



A Publication from the Ireland Cancer Center of University Hospitals Case Medical Center
Winter 2009 - Volume 4, Issue 1

Ireland Cancer Center Update

Advanced Cancer Care at New Cancer Hospital



University Hospitals' vision to deliver the most advanced cancer care is coming to fruition with the new Cancer Hospital.

The \$229 million, 375,000-square-foot Cancer Hospital will

house the UH Ireland Cancer Center and will be completed in December 2010. The construction project is a major component of University Hospitals' \$1.2 billion Vision 2010 strategic plan. A ceremonial groundbreaking was held in the fall to commemorate

University Hospitals Case Medical Center's largest campus transformation in its 142-year history.

"Our Cancer Hospital will be the region's first free-standing cancer hospital and one of an elite group in the nation," said **Stanton Gerson, MD**, Director of the UH Ireland Cancer Center. "Our facility will provide cancer patients in Northeast Ohio a high-level, tertiary-care hospital devoted to proper diagnosis, treatment planning and innovative therapies, including surgery, radiation therapy and oncology care."

Ireland Cancer Center consistently ranks among the top 50 cancer centers in the United States, attaining the National Cancer Institute's highest distinction as a Comprehensive Cancer Center. The new Cancer Hospital will triple the square

footage that cancer services currently occupy at seven different locations at University Hospitals Case Medical Center (UHCMC). With 120 beds and a capacity for 150, the free-standing hospital will house diagnostic, inpatient and out-patient treatment, and surgical and research facilities devoted entirely to cancer.

The Cancer Hospital has been recognized with the American Architecture Award by the Chicago Athenaeum: Museum of Architecture and Design. The award celebrates the most outstanding accomplishments of architecture. The Cancer Hospital was designed by Cannon Design and associate architect Array Healthcare Facilities Solutions.

The design concept places the best interests of patients first.

Private rooms will accommodate overnight stays by family members. Inpatient exercise rooms, green space, natural lighting and a healing garden – funded by a \$2.75million gift from Cindy and Bob Schneider – will address the spiritual and wellness needs of patients and their families. Clinical care areas will be organized to treat specific patient populations.

The design also incorporates space for clinical trials, patient education programs, radiation therapy, infusion therapy and clinic, teaching and conference space, and space for future diagnostic and treatment advancements.

"Cancer affects every aspect of a patient's life and the new Cancer Hospital will combine,

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Five Pillars of Ireland Cancer Center



In his annual State of the Ireland Cancer Center address to physicians and staff, **Stanton Gerson, MD**, Director of the Ireland Cancer Center, explained the "Five Pillars of the Ireland Cancer Center" that represent the essence of clinical care at Ireland. These five pillars are cancer care teams, oncologic surgery, innovative therapeutics, family-centered care and survivorship.

Dr. Gerson defined each pillar and described its importance to daily care of Ireland's patients and their families.

Cancer Care Teams – Ten teams for disease-specific care are comprised of surgeons, radiation therapists, medical oncologists, pathologists, cancer genetics, supportive care, nutrition, nurse specialists and clinical trials. Each multi-disciplinary team develops

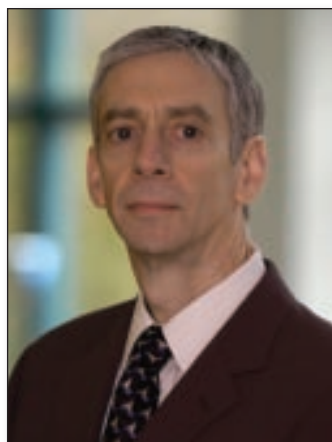
an all-inclusive treatment plan for each patient, based on quality markers and innovation, including early consideration for clinical trial treatment. This unique, collaborative approach ensures the most comprehensive care for all ICC patients. The Teams coordinate care throughout the Ireland Cancer Center Regional Network through videoconferencing, ensuring

one standard of care and encouraging input from all services.

Oncologic Surgery – **Julian Kim, MD**, has been appointed Chief of Oncologic Surgery. In this new position, Dr. Kim has unified all cancer surgery capabilities to prepare for a seamless transition to the Cancer Hospital, and he is aligning all of the cancer surgery specialists

and integrating the surgeons with Ireland Cancer Center's Cancer Care Teams. This innovative surgical approach is being adopted at top cancer centers across the nation. Dr. Kim's team emphasizes minimally invasive techniques, integrates the latest technology, and will have specialized ORs with imaging capabilities in the Cancer Hospital.

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Ireland Cancer Center Announces Appointment of Nathan Levitan, MD, MBA

Nathan Levitan, MD, MBA, (pictured left), has been appointed President of the University Hospitals Ireland Cancer Center (ICC) and Senior Vice President, System Cancer Services.

In his new role, Dr. Levitan is responsible for cancer-related

clinical program development, quality outcomes, strategic planning and the ongoing integration of clinical trials into the ICC model of care. While working in close collaboration with **Stanton Gerson, MD**, Director of the Ireland Cancer

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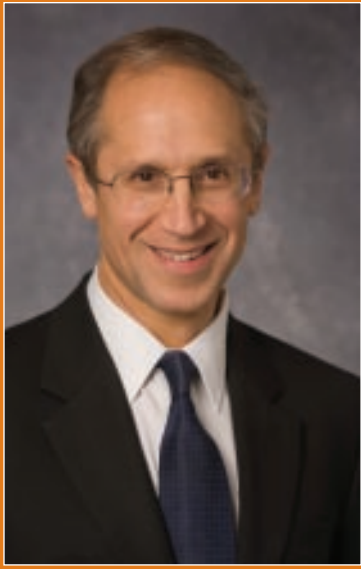


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Message from the Director

Dear Colleague:

Welcome to the fall edition of *Ireland Cancer Center Update*. This issue contains some exciting news and recognition of just some of the outstanding accomplishments of our physicians. It also contains an update on our Cancer Hospital, which will become the designated tertiary care cancer hospital for our entire region.

Some of the new initiatives we have developed that will make the Cancer Hospital unique regionally and nationally:

Please welcome **Nathan Levitan, MD, MBA**, as our President and Senior Vice President for Cancer Services. Dr. Levitan, a renowned lung cancer expert, is exceptionally qualified to lead our organization, using his skills to coordinate services both at the Cancer Hospital and throughout the Ireland Cancer Center regional community sites.

Take a moment to review the **Five Pillars of the Ireland Cancer Center**. These five areas reflect our emphasis and are the focal points for our coordination of outstanding service. The Five Pillars take advantage of our Cancer Care Teams, our Innovative Therapeutics and clinical trials, cancer surgery coordination and two important new initiatives – family-centered care and survivorship. Each of these services will extend from the Cancer Hospital to all of our community sites. You can see examples of individual efforts linked to the Five Pillars within this issue, including the use of MRI-guided laser ablation technology to treat recurrent glioma, continuing education on patient- and family-centered care, and efforts to promote better adherence to colon cancer screening guidelines.

We have a number of remarkable new therapeutics that deserve mention:

Andy Sloan, MD, has a new capability using laser surgery to pinpoint recurrent glioma. **Lee Ponsky, MD**, is actively accruing patients in one of the few clinical trials using CyberKnife for prostate cancer. **Joseph Baar, MD**, has initiated a very novel vaccine using MUC-1 for breast cancer.

We are also in the process of rolling out a new patient-centered DVD as an educational tool for clinical trials that will assist patients in deciding whether a clinical trial is the right choice for them. With more than 300 clinical trials available, every patient may, at some point, be eligible, and this video will encourage them to understand the trial, ask the appropriate questions and discuss it with their family.

We are very grateful to our recent donors. **Ned Hyland** and a team of community friends have established a fund to support research into new therapies for metastatic breast cancer – an incredible need for many in our community. **Anita and Michael Siegal** have established a chair for pediatric stem cell transplantation and research. These philanthropic efforts represent significant opportunities for us to couple translational research to our clinical programs through the development of novel therapeutics leading to improved care and outcomes for our patients.

Feel free to contact anyone mentioned in this newsletter for more information on any of these initiatives, and, as always, please drop me a note or call.

Warm Regards,

Stanton L. Gerson, MD
Director, Ireland Cancer Center
& Case Comprehensive Cancer Center

Poor Monitoring Compliance Found in Colorectal Cancer Survivors

A new analysis reveals that fewer than half of older patients successfully treated for colorectal cancer receive the recommended screening schedule to detect any recurrence of cancer.

The study, "Receipt of guideline-recommended follow-up in older colorectal cancer survivors: a population based analysis," appeared in the Oct. 15, 2008, issue of *CANCER*, a peer-reviewed journal of the American Cancer Society.

Gregory S. Cooper, MD, (pictured right) of the Ireland Cancer Center of University Hospitals Case Medical Center, and colleagues analyzed information from the Surveillance, Epidemiology and End Results (SEER) program of cancer registries and Medicare claims. They assessed overall adherence to guidelines, as well as differences across patient subgroups. Their research indicates poor compliance to recommended monitoring of colorectal cancer survivors could affect survival.

This study is the first known national, population-based study in the United States to examine adherence to published colon cancer screening guidelines. Ireland Cancer Center views screening as an essential component of survivorship management, one of the Five Pillars of clinical care.

Patients who undergo potentially curative surgery for colorectal cancer have an increased risk of recurrence. To reduce that risk, guidelines have been developed that specify a combination of regularly scheduled physician visits, colonoscopy and other tests to detect changes that could indicate a recurrence.

While some patients may not receive these recommended services, others may undergo other procedures, such as computerized tomography and positron emission tomography scans, which are generally not recommended. Therefore, some patients may not



meet guideline standards while others receive testing that goes beyond guideline recommendations.

A total of 9,426 patients over age 65 who were diagnosed with adenocarcinoma of the colon or rectum from 2000-2001 were included in this analysis. Patients were followed up to three years after diagnosis. The study investigators considered the screening guidelines to be fulfilled if a patient received two or more office visits per year, two or more carcinoembryonic antigen tests per year and at least one colonoscopy within three years.

Overall, 60.2% of patients received testing below recommended levels, while 17.1% received testing at the recommended frequency. About 23% received follow-up services above those specified by screening guidelines.

Researchers found that while some of the differences could be explained by clinical factors, such as stage of disease, there were also important differences across racial groups and regions. The generally lower use of testing in African Americans is likely a contributing factor to the known poorer stage-specified survival compared to Caucasians. Geographic differences across SEER sites suggest that patient and physician preferences may influence choice of testing.

Dr. Cooper's colleagues on the study included **Tzuyung Doug Kou, MD**, and **Harry L. Reynolds Jr., MD**.

Levitan
From Cover

Center, Dr. Levitan will oversee the continued growth of the ICC Regional Network, as well as the consolidation of cancer services at UH Case Medical Center into the new UH Cancer Hospital that is scheduled to be completed in 2010.

"Nathan has played key roles as an administrator and clinician within University Hospitals and the Ireland Cancer Center for 15 years, and we are pleased to have him now lead our cancer program," said **Fred C. Rothstein, MD**, President, UH Case Medical Center. "Dr. Levitan's wealth of experience will help further our nationally renowned cancer programs and research, as well as the transition to the new Cancer Hospital being built at UH Case Medical Center."

Prior to this appointment, Dr. Levitan held concurrent positions

as Senior Vice President of UH Case Medical Center, Chief Medical Officer of University Hospitals, and Interim Chairman of the Department of Radiation Oncology. He has also served in a variety of clinical oncology and administrative capacities at UH since 1993, including Medical Director of Clinical Cancer Programs for ICC.

He is a nationally recognized lung cancer expert and helped to lead the ICC's lung cancer program to great renown. Dr. Levitan received his MD from Tufts University School of Medicine and completed his hematology/oncology training at Boston Veterans Administration Medical Center and the University of Massachusetts Medical Center. He received his MBA from Case Western Reserve University. Dr. Levitan is board certified in internal medicine, medical oncology and hematology.



Joseph Baar, MD, PhD

Research out of the Ireland Cancer Center of University Hospitals Case Medical Center has found that the vast majority of triple negative breast cancers express the MUC-1 target. The first-of-its-kind finding has paved the way for an upcoming vaccine trial for patients

Triple-Negative Breast Cancers Express MUC-1 Target

with early stage triple negative breast cancer that could potentially prevent recurrence of this aggressive type of breast cancer.

Joseph Baar, MD, PhD, Director of Breast Cancer Research at the Ireland Cancer Center, and colleagues analyzed 53 tumors and determined that 92% of them expressed MUC-1. These findings support their theory that this MUC-1 protein on breast cancer cells could be a target for a novel vaccine using the patient's immune system to target and kill cancer cells. These findings were presented at the San Antonio Breast Cancer Symposium in December.

A grant from the National Cancer Institute and the Avon Foundation will allow Dr. Baar to begin the vaccine trial in January 2009 for women with early stage triple negative breast cancer to determine if this vaccine can stimulate the immune response against MUC-1. If successful, a later study would determine whether the generation of this immune response leads to an increase in patients' relapse-free survival rates. The vaccine will be given following standard therapy of surgery, radiation and chemotherapy.

"This vaccine trial has the potential to rev up patients' immune

response to the MUC-1 protein and shut down the tumor's ability to grow," said Dr. Baar. "Women with this aggressive triple negative breast cancer have an increased risk of recurrence and we are hoping to provide them with protection against the return of this deadly disease. Our findings provide us a strong basis for this trial."

Triple negative breast cancer is highly aggressive and comprises 10% to 15% of newly diagnosed early stage breast cancers. Most triple negative tumors are high grade and have a high incidence of recurrence and metastases. Unlike other types of breast

cancer, there is no standard follow-up treatment for triple negative breast cancer to prevent recurrence.

"This is an important study because there has traditionally been nothing to offer women with triple negative breast cancer beyond standard therapy," said **Stanton Gerson, MD**, Director of the Ireland Cancer Center. "This vaccine trial has the potential to lay the groundwork for a new standard of care for women with this aggressive form of breast cancer."



MRI-Guided Laser to Treat Brain Tumors

Andrew Sloan, MD, FACS, is leading a clinical trial of an MRI-guided laser to "cook" brain tumors and improve survival of one of the most difficult to treat cancers.

Dr. Sloan is a co-director of the first human trials of the device, made by Monteris Medical Inc. of Winnipeg, Manitoba. Dr. Sloan also is Director of the Brain Tumor & Neuro-Oncology Center at Ireland Cancer Center of University Hospitals Case Medical Center. He is also a paid consultant to Monteris and a member of the Monteris Scientific Advisory Board.

The minimally invasive, MRI-guided laser ablation technology involves a thin probe inserted through a small hole in the skull, focusing high-intensity laser energy to heat and destroy tumors from the inside out without harming healthy tissue around it. The procedure is minimally invasive, highly selective, and immediately kills the tumor cells with minimal side effects using an MRI program (originally designed at Case Western Reserve University) that allows the surgeon to monitor the temperature of the tumor and the surrounding brain

to precisely tailor the treatment to the tumor.

The technology is being studied to treat glioblastoma multiforme, a fast-growing, incurable cancer that claims patients within two years of diagnosis. Glioblastomas are difficult to treat through surgery because the cancer cells are spread throughout the brain. Treatment typically includes surgery and radiation. Sen. Edward Kennedy was diagnosed with this form of tumor.

The laser treatment is expected to benefit patients with brain tumors that have not responded to standard-of-care treatment methods. The technology is in clinical trials under FDA Investigational Device Exemption. Dr. Sloan's efforts are linked to two of the Five Pillars of the Ireland Cancer Center – Innovative Therapeutics and Oncologic Surgery.

Each year, more than 200,000 people in the United States are diagnosed with a primary or metastatic brain tumor. Primary brain tumors comprise about 40,000 of these diagnoses, according to the Brain Tumor Society.

Clinical Trials: Gift To The Future

Part of the mission of a National Cancer Institute comprehensive cancer center is to increase awareness and education about cancer. The University Hospitals Ireland Cancer Center is rolling out a new patient-focused DVD – **Gift to the Future** – to drive home the importance of clinical trials.

The 11-minute DVD, a project of the Office of Patient and Community Education, encourages patients and their families to consider clinical trials. It features five patients who have participated in clinical trials, and one who

chose not to take part, all sharing their own stories.

The Ireland Cancer Center offers more than 300 Phase I to III clinical trials for all diagnoses and at most stages of disease. However, most patients are unaware of the potential advantages of clinical trials or are reluctant to consider them for a variety of reasons.

Medical oncologists **Stanton Gerson, MD**, Director of the Ireland Cancer Center,

[See Trials Back Page](#)

Chair Elevates Pediatric Stem Cell Research

A \$1 million gift to Rainbow Babies & Children's Hospital will elevate pediatric stem cell research at University Hospitals Case Medical Center.

The **Anita H. and Michael D. Siegal Chair** in Pediatric Experimental Transplantation and Stem Cell Biology will provide for the recruitment of a physician scientist focused on the utility and application of stem cell-based therapies in the treatment of pediatric cancer. The chair holder will join a renowned team of stem-cell experts at Rainbow and the Ireland Cancer Center at UHCCMC.

The gift from Michael and Anita Siegal is matched by an additional \$500,000 from the Rainbow Babies & Children's Foundation.

"Our priority at Rainbow is to enhance our hematology/oncology division by placing major emphasis on translational research, with

the aim of becoming a leader in developing new therapeutic approaches," said **John J. Letterio, MD**, Chief of Pediatric Hematology/Oncology. "The Siegal Chair will provide an opportunity for additional collaboration among our pediatric researchers and the team at Ireland Cancer Center, one of the top National Cancer Institute-designated comprehensive cancer centers in the nation."

Stanton L. Gerson, MD, an internationally recognized leader in stem cell research and treatment, and Director of the Ireland Cancer Center, said the Siegal Chair will play a major role in bringing advances in the application of stem cell therapeutics into the pediatric population.

"To transfer the knowledge gained from the adult population through investigational therapeutics requires collaboration between physicians and scientists special-



Michael D. and Anita H. Siegal izing in both adult and pediatric medicine," said Dr. Gerson, who also leads the National Center for Regenerative Medicine. "We are thrilled to be able to recruit a leader who will develop clinical trials that will create opportunities for pediatric, adolescent and young adult patients to participate in groundbreaking research ... and hopefully a chance to achieve a cure for cancer."

CyberKnife a New Tool in Battle Against Prostate Cancer

A revolution against prostate cancer is being waged at University Hospitals Ireland Cancer Center.

Lee Ponsky, MD, Chief of Urologic Oncology and Director of the Center for Urologic Oncology & Minimally Invasive Therapies, is using the CyberKnife® Robotic Radiosurgery System to deliver highly accurate radiation that may hold the key to higher cure rates and minimal side effects in a shorter time span than other prostate cancer treatments.

Prostate cancer patients face a dizzying array of options in treatment, including surgery performed laparoscopically, robotically or through an open incision; active surveillance; radiation through radioactive seeds or external radiation; and cryotherapy. Dr. Ponsky is hoping the CyberKnife treatment will outperform these other options.

CyberKnife combines robotics and image guidance to deliver concentrated beams of radiation to targeted areas anywhere in the body with sub-millimeter accuracy while minimizing damage to surrounding healthy tissue.

"CyberKnife is truly a cutting edge



technology that could revolutionize the field of surgery," Dr. Ponsky said. "We're one of a few sites in the country that has a prospective study evaluating CyberKnife's ability to reduce the side effects in treating prostate cancer, namely incontinence and impotence."

Dr. Ponsky and his colleagues presented their initial findings on a clinical trial involving 23 patients on the CyberKnife treatment at The World Congress of Endourology in Shanghai, China, this fall.

While conventional radiotherapy can take several weeks to months to deliver, CyberKnife uses a higher radiation dose per treatment and can be completed in one to five days. The CyberKnife uses a linear accelerator on a robotic arm to deliver radiation with surgical precision to the targeted tumor from multiple positions and angles. The flexible robotic arm gains access to the most difficult-to-treat tumors anywhere in the

body, including the brain, spine, lung, liver, pancreas, adrenal gland, kidney and prostate. The arm's maneuverability means the CyberKnife's 150 to 1,200 radiation beams can be adjusted to protect certain organs and healthy tissue.

Dr. Ponsky, who has been using CyberKnife to treat prostate cancer since February 2008, said preliminary research on 23 patients who agreed to participate in a clinical trial on tracking CyberKnife's side effects shows minimal side effects and a return to baseline for patients within three months. CyberKnife is also used to treat several other types of cancer at Ireland Cancer Center, including brain, gynecologic and lung.

"It's important to patients to offer them a cure with the least number of side effects and minimal disruption to their daily lives," he said. Prostate cancer is the most common cancer in men in the United States and the second-most common in men worldwide. About 219,000 new cases of prostate cancer are diagnosed in the United States annually and more than 27,000 men die from the disease, according to the American Cancer Society.

Cancer Hospital From Cover

under one roof, the most advanced cancer treatments with a cache of therapies designed to enhance the mental and emotional well-being of our patients," said **Nathan Levitan, MD**, President of the Ireland Cancer Center.

Within the Cancer Hospital will be an area dedicated to clinical research – the 3,700-square-foot Goodman Discovery Center, named

after the late **Ruth and Donald J. Goodman, DMD**. The Goodmans donated \$25 million in 2006 for research and patient care in cancer and cardiovascular disease, as well as physician/scientist recruitment. The three major components to the clinical research center include a four-bed patient care unit, a research nursing team area and state-of-the-art laboratory space.

The Goodmans' gift is complemented by \$3 million in

gifts from the Coleman family to advance cancer research and leading-edge cancer therapies in the region. A dedicated space in the new Cancer Hospital – the Kathleen A. and Dr. Lester E. Coleman Clinical Research Suite – will be used to conduct clinical trials. Ireland Cancer Center is one of only eight cancer centers in the country to have access to a pipeline of new drugs through the National Cancer Institute for early phase clinical trials.

Five Pillars From Cover

Innovative Therapeutics – As an NCI-designated Comprehensive Cancer Center, Ireland Cancer Center offers patients access to the latest treatments through more than 300 clinical trials. Additionally, Ireland is one of only eight centers selected by the NCI to bring new drugs to clinical trials, allowing Ireland Cancer Center to offer our patients early access to these agents. Important innovation in surgical and radiation therapy techniques offers patients the most advanced surgical and radiation technologies, including the CyberKnife, Tomotherapy and Gamma Knife. Ireland also offers

patients a comprehensive patient education program.

Patient- and family-centered care – Ireland Cancer Center's hallmark of patient-centered care has developed further into a new family-centered care initiative. Starting with the patient visit, the emphasis is to include the patient's family in treatment planning and decisions. A Patient and Family Advocacy Committee bridges the cancer center environment with the home environment. This new family-centered emphasis has been shown to improve clinical responses, outcomes, and long-term follow-up, according to Dr. Gerson.

Survivorship – Due to advances in treatment and early detection, cancer patients now have 60% survival over five years, making survivorship a formal part of care planning. Ireland Cancer Center's survivorship program includes an end of treatment report, recommendations for follow-up screenings and education about the after-effects of treatment. Ireland already has established survivorship programs for breast and pediatric cancer survivors and is expanding programming to patients with all forms of cancer, and creating more long-term partnerships between patients and clinicians.

Trials From Page 3

Smitha Krishnamurthi, MD, and **Lee Ponsky, MD**, Director of the Center for Urologic Oncology and Minimally Invasive Therapies, and several oncology nurses present in lay terms the philosophy behind clinical trials and the process, which

includes a multidisciplinary team collaborating on the best care options for each patient. Tucked inside a folder of information provided to Ireland Cancer Center patients on their first visit, the DVD should remove some of the stigma that clinical trials are not a last resort, but rather an improvement on

the standard care available. Patients can watch the DVD and then go online at www.UHhospitals.org to find current clinical trials.

For more information on clinical trials at UH Ireland Cancer Center call 1-800-641-2422

Leaders in Metastatic Breast Cancer Research

Advancing research into metastatic breast cancer is the mission behind the **Diana Hyland Miracle Fund**.

The Ireland Cancer Center at University Hospitals Case Medical Center is focused on becoming a leader in metastatic breast cancer research – focusing on new theories, trials and treatments

aimed at managing the cancer and extending lives. The goal of the fund this year is to raise \$1 million to partially establish an Endowed Chair in Metastatic Breast Cancer Research for **Paula Silverman, MD**, Medical Director of the Breast Cancer Program and Ambulatory Services at Ireland Cancer Center.

The fund was created in honor of **Diana Hyland**, who recovered from her first bout with cancer 10 years ago. She recently lost her battle with the disease.

You can also find more information on the fund by visiting <http://dianahylandmiraclefund.org/>

Online CME Programs from Ireland Cancer Center

The Ireland Cancer Center offers free Continuing Medical Education programs online for all physicians, nurses and interested persons on a variety of oncology topics, including Targeted Therapies for Cancer; Endometrial Cancer Survivorship; Skin and Nipple-Sparing Mastectomy; and Laparoscopic Surgery for Colorectal Cancer. Successful completion of a post-test earns a certificate for CME credit. **Visit www.irelandcancer.org.**

Future Conferences

Emerging Trends in Cancer Immunology:

Feb. 18, 2009
Holiday Inn, Independence, OH.
Evening dinner program.

Patient- and Family-Centered Care:

March 21, 2009
Holiday Inn, Independence, OH.
Provides a basic overview of

patient- and family-centered care – one of the Five Pillars of the Ireland Cancer Center – and how it improves and impacts the experience of care and health outcomes.

Head and Neck Cancer:

April 17, 2009
Holiday Inn, Independence, OH.

Annual Breast Cancer Update:

Highlights of National Meetings
June 19, 2009

Hilton Cleveland East, OH. Review the results of important clinical trials in breast cancer and therapy presented at recent national meetings, including ASCO, ASTRO, NSABP, SSO and the San Antonio Breast Cancer Symposium.

For more information on these conferences, go to www.irelandcancercenter.org

Ireland Cancer Center Update is published by the Department of Marketing & Communications at University Hospitals Case Medical Center to inform physicians of current research, treatment and advances in cancer care.

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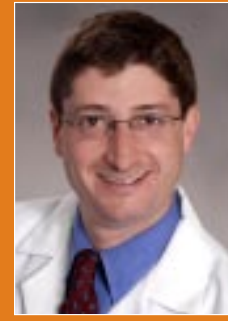
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To refer a patient to University Hospitals Ireland Cancer Center or for information regarding treatment and clinical trials, please contact Trish Gallagher at **800-641-2422**.

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Staff News Update



Judah D. Friedman, MD, recently joined the Division of Hematology/Oncology at Ireland Cancer Center. Board certified in internal medicine, Dr. Friedman received his medical degree from Case Western Reserve University School of Medicine. He completed his internal medicine residency at Barnes-Jewish Hospital, Washington University School of Medicine, St. Louis, Missouri, and his hematology/oncology fellowship at

the University of Michigan. Dr. Friedman focuses on providing the expertise of Ireland Cancer Center in the community setting on the East side of Cleveland.



Henry B. Koon, MD, received a 2008 grant from the Pilot Award Core given by the Clinical and Translational Science Collaborative. Dr. Koon's research – "Identification of genomic lesions promoting nodal metastasis in malignant melanoma" – will look for genetic markers that can predict if melanoma will spread through the lymph system. Working with Dr. Koon on the project are Kord Honda, MD, from the Dermatology Department

and Tom LaFramboise, PhD, from the Case Western Reserve University Department of Genetics.



Amitabh Chak, MD, also received a 2008 grant from the Pilot Award Core. Dr. Chak is co-investigator with James P. Babilion, PhD, of the UHCMC Department of Radiology, on a project entitled "Molecular Imaging of Dysplasia in Barrett's Esophagus." Their research looks at molecular imaging that can reliably highlight areas of high-grade dysplasia and early cancer in Barrett's esophagus during endoscopy. Their work can

lead to improved detection of early cancers and allow doctors to cure the dysplastic areas with endoscopic techniques.



Balazs Halmos, MD, received a Research Scholar Grant from the American Cancer Society. The four-year, \$720,000 career development grant will go toward Dr. Halmos' research into sensitivity and resistance to HER family tyrosine kinase inhibitors. Dr. Halmos also co-authored a study with Rom Leidner, MD, that found non-small-cell lung cancer tumors of African-

Americans are significantly less likely to have a key mutation of the epidermal growth factor receptor gene. The findings, presented at the Chicago Multidisciplinary Symposium in Thoracic Oncology and published in the *Journal of Thoracic Oncology*, could impact lung cancer treatment choices.



Alex Huang, MD, PhD, Director of the Clinical Fellowship Program and an assistant professor in the Division of Pediatric Hematology/Oncology at Rainbow Babies & Children's Hospital, was named a three-year St. Baldrick's Foundation Scholar, earning \$330,000 toward his research into pediatric cancers that develop from connective tissues. As a St. Baldrick's Scholar, Dr. Huang will launch a research project – "Enhancing Immune Surveillance in Pediatric Sarcomas" –

to provide life-saving treatments for children suffering from osteosarcoma and rhabdomyosarcoma.

www.OR-Live.com

Nipple-Sparing Mastectomy and Reconstruction:

Julian Kim, MD, and **Hooman Soltanian, MD**, perform a nipple-sparing mastectomy with complete reconstruction. This type of mastectomy has aided the evolution of breast-preserving procedures by saving the entire nipple and surrounding areola without any skin removal. A reconstruction immediately follows. The result is a remarkably similar to the natural breast. The procedure eases patient fears and provides an optimal cosmetic outcome because the breast retains its natural shape and appearance.

You can view the procedure online at www.UHhospitals.org or www.OR-Live.com