovered stage IV non-Hodgkin's lymphoma. "I was told that the disease could be managed for years, but it would eventually kill me," said Plante. "I never accepted that fate."

The San Francisco bay area man sought the care of lymphoma specialist and stem cell transplant team member Joe Tuscano at the UC Davis Comprehensive Cancer Center. Tuscano's approach to lymphoma exemplifies the center's work to beat cancer by

individualizing treatment and utilizing promising new therapies for the best possible patient outcomes. As Tuscano describes it, "cancer treatment must be approached individually and creatively."

For several years, Plante was a textbook patient: he was well for a time, then relapsed, underwent a new treatment, got better again, then relapsed and started a new cycle of treatment.

When Plante finally stopped responding to new therapies, his disease had spread throughout his body and the next step was end-of-life care. Tuscano identified a promising clinical trial testing a monoclonal antibody and potent

immune stimulant, making UC Davis one of the first centers in the United States to offer the unique combination. Like most other participants, Plante experienced dramatic improvement. His lesions practically melted away. Still, Tuscano knew the combination therapy was only a stopgap and wondered, would his patient be willing to try one more drastic experimental treatment?

A hematopoietic stem cell transplant is the only known potential cure for Plante's lymphoma, but is considered too toxic for patients over 60. The procedure involves destruction of the patient's immune system with high-dose



"Cancer treatment must be approached individually and creatively. You always need to be searching for what might work for each patient." - Joseph Tuscano, M.D.

chemotherapy or radiation, followed by transplantation of a donor's stem cells to repopulate the bloodstream and immune system with normal cells. Tuscano knew of an exciting clinical trial that offered a new, much less toxic approach in which only low-dose chemotherapy is used to prepare patients for the transplanted cells. Even though Plante was 73 he qualified for the trial and was eager to try it.

During his nearly month-long hospital stay, Plante got up every morning, made his hospital bed military style and did not get back in bed until 8 each evening. Every day, he walked a two-mile loop in his room that he had carefully paced out. One year later, Plante is a fit 74 years "young" without detectable cancer and is

considered cured.

He is back to a normal life, taking daily walks and spending time with his grandchildren and his wife of 56 years. And he credits Tuscano, and the UC Davis Comprehensive Cancer Center for helping make it happen.

Says Plante, "My whole experience at UC Davis has been the best of the best."

For more information on how UC Davis is breaking barriers to beat cancer, visit cancer.ucdavis.edu

UC DAVIS
COMPREHENSIVE
CANCER CENTER



Lower Left: ALBERT PLANTE ENJOYING TIME WITH HIS GRANDCHILDREN Albert is back to a normal life after being diagnosed with non-Hodgkin's lymphoma.
Upper Right: UC DAVIS COMPREHENSIVE CANCER CENTER Lymphoma specialists at UC Davis provided "the best of the best" care for Plante.

INSIGHT



DON'T MISS!



After eight years of patience and commitment, **Erin Wright** saved the life of a young boy with leukemia.

PHOTO: ©NATIONAL MARROW DONOR PROGRAM

A wish to save a life

On Erin Wright's fifteenth birthday, she wished she could donate marrow to a stranger—a wish that took more than a decade to come true.

Determined to help others survive, Wright registered to become a donor when she turned 18.

Worth the wait

Eight years later, Erin learned she was a match for a young boy who had leukemia and needed a marrow transplant. The procedure

THERE ARE AN
ESTIMATED
11 MILLION
CANCER SURVIVORS
LIVING IN THE U.S.
TODAY

was a success and the boy is doing well today.

Her story illustrates the serious commitment that comes with registering as a potential marrow donor. While some volunteers are quickly matched with patients in need, others may wait years.

Donor diversity

While most people age 18 to 60 are eligible to join the Be The Match Registry and become donors, adding more young, diverse potential donors is critical to increasing the likelihood of transplant success.

Volunteers save lives

Beyond registering to become a donor, those interested in helping save lives can volunteer their time, contribute money or simply spread the word.

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Q&A WITH **GIULIANA RANCIC**, TV PERSONALITY
AND BREAST CANCER SURVIVOR

■ **How has being a breast cancer survivor aided in your new challenge of motherhood?**

■ Breast cancer was one of the most difficult challenges I have ever been through. Motherhood on the other hand, is the best thing that has ever happened to me. When I am holding Duke in my arms, nothing else in the world matters. Ever since my diagnosis, I promised myself to live each day to the fullest and not take one day for granted and that's what I am trying to do each and every day.

■ **How have you supported cancer research since you beat your cancer?**

■ Since my diagnosis, I have worked closely with BCRF, the breast cancer research founda-

tion. I designed a necklace for LOFT recently that raised 3 million dollars for the foundation, an accomplishment that made me incredibly proud. I also work closely with Bright Pink which is a non-profit organization based in Chicago. Their mission is to spread awareness and share the importance of early detection. I was very fortunate to have found my breast cancer early and have made it my mission to encourage all women to be proactive about their health. I'm also excited to be launching Fab-U-Wish soon, a program to grant celebrity and fashion inspired wishes to women battling breast and ovarian cancer.

■ **In what ways has being in the public eye shaped your battle with cancer and your triumph?**

■ When I was first diagnosed, I wasn't sure if I wanted to go public with it. But after a few days, I realized that I have an incredible platform on E! News, Fashion Police, Giuliana & Bill and my social network sites to share my story to try to help people. I realized that if by

sharing my journey helped even one person, than it was all worth it. I am always so incredibly touched when a women comes up to me and tells me that she got her first mammogram because of me or that she found her breast cancer early because of my story.

■ **What advice can you give to newly diagnosed women?**

■ Attitude is everything. Of course, our natural first reactions are sadness, fear and anger, but it is so important to get yourself to a positive space because that is what will get you through. A positive attitude is a very powerful thing.

■ **In what way has beating cancer changed you?**

■ As I said before, I now try to just live each day to the fullest and focus on the important things in life. I have an amazing husband and beautiful baby boy, great family and friends and the career of my dreams. I'm happy and healthy and looking forward to the future.

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PHOTO: TIMOTHY WHITE OF E! ENTERTAINMENT



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NEWS

Making brain tumors light up in the O.R. may prove to be a new treatment option

**80%
MORE
PEOPLE
RETURN TO WORK
AFTER A
CANCER
DIAGNOSIS**

Patients with glioblastoma, the most malignant form of brain cancer, are seeking new treatment options every day. Once a disease with no hope, there currently are more innovative trials available to patients than in any past decade.

The first step in treating a malignant brain tumor is to remove as much as the tumor mass as is possible, without producing neurological complications. While there are multiple tools available to help guide surgeons in a manner similar to a navigation system in a car, there has been a method to visually distinguish tumor tissue from surrounding normal brain, and often they can have a similar appearance. A new experimental technol-

ogy, called 5-ALA tumor fluorescence, is available only in clinical trials, which are being conducted at a small number of hospitals in the US.

The 5-ALA trial works like this: The patient drinks a liquid containing 5-ALA before going into the O.R. The 5-ALA molecules are absorbed and circulate throughout the body and brain. Brain cancer cells convert the 5-ALA into another molecule that "lights up" when exposed to blue light. The neurosurgeon can then see where the 5-ALA has been converted into the fluorescent molecule.

"When you look at the surgical field under blue light, the normal brain is blue and the tumor cells are fluorescent pink. This allows us to find and remove more of the tumor cells,"

said Dr. Michael Vogelbaum, neurosurgeon at The Cleveland Clinic The Rose Ella Burkhardt Brain Tumor & Neuro-Oncology Center. "Removal of as much of the tumor as possible is especially important because most glioblastomas re-grow at the edges of the surgical cavity. The hope is with more tumor cells removed, you reduce the chances of the tumor re-growing."

Cleveland Clinic is one of the few hospitals in the U.S. that has a clinical trial open for evaluating the use of 5-ALA for brain tumor patients who have a glioblastoma.

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HELPING CHILDREN & PARENTS



About **12,060** children in the United States under the age of 15 will be diagnosed with cancer in 2012.

Imagine learning that your child has cancer.

Sadly, this horrible dream comes true for many families. Imagine the shock, denial, fear, despair and myriad of other emotions. The medical information is overwhelming and care of the sick child is necessary. Next comes the reality check: Work obligations, financial obligations, caring for our other children? Who can we turn to for help?

■ "We were once a two-income family, but when Christopher was diagnosed, my wife stopped working to spend every minute with him in the hospital assuring he gets the care he needs. We are so grateful to have organizations that we can turn to when the financial burdens of cancer start building up."

SOURCE: AMERICAN CANCER SOCIETY

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TOM COUGHLIN
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INSIGHT

A promising era for prostate cancer patients

As a metastatic prostate cancer patient and blogger at My New York Minute, I frequently tell fellow patients that there is no better time to be a prostate cancer patient than today. This thought is formed from my unique position at the Prostate Cancer Foundation, where I was working when I received my diagnosis in 2010.

Discovery and development

From where I sit, I have a bird's eye view of the global prostate cancer research enterprise and what some of the world's brightest researchers are doing to accelerate the pace of discovery and development of new treatments, biomarkers and imaging technologies. Many are already improving patient outcomes and, in many cases, making prostate cancer a more manageable disease, prolonging life and eliminating pain and suffering for many patients.

Five new drugs have been approved for patients in the past years, giving hope to patients with advanced dis-



Dan Zenka
Senior Vice President, Communications,
Prostate Cancer Foundation

ease who have become resistant to hormone therapy and fail chemotherapy. Recently, Zytiga was given FDA approval for use earlier in the treatment process, prior to chemo, less than two years after its initial approval in 2011. Other drugs, such as recently approved Xtandi, is also in clinical trials for earlier use in patients. There are also seven drugs in Phase III trials and another 90+ in Phase I/II trials.

Looking to the future

Coupled with our knowledge that there are 27 varieties or genotypes of prostate cancer and a growing understanding of their biological mechanisms, these new drugs, either alone or in combination, point towards a day of precision medicine for patients. For those patients diagnosed with low-grade prostate cancer (often non-life-threatening Gleason 6), the National Proactive Surveillance Network offers possible alternatives to more aggressive treatments.

The future for prostate cancer patients continues to grow brighter.

For more information on treatment options and research progress, visit the Prostate Cancer Foundation's website at www.pcf.org.

DAN ZENKA

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**JOE TORRE'S
VICTORY OFF THE FIELD**



PHOTO:
GETTY IMAGES

Known as the fearless manager of the New York Yankees, who led the team out of an 18-year hiatus to win 4 titles in 5 years, Joe Torre is no stranger to overcoming the odds and coming out on top. But perhaps his hardest-fought victory is one that occurred off of the baseball field.

In 1999, Torre reported for an annual stress test. During this routine check-up, Torre's cardiologist detected an elevated PSA level. PSA is a protein that is produced by the cells of the prostate gland and is often an indicator of the presence of prostate cancer. At his cardiologist's urging, Torre had his PSA score checked a few weeks later. The results revealed that the PSA level had risen and this spurred a series of tests to determine if Torre did, in fact, have cancer.

"I think this is when, even for a positive person like I try to be, it was tough to think positively," reflects Torre. "The biopsies, followed by the waiting, and then the results came back that I did

indeed have prostate cancer."

Having been diagnosed with an aggressive form of prostate cancer, Torre was faced with a difficult decision. "Prostate cancer is, at first, a little complicated because you have to choose your course of action," explains Torre. "And it just changes your life."

With the advice of his doctors, Torre elected to have surgery—a nerve-sparing prostatectomy—which was a success.

Two months after defeating cancer, Torre was back in the dugout, leading the New York Yankees to their 3rd World Series under his management. Now, twelve years later, he is still healthy, cancer-free, and as MLB's Vice President of Operations, he has no intentions on retiring any time soon.

"By paying attention to your health, you can continue living a very productive, normal life—even if you've had prostate cancer or are living with prostate cancer."

MAVEN BROWNING

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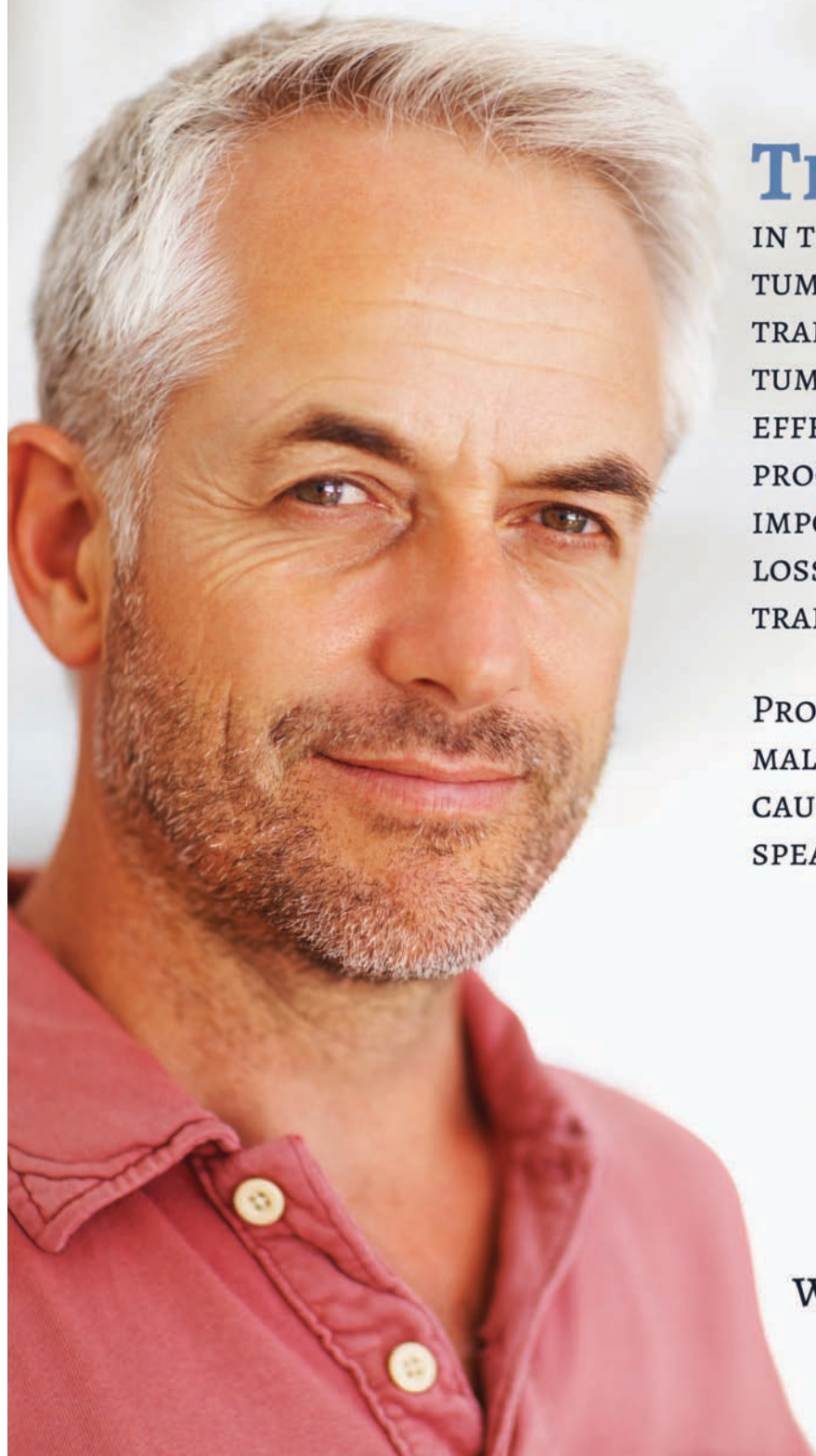
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INSIGHT



Groundbreaking immunotherapy shows promise for blood cancer patients and others

Earlier this month, at the annual American Society of Hematology conference in Atlanta, researchers from the University of Pennsylvania and Children's Hospital of Pennsylvania, presented findings from a clinical trial in which nine of twelve leukemia patients who received infusions of their own genetically engineered T cells responded to the therapy and are now cancer-free.

White blood cells were extracted from the patients and then reprogrammed, using a disabled form of the AIDS virus, to specifically target the leukemia cells. The reengineered blood cells were then reinfused back into the

patients. The adult patients treated had chronic lymphocytic leukemia, while two children, including a 7-year-old girl from western Pennsylvania, had acute lymphocytic leukemia. The 7-year-old is among those who remain in remission following the treatment.

The breakthrough therapy was advanced with funding from The Leukemia & Lymphoma Society, the Alliance for Cancer Gene Therapy and the National Institutes of Health.

ANDREA GREIF
THE LEUKEMIA &
LYMPHOMA SOCIETY
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Cancer Research: Urgent & Critical

■ What inspired you to pursue cancer research?

■ I was initially driven by curiosity. But it wasn't until I was introduced to a young boy with a brain tumor that I realized how critical our work was. He also taught me how urgent it is for us to make progress. Ever since then, that's been a major motivating force in my research. The curiosity is still there, but the kids are what make me get out of bed in the morning and work late into the night.

■ What cancer treatments are on the horizon?

■ Historically, people have thought of cancers as diseases of individual organs—seeing lung cancer as a different disease from brain cancer, for example. But we're becoming aware that cancers in different organs may share the same genetic mutations. So we might treat those cancers with the same drug, even though they're in different organs. We're also learning that one person's lung cancer can be very different from another person's. We need to first identify the genetic vulnerabilities of a patient's cancer. Then we'll be better

equipped to offer “smart bomb”-type therapies that specifically target the cancer cells in a person's own unique tumor, leaving healthy cells alone.



PHOTO: SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE

■ How can we figure out what treatments work for one patient differently than another?

■ Simply knowing the list of mutations in a tumor doesn't mean we know what to do about them. We also need the ability to test different therapies on different tumor types. We can do this with tumor models, or “avatars.” In other words, we can grow a patient's tumor in the laboratory in a way that it behaves like the original tumor. Then we can use the avatar

**BETWEEN
2000 AND 2050
THE NUMBER OF
CANCER SURVIVORS
OVER THE AGE OF 65
IS EXPECTED TO
DOUBLE**

to test thousands of potential therapies to see which ones might best benefit that specific patient. That requires robotic, high-throughput screening technology.

■ What would you do with an extra \$1 million for research?

■ Philanthropy is critically important. If we had more money for research, we'd be able to make personalized medicine a reality.

Robert Wechsler-Reya, Ph.D., is a professor and program director in the National Cancer Institute-designated Cancer Center at Sanford-Burnham Medical Research Institute. He studies medulloblastoma, the most common malignant brain cancer in children.

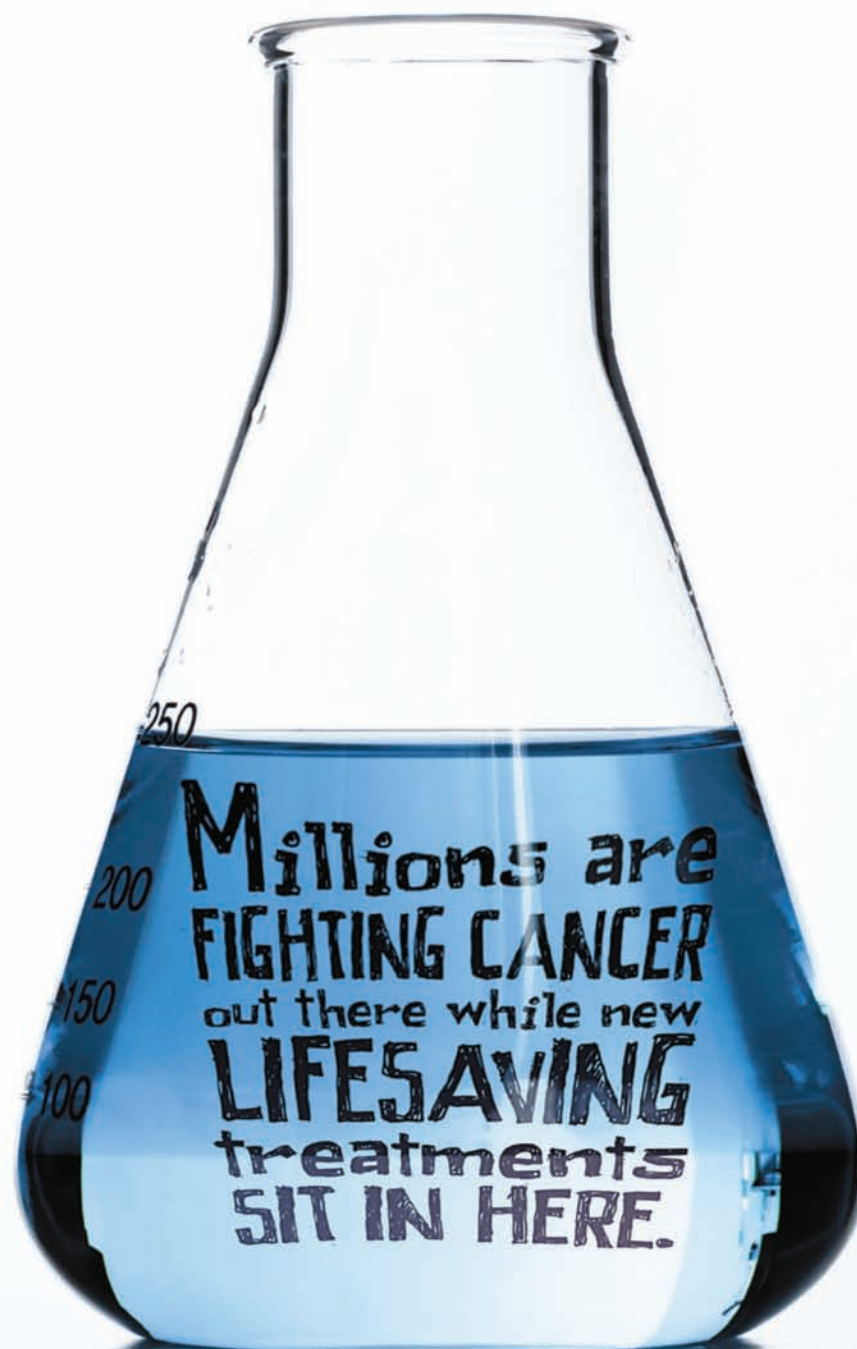
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*From Research,
the Power to Cure*

More than 500 scientists
dedicated to discovering
new cancer treatments



Federal funding is helping researchers at cancer centers nationwide discover new treatments. But if Congress cuts funding and research stops, promising new treatments may never reach patients. With 1 in 2 men and 1 in 3 women diagnosed with cancer during their lifetime, we can't afford to let federal investments go to waste.

Congress, protect cancer research funding and save lives.



we can see the end of cancer from here.



These people are a new generation of blood cancer patients. They live normal lives, some managing their condition with just a daily pill, thanks to discoveries funded in part by the Leukemia & Lymphoma Society. And these discoveries apply to many different kinds of cancer. In the last 12 years half the cancer therapies approved by the FDA were developed with research supported by LLS. Forget someday. We're making cures happen today. Are you aware of how close we are to many new life-saving breakthroughs? Or how you can help? **Find out at lls.org or call 1-888-HELP-LLS.**

someday is today



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