A new partnership between The Cancer Institute of New Jersey (CINJ), the state’s only National Cancer Institute (NCI)-designated Comprehensive Cancer Center, and the New Jersey Department of Health and Senior Services (NJDHSS) will create a Center of Excellence for Cancer Surveillance to help track, examine, prevent and control cancer.

Through the partnership, the Center of Excellence for Cancer Surveillance will look at cancer incidence across the state with a goal to foster collaborative studies on cancer data. The main component of that Center is the New Jersey State Cancer Registry (NJSCR), which is an NCI-Surveillance, Epidemiology and End Results (SEER) database utilized by researchers nationwide to conduct population-based and other studies pertaining to cancer.

“This partnership strengthens the Department’s commitment to provide comprehensive cancer data and trend information that enables New Jersey residents, health care providers and cancer researchers to better understand how New Jersey is affected by cancer,” said NJDHSS Commissioner Poomam Alagih, MD. “We are excited to continue providing comprehensive data that supports innovative cancer research.”

The SEER database is considered to be the most authoritative source of information on cancer incidence and survival in the United States. The NJSCR is one of only 18 registries to be part of the SEER program and has been providing population-based incidence data from New Jersey to the SEER program for more than three decades.

The NJSCR is an important source of information for health care providers, public health officials, and administrators. This information is widely used by clinicians, scientists, and researchers. Data on cancer patterns in the population can be very useful for preventing and controlling cancer and improving treatment and patient care. The data is used to respond to New Jersey residents on cancer issues and concerns. Also, the incidence rates in New Jersey are shared with the federal Centers for Disease Control and Prevention and the NCI for analyses including comparison with other states and the nation. The data collected by the NJSCR can be useful for describing cancer patterns in the population, discovering causes of cancer, planning programs for people affected with cancer, and other related research.

Leading the NJSCR as its director is John J. Graff, PhD, MS, who also serves as chief of the Division of Cancer Bioinformatics and Surveillance in the Department of Radiation Oncology at UMDNJ-Robert Wood Johnson Medical School. Dr. Graff joined CINJ this past July. He was formerly the co-principal investigator of the Metropolitan Detroit SEER Registry at the Karmanos Cancer Institute, having worked with the Detroit registry since 1995.

“A cancer registry embedded within the culture of discovery, scientific excellence, multidisciplinary research and collaboration that is present in New Jersey will produce a cascade of tangible benefits including the generation and application of new knowledge that will not only serve the purpose of meeting the NCI’s challenge, but also will further the missions of CINJ, the state and population health,” said Graff.

In overseeing the NJSCR, Graff will provide investigators with opportunities to study various cancer aspects that are of importance to New Jersey and to cancer research in general in order to increase the understanding of environmental, genetic, socio-cultural, and...
Director’s Corner

Impact \im-\text{pakt}\ \text{vb.:}

to affect or influence in a significant manner.

At The Cancer Institute of New Jersey, this very small word represents a very large mission of providing the most comprehensive cancer care, developing and rapidly disseminating discoveries that result in innovative new cancer treatments, and educating residents statewide about cancer prevention and early detection.

As one of the nation’s 40 National Cancer Institute-designated Comprehensive Cancer Centers, it is CINJ’s responsibility to uphold these core pillars. In doing so, we are constantly seeking new resources that will help us closely investigate cancer incidence rates and develop new tools and strategies in order to further maximize our impact on the state of New Jersey and beyond.

As you’ll read in our cover story of this edition of Oncolyte, CINJ has partnered with the New Jersey Department of Health and Senior Services to create a Center of Excellence for Cancer Surveillance that will look at cancer incidence rates in the state with a goal to foster collaborative studies on cancer data. This NCI-Surveillance, Epidemiology and End Results (SEER) database provides a wealth of information for cancer researchers who are involved in population-based study. As New Jersey’s cancer incidence rate ranks in the nation’s top ten, this critical data will provide investigators with a unique opportunity to capture and examine local rates and to develop targeted interventions. For instance, the information gleaned from this registry will help researchers identify and create specialized education materials and programs that will impact special populations such as New Jersey’s South Asian American community, which has rapidly grown over the past decade.

An example of how investigators are using SEER data is highlighted on page 7. Population research by CINJ cancer epidemiologist Dr. Grace Lu-Yao and her team utilizing SEER information is better defining how to best individualize therapy for new patients with prostate cancer. The results of this study promise to further impact important patient-physician conversation about treatment options.

The impact of CINJ’s clinical research also reverberates widely, as we are able to translate discoveries from our laboratories into clinical trials that are offered at CINJ as well as through our Network of hospitals across the state.

But we do not affect such broad change alone. Our collaborative research efforts with Rutgers and Princeton universities continue to yield opportunities, which help CINJ with new partnerships that are resulting in discoveries for patients. Many donors and groups such as the Val Skinner Foundation continue to step forth to help CINJ acquire the most advanced technological equipment for our research component (see page 19). All of these elements come together to further assist CINJ in delivering on its mission. We hope that you too will join us so that we can maximize the impact in the fight against cancer here in New Jersey and beyond.

Sincerely,

Rita DiPaola
Director, CINJ; Associate Dean for Oncology Programs and Professor of Medicine, UMDNJ-Robert Wood Johnson Medical School
CINJ Partners with State on National Cancer Database
— Continued from page 1

other influences that affect cancer prevention and control. The initiative will serve as a key resource for population-based studies, survivorship research, and disparities exploration, which is anticipated to lead to the creation of applications for “personalized medicine” as well as the next generation of cancer research tools.

Through the development of the partnership between CINJ and NJDHSS, the NJSCR has been able to maintain the federal funding that supports it and apply for additional funding from new sources. Leaders from both NJDHSS and CINJ credit CINJ’s NCI-Comprehensive Cancer Center designation as being a key component to achieving the necessary support in bringing the initiative to fruition.

One of the key funding agencies that served as a springboard in the development of this partnership is the Robert Wood Johnson Foundation, which in 2007 awarded CINJ $12 million to help grow its population science program and other initiatives. CINJ has leveraged this support not only to attract key faculty members and funding opportunities surrounding the NJSCR, but also has utilized these enhanced resources to build collaborations throughout the state and nation.

CINJ Director, Robert S. DiPaola, MD, associate dean for oncology programs at UMDNJ-Robert Wood Johnson Medical School, says the new partnership surrounding the NJSCR in particular will lead to job creation and the strengthening of New Jersey’s economy. “Given the demand for the quality data resources available in our joint Center of Excellence, we expect that we will enjoy continued requests for collaboration from within and beyond our institutions and state,” said Dr. DiPaola. “This will position New Jersey as a valuable cancer research resource not only to our state and its citizens, but also to the nation and beyond. CINJ is proud to undertake such a responsibility.”

Process of Cancer Cell Self-Digestion is Target of New Cancer Therapies

In an effort to improve current anticancer treatments, investigators at The Cancer Institute of New Jersey have been targeting a process known as autophagy, in which cancer cells eat themselves as a measure of self preservation under chemotherapy and radiation stress, thus prolonging tumor cell survival and inducing resistance to therapy. While preclinical studies have shown that inhibition of autophagy sensitizes tumor cells to anticancer treatment, CINJ researchers have more recently had an opportunity to observe these effects in early-stage clinical trials involving autophagy inhibition by a drug commonly used to treat malaria. Their latest findings were recently presented at the Annual Meeting of the American Society of Clinical Oncology.

At focus in these trials is the drug hydroxychloroquine — a common treatment for malaria and certain types of arthritis — which has been shown to block autophagy. Research from laboratories at CINJ indicates that drugs such as hydroxychloroquine may prevent cancer cells from becoming resistant to chemotherapy or to drugs that prevent the growth of cancer blood vessels. Through a number of Phase I and Phase II clinical trials at CINJ, investigators have been pairing hydroxychloroquine with other chemotherapy regimens in order to increase the effectiveness of treatment. Currently at focus are combination therapies for melanoma, as well as breast, lung, prostate, and colon cancers (see more on page 6).

Along with determining the safety and efficacy of adding hydroxychloroquine to standard treatments, the team hopes that the results of these latest trials also will lead to the discovery of simple ways to detect autophagy in humans. For instance, the laboratory of CINJ’s Associate Director for Basic Science, Eileen White, PhD — who also is an adjunct professor of surgery at UMDNJ-Robert Wood Johnson Medical School and a professor at Rutgers, The State University of New Jersey — found that a protein called p62 eliminates damaged proteins inside cancer cells, packages the waste and prepares it for disposal during the process of autophagy and may perhaps signal the presence of autophagy in tumors. In some of these trials, investigators are screening blood and tumor tissue for novel proteins such as p62, which could serve as an indicator to detect change in the autophagy process in humans.

“By further exploring mechanisms behind tumor cell survival, such as the process of autophagy, we will better understand how cancers evade standard treatments so that we can further develop new and more effective therapies,” said Vassiliki Karantza, MD, PhD, a medical oncologist at CINJ and assistant professor of medicine at UMDNJ-Robert Wood Johnson Medical School, who is the lead investigator of the work that was presented.

Work in Dr. Karantza’s laboratory is supported by the National Cancer Institute and the Damon Runyon Cancer Research Foundation.
Behind the Biology of the **BRCA1** Breast Cancer Gene

Studies have well established that women who harbor a mutation in the **BRCA1** tumor suppressor gene are at greater risk for developing breast and ovarian cancers. Less known is information on other molecular events that may impact cancer formation in cells having a **BRCA1** mutation. Investigators from The Cancer Institute of New Jersey and major cancer centers in Europe have identified the role a key protein plays in helping cells with mutant **BRCA1** genes to survive. **BRCA1** helps ensure the stability of a normal cell’s genetic makeup (DNA). It is a mutated form of this gene that investigators explored in this latest research which was published in the May online edition of *Nature Structural & Molecular Biology*.

Women with a **BRCA1** mutation have one normal copy of the gene inherited from one parent, and one mutant copy from the other. The cancers that arise lose the normal copy, thus also losing all tumor-suppressing function of the **BRCA1** gene. Puzzling to researchers is why normal cells are unable to tolerate losing **BRCA1**, but tumor cells have evolved to be able to survive without **BRCA1**.

In this study, the researchers performed a screen to determine what genetic events would allow normal cells to tolerate loss of functional **BRCA1**. It was found that loss of another DNA repair protein, **53BP1** allows cells to continue growing after loss of **BRCA1**.

**CINJ** medical oncologist **Shridar Ganesan, MD, PhD**, assistant professor of medicine and pharmacology at UMDNJ-Robert Wood Johnson Medical School, notes that loss of **53BP1** in breast cancer cells may give some clue to their underlying biology, and may ultimately impact their responsiveness to certain chemotherapeutic agents that are being used to treat these aggressive cancers.

**American funders of the study include the U.S. Department of Defense, the National Cancer Institute, the Sidney Kimmel Foundation, and the Breast Cancer Research Foundation.**

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**FACULTY FEATURE: Biren Saraiya, MD ’02**

**Biren Saraiya, MD ’02**, is a medical oncologist at The Cancer Institute of New Jersey and an assistant professor of medicine at UMDNJ-Robert Wood Johnson Medical School. He is the physician leader of the Palliative and Supportive Care Group at CINJ and is a member of the Hematological Malignancies and Thoracic Malignancies research groups. An expert in patient-physician communications, Dr. Saraiya teaches these skills to medical students as part of the palliative medicine and hospice courses he teaches.

A primary area of interest for Dr. Saraiya is palliative care—care for patient’s suffering and symptoms—which can include pain, depression, and fatigue. Whether a patient has a curable or incurable cancer, they have symptoms that interfere with their life. The goal of palliative care is to let patients live their life as normally as possible by addressing these symptoms. For instance, for pain management, Dr. Saraiya and his team, which includes radiation oncologists, anesthesiologists and other pain experts, tailor a therapy that is focused on the cause of the pain. Such treatments can include: medications, injections, radiation therapy or even surgery. It is also important to note that emotions play a large role in symptoms. For these symptoms, Dr. Saraiya works with the CINJ social work team and CINJ psychiatrist **Maria Rueda-Lara, MD**, assistant professor of psychiatry at UMDNJ-Robert Wood Johnson Medical School.

Many times patients and doctors hear the word “palliative care” and think “hospice” or “death.” Dr. Saraiya says the truth is far from it. While some of the principles of palliative care are derived from hospice (“end of life”) care, palliative care is not hospice. He notes if someone is getting hospice care, they are receiving palliative care; but if they are receiving palliative care, they are not necessarily receiving hospice care.

Depending on why patients are seeing Dr. Saraiya, an evaluation by the Palliative and Supportive Care Group at CINJ will focus on just their symptoms or their symptoms and cancer. Patients also come to him to discuss difficult treatment decisions. For these patients, he concentrates on the symptoms and the decision-making process.

Dr. Saraiya begins the evaluation by talking to his patients and hearing “their story,” noting he is always interested in learning who they are and what their story is before delving into discussing cancer or symptoms. After getting to know them and their family, he focuses on the reason they are seeing him. He says even though this is a slightly different evaluation technique than the typical visit, most patients and families appreciate the time and effort involved in discussing their concerns honestly and empathically. The discussion is individualized to the patient’s need.

Besides taking care of patients, Dr. Saraiya is extremely passionate about teaching skills to deliver palliative care to trainees at UMDNJ-Robert Wood Johnson Medical School, including how to communicate with patients. He notes, “This is my alma-mater and I take pride in educating the next generation of doctors, interns and oncologists.” Dr. Saraiya also teaches other medical professionals such as nurses.
Robotic Prostatectomy Gains Momentum as CINJ Study Shows Low Complication Rate

While sharp debate continues among medical professionals as to whether a radical prostatectomy performed with the assistance of a robotic device is more beneficial than the traditional open surgery method, research just published by investigators at The Cancer Institute of New Jersey shows new evidence supporting the safety of the robotic procedure — including what is believed to be one of the lowest complication rates to date.

Isaac Yi Kim, MD, PhD, chief of the Section of Urologic Oncology and executive director of the Dean and Betty Gallo Prostate Cancer Center at CINJ; and associate professor of surgery at UMDNJ-Robert Wood Johnson Medical School, has performed over 650 robotic prostatectomies over the last five years. This latest study, which was published in the September print edition of the Journal of Endourology examined the medical records associated with the first 200 procedures performed by Dr. Kim at Robert Wood Johnson University Hospital, the Flagship Hospital of CINJ. Complications both during and after surgery were determined according to Clavien classification, which is the common scale used to help identify level of surgical complications.

Overall, 24 men (12 percent) experienced various complications either during surgery or following the procedure for more than one year. Five of the men experienced complications during surgery and 19 exhibited postoperative complications.

Blood loss was measured at a mean of 189 milliliters, but there was no need for a blood transfusion for any of the 200 patients during the procedures.
At the Cancer Institute of New Jersey, clinical research is key to providing comprehensive cancer care to patients. With more than 130 active clinical trials, CINJ is leading the way toward uncovering new methods of treatment and prevention of cancer. Most cancer clinical trials are medical studies that test new treatments and new or better ways of using existing treatments for cancer. Researchers use these clinical trials to answer questions about a treatment and to make sure it is safe and effective. CINJ researchers are currently studying a number of new ways to prevent and treat various cancers. For more information on how to take part, individuals should call CINJ’s Office of Human Research Services at 732-235-8675 or e-mail cinjclinicaltrials@umdnj.edu.

Building a Better ‘Bull’s-Eye’ to Fight Prostate Cancer

Looking to harness the body’s own immune system to target prostate cancer that has spread to the bones (metastatic) and is unresponsive to standard treatment, investigators at The Cancer Institute of New Jersey are conducting a clinical trial focusing on a combination of experimental vaccines and standard radiation drug therapy.

A standard treatment for prostate cancer that has spread to the bones is with a drug approved by the Food and Drug Administration known as samarium 153. It contains material that gives off a tiny amount of radiation that damages cancer cells. And because such radiation drugs also can increase the immune system’s ability to find and kill cancer cells, CINJ researchers are combining this treatment with a series of vaccination injections.

At focus are two different experimental vaccines. The PROSTVAC-V/TRICOM vaccine has a special virus added to it that produces a prostate specific antigen (PSA) protein which helps focus the body’s immune response to the PSA in the prostate tumor. Other human genetic material that is added produces other proteins that help increase an immune cell’s ability to destroy its target. PROSTVAC-F, contains the same genetic material as PROSTAC-V, but will be given more frequently to boost the body’s immune system. Previous studies led by CINJ Director Robert S. DiPaola, MD, have shown that giving PROSTVAC-V followed a short time later by PROSTVAC-F is more effective in increasing immune response than receiving one vaccine alone.

Adults with metastatic prostate cancer resulting in bone lesions that are not responding to standard treatment are eligible to take part in the trial, although other criteria must be met.

Translating Cancer Cell Starvation into Patient Therapy

Building off recent laboratory discoveries relating to how cancer cells become resistant to therapies that attempt to starve cancer, scientists at The Cancer Institute of New Jersey are now applying that knowledge to a process in which cancer cells eat themselves to downsize and resist therapy, a process known as autophagy. Investigators are exploring a new combination therapy for advanced solid tumors that do not respond to traditional therapy or for whom no standard therapy exists.

At focus are the drugs hydroxychloroquine and sunitinib. Hydroxychloroquine, commonly used to treat malaria and certain types of arthritis, has been shown to block autophagy. Previous CINJ research indicates that drugs such as hydroxychloroquine may prevent cancer cells from becoming resistant to anticancer treatments (see more on page 3). Sunitinib can starve tumor cells by blocking the growth of new blood vessels.

Adults with advanced cancer in a solid tumor that is not responding to standard treatment are eligible to take part in the trial, although other criteria must be met.
Drug for Lou Gehrig’s Disease Further Validated for Melanoma Treatment Benefit

Research by investigators at The Cancer Institute of New Jersey is showing new promise in the treatment of melanoma, the most serious of skin cancers. The findings, published in the May 27th online edition of the Journal of Investigative Dermatology further validate the team’s previous findings that blocking the signaling normally activated by a receptor called Grm1 results in decreased cell growth and decreased migration of melanoma cells, confirming that Grm1 is a potential target for the treatment of melanoma. The new studies continue to focus on a drug called riluzole, which is commonly used to treat Lou Gehrig’s disease, which affects nerve cells in the brain and spinal cord.

Melanoma cells often produce the protein Grm1, which when activated on the surface of melanoma cells increases growth and spread of disease. Riluzole has been shown to block Grm1’s action. This study looks at key pathways which are critical for Grm1 to send messages that initiate melanoma growth and spread and examines the role riluzole and a similar drug (BAY 36-7620) play in blocking those messages. The work is based on that of the laboratory of Suzie Chen, PhD, CINJ member and professor of chemical biology at the Ernest Mario School of Pharmacy at Rutgers University.

Previous studies by this team have shown that by blocking Grm1’s signaling action, the activation of two different pathways important for melanoma cell development, growth, and spread, becomes suppressed. In this study, investigators were able to show that by treating Grm1-producing melanoma cells with this riluzole combination, there is decreased signaling along these pathways, which also results in a decrease in melanoma growth and spread.

Senior author, James S. Goydos, MD, director of the Melanoma and Soft Tissue Oncology Program at CINJ and associate professor of surgery at UMDNJ-Robert Wood Johnson Medical School, notes because it is present in more than 60 percent of human melanomas “Grm1 makes for an appropriate ‘bull’s eye,’ and riluzole is proving to be an effective arrow.”

Most Low-Risk Prostate Cancer Patients Receive Aggressive Treatment

Controversy has long existed over the benefit of the prostate specific antigen (PSA) test used to screen for the presence of prostate cancer, and there has been little study to document the risk profile of men who have a PSA level at or below what is considered ‘normal.’ Research published in the July 26th print edition of Archives of Internal Medicine by investigators at The Cancer Institute of New Jersey further explores this population and finds that most men with prostate cancer who tested below the normal PSA level and had low-risk disease underwent aggressive treatment.

Using the population-based Surveillance, Epidemiology, and End Results (SEER) database, researchers reviewed information on various patient demographics, disease classification and treatment patterns from 123,934 men aged 25 and older with newly diagnosed prostate cancer from 2004 to 2006.

Investigators found that 14 percent of these men had PSA values lower than 4.0, and that these men were generally younger in age and had lower Gleason scores (a grading system to help determine prognosis in patients with prostate cancer). Of that number, 54 percent harbored low-risk disease. Radical prostatectomy or radiation therapy was the treatment of choice for 75 percent of that group. The study also found that 66 percent of men between 65 and 74 years old with low-risk disease and a PSA value of 4.0 or lower also opted for radiation therapy or radical prostatectomy.

Senior author Grace Lu-Yao, PhD, MPH, cancer epidemiologist at CINJ and professor of medicine at UMDNJ-Robert Wood Johnson Medical School and associate professor of epidemiology at UMDNJ-School of Public Health, anticipates the results will help both physicians and patients more closely examine a man’s treatment needs.

The study was supported by grants from the National Cancer Institute, The Cancer Institute of New Jersey Core Grant, and the Robert Wood Johnson Foundation.
It is estimated that there will be nearly one-and-a-half million new cases of cancer in the United States in 2010, and approximately 560,000 people will die of cancer this year. The most important things you can do to protect yourself from cancer include staying away from tobacco; maintaining a healthy weight and eating plenty of fruits and vegetables; engaging in regular physical activity; limiting alcohol intake; and knowing yourself, your family history and health risks.

However, even if you adopt all of these healthy habits, or if you have not always been able to follow these guidelines, there still remains a significant risk for development of cancer. Should cancer develop, early detection is a key to minimizing its impact on your overall health, and it is the best way to maximize your chances of being cured of the cancer. When cancer is found early, it is much less likely to spread beyond where it is curable. Therefore, regular check-ups and cancer screening tests are a key to maintaining your health and assuring a long and healthy life.

**Skin:**
Starting at age 20, men and women should begin self examinations of their skin using a full length mirror to examine changes in moles and freckles.

**Cervical Cancer:**
Experts recommend that on average, women should have cervical cancer screenings every one to two years between the ages of 21 and 30, and at least once every three years after age 30.

**Colon and Rectal Cancer:**
The American Cancer Society recommends that starting at age 50, both men and women should follow a testing schedule of:

- Colonoscopy every 10 years.
- Double-contrast barium enema every 5 years.
- Or other test routine as discussed with a healthcare professional.
Breast Cancer:
- The American Cancer Society recommends breast self-exams starting in the early 20s.
- The U.S. Preventive Services Task Force recommends women have mammograms every other year beginning at age 50 (noting family or genetic history may prompt an earlier start and/or more frequent check-ups); however, a number of cancer and breast health entities including the American Cancer Society continue to recommend the guideline of annual mammograms beginning at age 40.
- All women should consult with their physician to assess their level of risk and develop an appropriate screening regimen.

Cancer screening involves the use of a periodic history and physical exam by a health care provider to look for signs of cancer and to identify any personal risk factors (tobacco use, obesity, family history, etc.). It also involves the use of periodic tests to look for evidence of early cancers (or even pre-cancerous lesions such as colon polyps that may be removed before they actually turn into cancer). It is important to keep in mind that cancer screening is designed to find early cancers in asymptomatic patients who do not have any strong risk factors. People with strong risk factors or symptoms should promptly meet with their health care provider to determine what immediate steps should be taken to diagnose a possible cancer.

These guidelines are designed to help keep you healthy without being onerous. Adherence to these recommendations should help you lead a longer and happier life. It is important that you speak regularly with your health care provider about cancer risk and cancer screening, so that an optimal prevention and screening regimen can be designed to meet your needs and circumstances. Don’t forget, you can help take control of your own cancer health!

— David A. August, MD, is the chief of the Division of Surgical Oncology at The Cancer Institute of New Jersey and a professor of surgery at UMDNJ-Robert Wood Johnson Medical School. Dr. August is also the director of CINJ’s Gastrointestinal/Hepatobiliary Oncology Program.

Prostate Cancer:
- The American Urological Association recommends that men should have a baseline prostate-specific antigen (PSA) blood test and a digital rectal examination at age 40. Men should have individual conversations with their doctors about whether proceeding with these tests on an annual basis is right for them.
- Men who are at higher risk, i.e.: African American men and men with a family history of prostate cancer, may be encouraged to begin testing annually earlier than 40 depending on risk factors discussed with a medical professional.

Study Finds Few Men and Women Over 50 Receive Skin Cancer Screenings

Among people over 50, those who did not finish high school or have not recently had common cancer screenings are also less likely to be checked for skin cancer. The findings by an investigator at The Cancer Institute of New Jersey and colleagues from Harvard School of Public Health; Veterans Affairs Medical Center, Providence; and Fox Chase Cancer Center, shows screening rates for skin cancer are low among middle-aged and older Caucasian adults and that physicians may want to further emphasize skin examinations for this population.

The study published in the April 16th online edition of the American Journal of Medicine examined 10,486 Caucasian men and women aged 50 and older drawn from a random sample of 31,428 adults aged 18 and older who took part in the 2005 National Health Interview Survey. Participants indicated whether they had undergone a skin examination by a doctor in the past year, and completed questions about their demographic characteristics, health, history of skin cancer, and other cancer screenings received.

Investigators found that 16 percent of men and 13 percent of women reported having a skin examination in the past year. Factors associated with the lowest rates of being checked included being aged 50 to 64 years; having some high school education or less; lacking screening for breast, prostate, and colorectal cancers; and not having a personal history of skin cancer.

The study’s lead author Elliot J. Coups, PhD, behavioral scientist at CINJ and associate professor of medicine at UMDNJ-Robert Wood Johnson Medical School, is hopeful these findings lead to further discussion among healthcare professionals about what steps can be taken to ensure their patients are receiving information on skin cancer screening and are being presented with opportunities to receive that examination.

The research was supported by funding from National Cancer Institute grants and a Fox Chase Cancer Center Core Grant.
Resetting Biological Clock with Selenium May Help Prevent Breast Cancer

Usually when all else fails with a technical device, a “reset” button can be pressed, preventing a glitch from going any further. What if that could be done with threats to a person’s health? Investigators from The Cancer Institute of New Jersey and the Environmental & Occupational Health Sciences Institute (EOHSI) which is jointly administered by UMDNJ-Robert Wood Johnson Medical School and Rutgers University, have discovered that a form of a dietary trace element known as selenium can help reset a cell’s “biological clock,” or circadian rhythm, when it is disrupted by a chemical cancer-causing agent (carcinogen). The findings ultimately may help prevent the development of breast cancer.

Studies have shown that one’s “biological clock” – which regulates such functions as blood pressure and appetite – plays a critical role in the growth of cells and how those cells react to environmental and internal stressors. A person’s normal circadian rhythm can be interrupted by genetic manipulation, exposure to chemical carcinogens, and exposure to light at night for people who do shift work. Such interruption, the researchers say, could negatively impact how cells respond to and repair DNA damage.

Separate studies have shown that an organic form of selenium known as MSC slows tumor growth in early stages when exposed to a chemical carcinogen. Previous studies by CINJ’s Associate Director for Public Health Science, Helmut Zarbl, PhD, ATS, and colleagues, were the first to suggest an association between circadian rhythm and cancer prevention.

The team’s current research, published in the April 27th online edition of Cancer Prevention Research extends those findings with a focus on a chemical carcinogen known as NMU. Investigators demonstrated on experimental models that a single dose of NMU significantly disrupted circadian rhythm in mammary cells, indicating that loss of circadian rhythm from something other than shift work may also contribute to cancer. They also discovered that the biological clock was reset and restored when dietary MSC was given following exposure.

“These findings are significant because they show how disruption of circadian rhythm can increase the risk of mammary cancer risk, and how a simple dietary supplement can reverse this effect, restore rhythm, and reduce cancer incidence, at least in experimental models. If MSC has the same effect in people, our results could have significant implications for alleviating the increased risk of breast and prostate cancers associated with shift work,” noted Zarbl, who is a professor of toxicology at UMDNJ-Robert Wood Johnson Medical School.

The research was supported by National Institutes of Health grants and funds from EOHSI.

Survivor’s Corner:

If one walks into the CINJ Treatment area on any given Wednesday, they are likely to run into Paul Sachkowsky, who — with his beaming personality and firm handshake — makes his “rounds” with those who are there that day, much like if he were a doctor or local mayor. From “how is your father” to “give me your number, I’ll call you,” Paul’s compassionate way touches those who may need another ear to listen just at that moment. He always knows when to approach...but many times, it is Paul who is sought out. An eight-year survivor of multiple myeloma, Paul considers himself an “elite frequent flyer” of cancer therapy, having undergone stem cell treatment and various forms of chemotherapy. We are pleased to share Paul’s story.

Q: You often sit and talk with patients and their families about their illness and what they’re going through. Many of them seem comforted by the simple fact that someone outside of their immediate family and treatment team actually cares about their journey with cancer – someone who knows first hand how it feels. How did this start and how do you feel about making an impact in this way?

A: It began in the earlier days of my illness. Guys like Frank and Tom, who were undergoing...
their own battles, would always be there with an inspiring word when I was at my worst, and I remember the impact of such a simple gesture. It’s a gift that I want to pay forward. If I can help someone get rid of their fear (of cancer), they could have a better acceptance of it. I like to think that hope eventually crushes fear. And I like to think that I can help give that person some hope.

Q: You seem to comfort so many. Do you find comfort for yourself in talking to patients in this way?

A: Sharing is healing for cancer. By helping others, I am definitely helping myself.

H:aving not received any chemotherapy in the last four and a half years, Paul credits his better quality of life to the EPOCH treatment he received and to the dedication of CINJ’s Hematologic Malignancies Team and treatment nurses. He notes he continues to defy the odds. Paul’s greatest inspiration in his life is his wife Nancy, two children and two grandchildren. This motorcycle enthusiast says while he doesn’t do cross-country trips on his bike like he used to, he thoroughly enjoys the occasional ride when he is able and is looking forward to vacationing with friends across the country this fall.

The Art of Survivorship

In recognition of National Cancer Survivors Day, The Cancer Institute of New Jersey hosted a special event focused on the power of art and cancer survivorship. A light reception and artwork of varied mediums by cancer survivors and their caregivers was featured as part of the Lilly Oncology on Canvas Art Exhibit. The event concluded following a lecture on “Still Life: The Power of Art” by Robin Glazer, cancer survivor and director of The Creative Center: Arts in Healthcare, who shared with attendees how she documented her journey with cancer in artistic form.
The Path to a ‘CURE’

Some of us find our path in life through the guidance of a teacher, friend or family member and some find it after having a life-changing experience. For Alister Martin, it took a little of both for him to realize his future path. A caring sixth-grade teacher first sparked his interest in science, but it was his mother’s breast cancer diagnosis that cemented his future in healthcare.

As a young boy, Alister had to watch his mother endure chemotherapy in constant fear that she would not survive. When she did recover, he saw his mother’s life as a gift given to him by her doctors. That experience inspired him to pursue a career in which he could give that kind of gift to others.

Alister was an undergraduate at Rutgers University when he learned about The Cancer Institute of New Jersey’s CURE (Continuing Umbrella for Research Experience) Program through the university’s Office for Diversity and Academic Success In the Sciences.

Funded by a grant from the National Cancer Institute (NCI) and Johnson & Johnson, the CURE Program was started in 2003 with the goal of encouraging underrepresented minorities to pursue careers in healthcare. Twelve high school and undergraduate students are accepted into the program every year. The students commit to four hours a week during the school year and 40 hours a week during the summer for two years.

Under the supervision and mentorship of clinical and basic science investigators from CINJ, students attend course lectures on cancer biology, and conduct hands-on work in CINJ laboratories.

The CURE Program was expanded recently thanks to an NCI grant, which will allow for four high school teachers or community college faculty engaged in science curriculum to also train in cancer research in CINJ labs.

"I learned so much more about myself than I would have had I not been made responsible for myself and my work. I now know that I am capable of taking on any task or challenge that is presented to me," he said.

Sunita Chaudhary, PhD, director of research education at CINJ, echoes that sentiment when noting the change she sees in students throughout the course. “Most of the students come in very nervous and intimidated, but after a few months you can start to see them blossoming and becoming more confident. It’s very fulfilling to know that we are helping students learn not only about cancer research, but also about themselves,” she said.

According to Chaudhary, approximately 20 students have completed the program as undergrads and almost all went on to attend medical school. Alister is no exception. Having graduated from Rutgers in May with a Bachelor of Science in Biology, he was accepted at a number of prestigious medical schools including those at Stanford, Penn, and NYU, and is currently attending Harvard with aspirations for a career in oncology.

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LPGA veteran Val Skinner and some of the most elite women golfers in the world, including World Golf Hall of Fame members Beth Daniel and Karrie Webb, and top ranked LPGA players Angela Stanford, Morgan Pressel, Brittany Lincicome, Helen Alfredsson, Christina Kim and Laura Diaz, recently took part in the 11th Annual LIFE (LPGA pros In the Fight to Eradicate breast cancer) Event to raise funds for the LIFE Center at The Cancer Institute of New Jersey.

The LIFE Event, which was founded by Skinner following the loss of a dear friend and fellow LPGA member to breast cancer at age 28, has raised more than $6.3 million for the breast cancer fight since its inception in 2000. Skinner also was the driving force behind the creation of CINJ’s LIFE Center, which offers numerous education components related to breast cancer.

"Whether providing genetic counseling focusing on cancer risk assessment or education about breast cancer prevention, the services offered through the LIFE Center have wide-ranging impact on the families that come here,” said Deborah...
Val Skinner (center, bottom row) and this year’s LIFE Event participants.

awareness in young women that we are able to reach so many individuals, and we are grateful for her dedication to this cause.”

“The LIFE Event has been very meaningful and I am proud of what we have accomplished,” said Skinner. “However, until we erase breast cancer from the vocabulary our work is not done, and we must stay the course with total dedication and commitment. This is one of the premier events in the country, gathering the finest of athletes. We are fortunate to have so many returning supporters who are responsible for our success. Their friendship has created important programs that can alter the breast cancer front.”

2010 supporters include LIFE Partners: The Joe Plumeri Family; Emblem Health; QualCare, Inc; Guy Carpenter and Company, LLC; MMC; and Genentech; and Gold Partners: Assured Guaranty; C.R. Bard; ACE Group; Gund; Lincoln Mercury; Cox Classic/The Steven A. Cox Foundation; Amy Perella; and The Schonbraun Family Foundation.

Kevin A. Henry, PhD, is an assistant professor of radiation oncology, Division of Cancer Bioinformatics and Surveillance, UMDNJ-RWIMS, and a member of CINJ’s Quality and Outcomes in Cancer Care Research Program. He formerly served as the program manager for Cancer Epidemiology Services at the New Jersey Department of Health and Senior Services (DHSS), and has been recently appointed associate director for cancer surveillance research. Dr. Henry’s expertise is in the area of medical geography, and he plays a key role in the analysis of data housed in the New Jersey State Cancer Registry, which is now under the management of a new collaboration between DHSS and CINJ. He completed a postdoctoral fellowship in epidemiology at McGill University Health Centre and his graduate training in medical geography at McGill University in Montreal.

Sharon R. Pine, PhD, is an assistant professor of medicine, UMDNJ-RWIMS and a member of the Division of Medical Oncology at CINJ. She joined CINJ from the National Cancer Institute where she completed a postdoctoral fellowship focusing on molecular epidemiology and lung cancer stem cells. She previously was an assistant professor in the Department of Pediatric Hematology-Oncology at New York Medical College, where she also completed her graduate training. Dr. Pine has research interests in racial health disparities in cancer as well as the role of inflammation in cancer development.
Inside CINJ

Carol G. Simon Cancer Centers at Morristown Memorial Hospital and Overlook Hospital offer unique programs in the early detection of breast cancer.

Under the direction of Paul Friedman, DO, medical director of The Carol W. and Julius A. Rippel Breast Center at Morristown Memorial Hospital, women with first-time screening mammography will have the option to obtain immediate results. During the months of September and October, first-time mammography patients can enroll in a pilot program, MAMMOGRAPHY WITH IMMEDIATE COMMUNICATION AND RESULTS OF EXAM, or MI-CARE. The Rippel Breast Center provides all digital screening and diagnostic mammography; CAD; breast MRI; vacuum-assisted core breast biopsy with stereotactic or ultrasound guidance; cyst and fine needle aspirations; mammographic, ultrasonic and MRI needle localizations; galactograms; and bone density exams.

To schedule an appointment, call 973-071-5321, x 3 and mention the MI-CARE program.

Kudos!
Antoinette R. Tan, MD, MHSc

Antoinette R. Tan, MD, MHSc, a medical oncologist at The Cancer Institute of New Jersey and associate professor of medicine at UMDNJ-Robert Wood Johnson Medical School, was recently appointed as Director of Phase I/Developmental Therapeutics at The Cancer Institute of New Jersey. Phase I clinical trials test metabolic and pharmacologic reaction of drugs in small groups of humans and help scientists measure safe dosing levels for treatments.

Dr. Tan joined CINJ in 2003 following completion of a medical oncology and clinical research fellowship at the National Cancer Institute (NCI). She is the principal investigator of several NCI Cancer Therapy and Evaluation Program-sponsored clinical trials as well as many industry-sponsored clinical trials.

In her new role, Tan will be responsible for identifying and developing new clinical trial opportunities and bringing those ideas to the clinic in a rapid fashion.

Tan, who also has a clinical research focus in breast cancer, recently had the privilege of providing the foreword to a book written by one of her patients. A Bend in the Road: A Year’s Journey Through Breast Cancer chronicles author Karen Kelly Boyce’s experience with the disease.

A portion of the proceeds from the book will be evenly donated to Tan’s research efforts as well as toward the fellowship cost of those who study surgery under Thomas Kearney, MD, FACS, director of Breast Care Services at CINJ and associate professor of surgery at UMDNJ-Robert Wood Johnson Medical School.

For more information about the support groups at the Medical Pavilion at Woodbridge call 732-362-3860 or visit http://www.rbmc.org

Raritan Bay Medical Center: Focus on Follow-Up Care to Breast Cancer Treatment

Once breast cancer treatment has ended, follow-up care is very important. Maintaining ongoing communication with your oncologist and surgeon and scheduling regular appointments is vital. That is why Raritan Bay Medical Center recently launched free weekly and monthly breast cancer support programs at the medical center’s Medical Pavilion at Woodbridge.

“It is important to continue to perform self breast exams on the unaffected side, and even if you have had a mastectomy and reconstruction, perform self checks of the skin and surrounding area. Your physician will determine how you should be monitoring the unaffected breast in addition to the self exams. Between medical visits, watch for any changes in your body,” says Raritan Bay Medical Center’s Beth Rothman, MSPT, M.Ed., CLT, who leads the support programs.

Rothman suggests coordinating any additional visits to gynecologists and primary care physicians for routine physicals with your oncologist, noting this can reduce duplication of blood tests. Also, she says, women taking adjuvant hormonal therapy should discuss the side effects with their oncologist and alert their physicians should any adverse reactions develop.

To schedule an appointment, call 973-071-5321, x 3 and mention the MI-CARE program.

Raritan Bay Medical Center: Early Detection and Robotic Advances

Spotlight:

Antoinette R. Tan, MD, MHSc

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Oncology Nurses Celebrated at CINJ

Applauding the expertise and caring nature of its dedicated nursing team, The Cancer Institute of New Jersey recently celebrated these professionals during Oncology Nursing Month. As part of the annual Elizabeth Gibby Osborne Lecture event, Oncology Nursing Excellence Awards were bestowed upon outstanding nurses at CINJ.

Beth Knox, MSN, RN, APRN, BC, and Mary Surman, BSN, RN, OCN, captured this year’s honors for being leaders in patient care and education in the respective categories of Advance Practice Nursing and Research Nurse Clinician. Cho Chan, BSN, RN, OCN, was recognized under a new award category for Primary Care Treatment Nursing, while Kathy Morris, BSN, RN, OCN, was recognized in her role as Nurse Clinician. All four women were regarded for their collaborative efforts with fellow nurses, doctors and other team members, and were heralded as champions for promoting oncology nursing as a profession.

The lectureship and scholarship awards are underwritten in part by the Elizabeth Gibby Osborne Lecture and Scholarship Fund. CINJ commends its entire nursing staff for the great strides it continues to make in caring for, communicating with and educating patients and their families.

A Far Cry from Atari!

Bonni Guerin, MD, oncologist and chair of the breast panel at Overlook’s Carol G. Simon Cancer Center, offers women a unique approach to breast cancer prevention.

The Breast Cancer Prevention Program utilizes the latest tools and models to determine a woman’s risk of breast cancer. Each woman undergoes a full genetic testing for cancer genes, an evaluation with a nutritionist to analyze lifestyle risks, and an in-depth meeting with Dr. Guerin to discuss any imaging studies and medical and hormonal histories. She will leave the appointment with a written analysis that outlines her risks and what steps she should take to reduce her likelihood of developing the disease.

To schedule an appointment, call 908-608-0078.

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To schedule an appointment, call 908-608-0078.
“One Force” Dedicated to Making a Difference

The Cancer Institute of New Jersey Foundation was proud to be a sponsor for the first-ever One Force to Make a Difference Ovarian Cancer Symposium. The all-day conference gathered many New Jersey philanthropic, advocacy and educational organizations along with members of the cancer community to discuss recent medical advances and explore ideas and opportunities to raise awareness and promote fundraising for ovarian cancer.

A distinguished panel of medical experts discussed research and treatment advances. CINJ’s Chief of Gynecologic Oncology and Professor of Obstetrics, Gynecology and Reproductive Sciences at UMDNJ-Robert Wood Johnson Medical School, Lorna Rodriguez, MD, PhD, addressed “Cutting Edge Research,” describing ways in which her laboratory is focused on new work that shows that the mineral selenium may help to kill ovarian cancer cells by limiting the cells’ ability to become drug resistant. A major problem in treating ovarian cancer is that the tumor cells become “smart” over time, becoming resistant to chemotherapy drugs. Dr. Rodriguez explained that selenium interferes with, or at least delays, the cells’ development of resistance, and discussed how clinical trials have shown that selenium can be given safely with standard drugs. Future trials will test whether women with ovarian cancer fare better when selenium is added to their treatment schedule.

Award of Hope Gala Celebrates Honorees

Every year at the Award of Hope Gala, the Cancer Institute of New Jersey Foundation celebrates the enormous contributions of distinguished corporations, foundations and private citizens whose generosity and thoughtful leadership have helped to advance the mission of CINJ. We are pleased to introduce this year’s deserving honorees.

Award of Hope for Corporate Leadership

A shared commitment to innovative methods that will better meet the needs of healthcare professionals and patients brought CINJ and C. R. Bard, Inc. together. Through Bard’s generosity, a partnership has been forged that has also markedly advanced CINJ’s educational programs. Indeed, this philanthropic leadership has provided research training and career development opportunities that are fundamental to advancing the fight against cancer.

Since 2005, Bard has partnered with CINJ to establish the C. R. Bard Scholars Program to attract first- and second-year medical students to the field of urologic oncology. A paid internship supports urologic oncology training in basic, clinical and translational research and direct experience in moving basic research from the laboratory to the clinic. Each participant is mentored by a multi-disciplinary
team of physicians and scientists. This popular summer learning experience has proven quite successful, and the majority of participants have chosen to specialize in either urology or oncology.

Oncology nursing education also has been funded by C. R. Bard, filling a critical need at CINJ’s Network hospitals. As cancer treatments and research findings rapidly evolve, continuing education for nurses is imperative. Through funding of educational programming for those on the front-lines of oncology care, patients become the ultimate beneficiaries.

**Award of Hope for Leadership in Research and Patient Care**

When viewed through the lens of Dr. Isaac Kim’s extraordinary work ethic, hope…and its promise for a brighter future…come into very sharp focus. Tireless dedication to patients, a full surgical schedule and ground-breaking laboratory research combine in the work of this MD/PhD, who also serves as chief of the Section of Urologic Oncology and the executive director of the Dean and Betty Gallo Prostate Cancer Center at CINJ. On any given day, Kim may move from the operating room to his laboratory and then on to clinic, embodying the ideal of the physician-scientist and capturing the essence of the Foundation’s Award of Hope for Leadership in Research and Patient Care.

Patient Steve Millis, echoing the sentiments of so many of Kim’s patients, understands this very well. “I credit my health and wonderful quality of life to the skillful and compassionate care I received at The Cancer Institute of New Jersey and to an extraordinary physician-scientist, Dr. Isaac Kim.” To learn more about Kim’s work and the hope he brings to his many patients, see page 5.

**Award of Hope for Philanthropic Leadership**

Since 1995, the philanthropic leadership of The J. Seward Johnson, Sr. 1963 Charitable Trust has been a catalyst for the growth and success of CINJ. The Trust has generously invested more than $1 million in the construction of CINJ’s original facility and its initial expansion, establishment of a program in the study of diet and nutrition in cancer prevention, recruitment of new faculty, and procurement of the most sophisticated laboratory technology.

Most recently, the Trust has been instrumental in developing CINJ’s Pre-Clinical Molecular Imaging Core Facility. Funding over the past few years positioned CINJ to apply for a research grant from the New Jersey Commission on Cancer Research (NJCCR). CINJ was awarded a $1 million NJCCR grant with a stipulation that it would provide a “matching commitment.” Once again, The J. Seward Johnson, Sr. 1963 Charitable Trust made critical funds available for CINJ to fulfill its match. Enhancements to the Pre-Clinical Molecular Imaging Core Facility provide CINJ researchers the ability to conduct both anatomic and molecular imaging of tumor growth and spreading (metastasis), a necessary first step to facilitate pre-clinical trials of a variety of novel treatments for cancer. This advanced imaging system will also provide the tools and information needed to develop sophisticated, imageable models of human cancers.

The extraordinary commitment of The J. Seward Johnson, Sr. 1963 Charitable Trust has helped to transform the landscape of cancer research and patient care at CINJ…the impact of which has benefited thousands of patients.

**Young Philanthropist Honorees**

The Foundation will honor Harry and Sandy August as the first Young Philanthropist Honorees. The brothers, age 16 and 17, are being recognized for their efforts in raising thousands of dollars over the past several years through the annual Century for the Cure bike ride. Read more about the August brothers in the next edition of Oncolyte.

**The 15th Annual Award of Hope Gala**

The 15th Annual Award of Hope Gala is celebrated this year on Saturday, October 2nd. For more information, visit www.cinjfoundation.org or call 732-235-8614.
Students and Communities for a Cause

A great many of the programs and research projects at The Cancer Institute of New Jersey are supported by our local schools… Crossroads North Middle School of South Brunswick, for example has found creative ways in which to show their commitment to fighting cancer at CINJ. This year students held the 9th Annual Volley for Life volleyball marathon, a popular success with students and teachers alike. A Hat Day was added, and Crossroads faculty member Craig Botnick organized a monthly Denim Day for faculty and staff throughout the district. Participants made a donation to CINJ for the privilege of wearing hats and denim to school. Altogether, the events garnered over $10,000 in support for CINJ this year!.....This year also marked the 5th Annual Wave of Hope event to support pediatric cancer research. Long Branch Public Schools raised funds in many creative ways including basketball tournaments, selling 50/50 tickets, babysitting and bake sales. In early June the schools culminated their efforts with a Friday night carnival. Since 2006, the Wave of Hope Foundation and Long Branch Public Schools have raised over $119,000 for pediatric cancer research for CINJ…..While only in its second year, the Edison High School A.T.A.C. (Assertive Teens Against Cancer) Club has grown to over 100 members and raised nearly $13,000 for cancer research, working all the while to promote cancer awareness. Students bagged groceries, washed cars, held tricky tray auctions, sold concessions at school events, and hosted a spaghetti dinner and movie night. In addition, students joined A.T.A.C. Club founder Tracey (Patton) Lithgow, an alumna and English teacher at the school, in the annual Take a Breath for Kenny Walkathon that has raised over $15,000 for lung cancer research. Community groups from many New Jersey towns and clubs also go to great lengths to raise funds for CINJ. A group from Warren got out their racquets to play in the 4th Annual Tino Carbone Racquetball Tournament that raised $7,500 to fund brain cancer research. Named in memory of Modestino Carbone, the Foundation is dedicated to the eradication of brain cancer through research and education…..The 2nd Annual “ARM's Away” Golf Outing took place at Rancocas Golf Club in Willingboro. Jason Eckhardt, event organizer, created this event in loving memory of his mother-in-law Arlene Ruccio Meyer, who lost her battle to breast cancer in 1983. The outing raised over $11,000 for research, while also raising awareness among its many participants… …And over 50 women spent a rainy Saturday morning at Princeton University Football Stadium to help raise money for breast cancer research. Undaunted by the weather, and hosted by new head football coach Bob Surace and his staff, the 2010 Princeton Football Women’s Clinic was a fun day of learning what the game of football is all about. The women participated in position meetings, on-field drills, and a scrimmage game, all to support innovative research at CINJ.
October is Breast Cancer Awareness Month, and several national retailers and businesses are teaming up with the CINJ Foundation to benefit research and outreach efforts. Supporting our partners is a great way to bring breast cancer discoveries to life! Panera Bread will once again make its tasty signature “Pink Ribbon Bagel” available at all 37 bakery-cafés in central and northern New Jersey. Each bagel sold will earn a 25 cent contribution to support research. And in addition, Panera will host “give back” nights at six of their cafés in which 20 percent of everything sold between 4pm and 8pm on a specific date will be donated to the CINJ Foundation. The “give back” nights will take place on Wednesday, October 6th at the North Brunswick (North Village Shopping Center, Routes 1 and 130), Raritan (Somerville Shopping Center, 300 Route 202/206) and Florham Park (Florham Village Towne Center, 187 Columbia Turnpike) cafés and on Wednesday, October 13th at the West Windsor (Nassau Park Pavilion, 510 Nassau Park Blvd), Woodbridge (21 Woodbridge Center Drive) and Paramus (Paramus Place, 165 Route 4 westbound) cafés. Visit www.cinj.org/panera for more details and to RSVP for a “give back” night. RSVPs will be entered in a drawing to win a Panera cookbook.

BJ’s Wholesale Club is a new partner, raising funds for breast cancer research and treatment centers. During October, BJ’s and its vendor partners support national Breast Cancer Awareness Month through the sale of specially marked merchandise. This valuable fundraising program will support a CINJ Foundation research grant from BJ’s Charitable Foundation. In addition, BJ’s will host a “pink picnic” event Wednesday, October 6th to celebrate survivors and educate attendees on trends in research and treatment. Visit www.bjsforpink.com for additional information.

Brighton Collectibles of Woodbridge Center Mall, is once again turning on the “Power of Pink” for CINJ. Throughout October, $10 from each $50 limited-edition bracelet sold will advance breast cancer research at CINJ. For more information visit www.brighton.com.

Val Skinner Foundation Helps to Fund ‘Seahorse’

The Val Skinner Foundation, for many years a funder of the LIFE Center at The Cancer Institute of New Jersey and the BioCONECT Curriculum has this year extended its support further, providing important funding to the laboratory of CINJ Associate Director for Basic Science, Eileen White, PhD, for a critical piece of equipment. A grant of $50,000 will assist in the purchase of a Seahorse, a technologic marvel that measures the energy pathways of a cell. This provides researchers with a comprehensive picture of the processes by which cancer cells produce and consume energy necessary to keep them alive. Insights gained from this information is critical to Dr. White's studies of altered metabolism in cancer cells and the way in which the cells are able to self-cannibalize in order to support metabolism and survive stress. The ability of cancer cells to “hunker-down” until stress, such as chemotherapy, is removed, enables them to survive and then grow back. White is working to find ways to interrupt this cellular process and develop new ways to kill cancer cells without killing normal cells.

Before the advent of the Seahorse, scientists relied on a 50 year-old technique that provided nominal information about cell metabolism, according to White. “Now, in minutes,” she says, “with just a small number of cells, investigators can get a vast array of measurements that are all-important when developing new drugs.”

“We are thrilled to assist Dr. White and CINJ in such significant research,” says Val Skinner. “This is an opportunity for The Val Skinner Foundation to help impact all cancers, and we are pleased that our gift will make such a difference.”
Thanks - ‘giving’

The CINJ Foundation will again give thanks in October and part of November for contributions from the Allstate New Jersey Insurance Company Quote Donation Program. Allstate New Jersey will donate $10 to cancer research for every life insurance and auto quote that is requested through an Allstate New Jersey Agent.

To learn more about the program, contact a local Allstate agent starting in October. To find an Allstate agent near you, go to www.allstateagencies.com.

Generous Words of Gratitude

Each year patients of CINJ send us dozens of letters describing their feelings about the care they have received. So often these letters offer thanks and support, and many express a strong sense of gratitude to our nurses, physicians and staff. One very special letter arrived this summer.....