Efforts Boosted to Address Tobacco Cessation in South Asian Community

In keeping with a core mission of providing prevention education and programs to the state, The Cancer Institute of New Jersey (CINJ) and the UMDNJ-School of Public Health are developing educational efforts to combat the negative effects of tobacco on the state’s South Asian population. A $200,000 community grant from the National Cancer Institute will help create a research-based, service-oriented set of instructional tools that health educators will be able to utilize both in New Jersey and nationwide. The goal is to address the unmet needs of this population. “Since cigarette smoking is the main form of tobacco use in the west, most cessation programs are not tailored to South Asian populations which tend to use tobacco chew products along with cigarettes,” she noted.

Basic scientists at CINJ already have been exploring the toxicology of traditional South Asian tobacco products, and its population science members who are affiliated with tobacco-specific programs at the UMDNJ-School of Public Health, have been looking at surveillance and intervention strategies to overcome the disparities of tobacco approaches. Those programs include the Tobacco Dependence Program, the Center for Tobacco Surveillance and Evaluation Research Program, and the Department of Health Education and Behavioral Science. These experts will work closely with a CINJ-based community health educator, who will conduct grass-roots level research on the South Asian population. The goal is to develop culturally-appropriate tobacco cessation curriculum which will be used to train health and community leaders who are on the front lines of interacting with the South Asian population. The anticipated ‘toolkit’ will contain web, print, video and other presentation implements, which will be available in various languages relevant to the community. The research will focus on the use of smokeless products known as paan masala and zarda, types of tobacco that are associated with oral cancer in the South Asian population.

“Unfortunately, due to limited data, research and surveillance strategies have not been adapted to allow for adequate health planning for South Asians in New Jersey and elsewhere. By having a community health educator devoted solely to finding out the specific needs of this population and by spending time with its members, we will be able to tailor effective education methods for them,” said CINJ Member Cristine Delnevo, PhD, MPH, director of the Center for Tobacco Surveillance and Evaluation Research Program and chair, Department of Health Education and Behavioral Science at UMDNJ-School of Public Health.
The 'war on cancer' has come a long way since first declared in the early '70s, and while today's cancer research is quite advanced, we still need to dedicate our energies to the science of tomorrow to help us achieve our mission.

Like other National Cancer Institute-designated Comprehensive Cancer Centers, CINJ houses vast amounts of clinical, translational and basic science data. The integration of this data is critical, as it serves as a foundation for future research. By building on our Bioinformatics Program — which brings together math, science and computer technology — we will further foster collaboration across multiple disciplines. For instance, under CINJ’s Cancer Informatics Core, state-of-the-art cyber-infrastructure is being developed and deployed in order to link basic, clinical, and population science research at CINJ. And by leveraging its relationship with the Simons Center for Systems Biology at the Institute for Advanced Study in Princeton (see page 3), CINJ is poised to take this initiative to new heights.

Scientific concepts evolving at CINJ are clearly applicable to a broad range of cancers; therefore, we recently centralized our Clinical Investigations Program to allow all basic science to drive translational research efforts based on the strongest outcomes. An example of this is the work emanating from CINJ laboratories on autophagy, the self-digestion of cancer cells. This science serves as the basis for a number of new clinical trials at CINJ testing the effects of the anti-malaria drug hydroxychloroquine on various cancers. This science is being applied to a new clinical trial targeting melanoma.

Our new partnership with the state Department of Health and Senior Services on the creation of a Center of Excellence for Cancer Surveillance is helping to propel our population science research. Through the Center’s main components of the New Jersey State Cancer Registry and the Surveillance Epidemiology and End Results (SEER) database, this partnership will help strengthen cancer control activities in the state and ultimately help create a national model for cancer surveillance. These tools also will yield the type of data that our researchers will apply toward the development of educational resources for underserved populations, similar to what you will read in our cover story.

“All these constructions and the laws connecting them can be arrived at by the principle of looking for the mathematically simplest concepts and the link between them.” That sentiment from Albert Einstein holds very true in the innovative work being put forth by investigators at CINJ. By continuing to align and support our greatest strengths and resources through numerous collaborators across multiple disciplines and institutions, CINJ is committed to the future of cancer research, so that one day the word “cancer” will be part of our past. We hope that you will join us in achieving this goal.

Sincerely,

Robert DiPaola, MD
Director, CINJ
Associate Dean for Oncology Programs
Professor of Medicine
UMDNJ-Robert Wood Johnson Medical School
The past 40 years of cancer research and exploration of the human genome — the instruction manual to how the body works — have led to the identification of genes that can mutate and thereby contribute to the development of human cancers. The discovery of these genes means that we have begun to understand, at a molecular level, the mechanisms that cause cancer. At the same time, new methods of conducting experiments incorporating advances in technology and computational science have opened up novel ways to study human biological systems. Despite these advancements, we know that we have only scratched the surface as we work to apply this intellectual fusion of knowledge and capabilities to cancer treatment.

In the last decade we have learned that if we are to truly understand cancer and make progress in its prevention, control and treatment, we need to collect, manage and understand huge quantities of information gathered from the molecular, tissue, organ, organism and population levels. Successfully analyzing this data is the key to addressing the central question in human genetics — how the genotype (i.e. the genetic profile unique to an individual) maps to the phenotype (i.e. the individual’s physical attributes which could include his/her risk profile for cancer). However, to achieve this very challenging goal we must develop the means to interpret the wide spectrum of data collected from the laboratory and the patient in order to advance scientific inquiry.

To tackle this task, The Cancer Institute of New Jersey is developing a Division of Systems Biology, envisioned as part of a larger Center for Personalized Medicine that will be led by CINJ Resident Member Arnold J. Levine, PhD. Dr. Levine, who is also a professor of pediatrics and biochemistry at UMDNJ-Robert Wood Johnson Medical School, is credited for the co-discovery of the p53 tumor suppressor protein, which plays a key role in regulating the growth of both normal cells and cancer cells. Under his leadership, the Division will include environmental, clinical, translational and population science colleagues within and outside of New Jersey who will explore the genetic/environmental factors that are involved in cancer prevention, treatment, survivorship and control.

These researchers will have access to a variety of data sets generated from basic research labs, tissue banking facilities, and various core facilities at CINJ and from information related to medical/genetic/treatment history contained within comprehensive patient electronic medical records. Led by CINJ’s Executive Director of Bioinformatics, Guna Rajagopal, PhD, adjunct professor of radiation oncology at UMDNJ-Robert Wood Johnson Medical School, CINJ is in the process of developing and applying a cyber infrastructure to analyze these massive datasets in an efficient, effective and secure manner. The process is subject to ethical evaluation by the Institutional Review Board, to ensure that privacy and confidentiality of patient data is maintained at all times.

Levine’s association and leadership of the Simons Center for Systems Biology in the School for Natural Sciences at the Institute for Advanced Study (IAS) in Princeton will help facilitate CINJ’s vision for the systems biology initiative. His research group at the Simons Center includes a diverse assembly of theoretical physicists, cancer biologists, mathematicians and computational biologists who are conducting detailed analyses of the large genomic, structural, and clinical databases that have been created over the past several years and have made groundbreaking discoveries in our understanding of cancer as a genetic disease.

As they analyze this data, CINJ scientists are working to develop specific treatments targeted to each individual’s genetic profile, along the way exploring such questions as: why do some people get cancer and others do not and which specific treatment in our arsenal will successfully work on one patient and which on another?
Janice M. Mehnert, MD, '01, is a medical oncologist at The Cancer Institute of New Jersey and an assistant professor of medicine at UMDNJ-Robert Wood Johnson Medical School. She is a member of both the Melanoma and Soft Tissue Oncology Program and the Phase I – Developmental Therapeutics Program at CINJ. As a clinical/translational researcher, Dr. Mehnert’s work centers on developing new therapies for patients, with a focus on tumors of the skin and soft tissues, particularly malignant melanoma and sarcoma.

Dr. Janice Mehnert knows what it is like to love the outdoor life in the Garden State, especially at the Jersey Shore, where she has spent every summer since she can remember. Through the years, she has learned all too well the damage the sun can do, and what it is like to lose a friend to the ravages of melanoma.

A graduate of Rutgers College and UMDNJ-Robert Wood Johnson Medical School ('01), she completed her residency at The Mount Sinai Hospital in New York and underwent further oncology training at the Yale Cancer Center. It was the death of a beloved professor from advanced melanoma that was a driving factor in her decision to pursue a field dedicated to the discovery of novel therapies for skin and soft tissue tumors. When it came time for her to choose where to begin her career, CINJ stood out, but not just because it was home. Dr. Mehnert notes she was “tremendously impressed with the commitment of this institution to the conduct of clinical research.” The supportive environment at CINJ, where laboratory and clinical scientists and physicians interact regularly in their research endeavors, allows Dr. Mehnert the unique ability to translate the science of cancer into cutting-edge therapies for those she treats.

Along with taking care of patients with complex cases of skin cancer or tumors of soft tissue and bone, a typical day for Dr. Mehnert also involves creating and conducting clinical trials of new regimens for patients with these diseases, many of which do not respond to traditional chemotherapy. Some of Dr. Mehnert’s current clinical trials explore the benefit of the drug hydroxychloroquine, commonly used to treat malaria and certain types of arthritis. Hydroxychloroquine has been shown to block autophagy, the process by which cells eat themselves and become resistant to anti-cancer therapies that starve tumor cells. Dr. Mehnert and colleagues are analyzing whether hydroxychloroquine functions to block autophagy in human melanoma tumors.

As a clinical researcher who is early on in her career, she already is off to a promising start, conducting multiple clinical trials and obtaining grant support from the National Cancer Institute as well as the Harry J. Lloyd Charitable Trust to support her research into the role of autophagy in patients with melanoma and other cancers.

Research by investigators at The Cancer Institute of New Jersey shows careful consideration should be given before initiating androgen deprivation therapy, a common treatment for older men with localized prostate cancer. The researchers are concerned that since this particular population has a higher than average risk of bone fracture, that androgen deprivation therapy might add to that risk. For more than a decade, this form of treatment, which shuts off male hormones known to promote growth of prostate cancers, has become a popular alternative to surgery, radiation or conservative management, but little is known about long-term toxic effects associated with its extended use.

The research utilized information from 46,587 men who were diagnosed with cancer that did not spread beyond the prostate and survived at least five years after diagnosis. The data were compiled from the population-based Surveillance, Epidemiology, and End Results (SEER) database and linked Medicare files.

The study found that 48 percent of patients who received androgen deprivation therapy received more than 24 months of treatment. The risk of fracture was nearly one and a half times for men who received 36 or more doses of androgen deprivation therapy versus those who did not receive any. Those administered this form of therapy were associated with a 57 percent increase in the risk of multiple fractures after the first two years of treatment. Men 75 and older, who received androgen deprivation therapy, were associated with a fracture risk 3.6 times that of men aged 66 to 74 who had the therapy for less than two years. The investigative team says it is key to note independent risk factors for fractures including older age and stroke.

The work was supported by funding from the National Cancer Institute and the Robert Wood Johnson Foundation and was presented during the Ninth Annual American Association for Cancer Research Frontiers in Cancer Prevention Research Conference this past fall.
Who in the audience has ever taken Tylenol®? That is a favorite question that Susan Goodin, PharmD, FCCP, BCOP, assistant director for clinical science at The Cancer Institute of New Jersey, likes to ask during lectures on the importance of clinical trials. As nearly all hands in the room go up, she tells attendees that the over-the-counter medications they often take were once the subject of a clinical trial…tested on volunteer participants, just like them.

As New Jersey’s only National Cancer Institute-designated Comprehensive Cancer Center, CINJ offers patients access to treatment options that may not be available at other facilities within the region or state. This includes cancer clinical trials, which help investigators find better ways to prevent, treat or diagnose cancer. Many cancer clinical trials even help evaluate and improve the quality of life for cancer patients.

Dr. Goodin and CINJ Director, Robert DiPaola, MD, work closely with CINJ researchers to identify innovative scientific trends and to help them develop those laboratory discoveries into treatment options for patients. While some clinical trials at CINJ are sponsored by national study groups and industry, at least half are initiated by CINJ investigators themselves.

“The clinical trials of today will undoubtedly lead to tomorrow’s enhanced cancer treatments,” says Goodin, who also is a professor of medicine at UMDNJ-Robert Wood Johnson Medical School. “Without these studies and without volunteers we would be unable to advance the fight against cancer.” But sometimes it is difficult to help assure potential volunteers that with today’s clinical trials, patients may be getting the best treatment possible and that it is being delivered with the highest regard to safety. To ensure that the studies are ethical and that the rights of volunteers are protected, the U.S. government established Institutional Review Boards (IRBs) which review and approve clinical trial plans.

In order to make sure that potential study volunteers understand those protections and other aspects of the trial itself, Goodin continually works with CINJ’s research nurses and patient education specialists to make sure that language in clinical trial literature is in its simplest form and the manner in which studies are presented by clinicians is easy to understand.

She and Molly Gabel, MD, director of the CINJ Network, also work together with The Cancer Institute of New Jersey Oncology Group or CINJOG, to help bring clinical trials to community hospitals and physicians throughout New Jersey, so that patients can receive promising new treatments closer to home without the burden of travel. “By increasing access to and enrollment in clinical trials through this collaborative effort, we are expediting the manner in which we are able to find the answers to critical research questions,” noted Dr. Gabel, who is an associate professor of radiation oncology at UMDNJ-Robert Wood Johnson Medical School.

More than 1,000 participants are enrolled in clinical trials at any given time at CINJ. The role played by these courageous volunteers will truly impact the lives of countless others in the future.

Additional information about clinical trials at CINJ can be found at www.cinj.org/clinical_trials.
At the Cancer Institute of New Jersey, clinical research is key to providing comprehensive cancer care to patients throughout the state. 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. Additional information also can be found at www.cinj.org/clinical_trials.

“SPECIAL” Study Looks at Immune Therapy for Kidney Cancer

Researchers at the Cancer Institute of New Jersey are evaluating whether the standard treatment for a common form of kidney cancer works better by itself or when combined with a certain type of blood cell that comes from a patient’s relative.

The Sunitinib Plus Extended Courses of Irradiated Allogeneic Lymphocytes for Patients with Renal Cell Cancer— or SPECIAL— trial is sponsored by the United States Food and Drug Administration, which also is monitoring the study. It is looking at patients with renal cell carcinoma that has spread to other parts of the body.

Doctors at CINJ previously developed a treatment for the disease, transferring a type of white blood cell (immune cell) from a relative into the patient’s body through a blood transfusion in an effort to kill renal cancer cells. In an earlier study, several patients with metastatic renal cell carcinoma who received the new therapy had shrinkage in their tumors. In this study, investigators want to see if combining sunitinib with these immune cells will work better than if the drug was given by itself.

Adults diagnosed with metastatic renal cell carcinoma who have a blood relative willing to give specific blood cells are eligible to take part, although other criteria must be met.

Towards a healthy weight

Many of us are concerned about our expanding waistline. However, most people are unaware of the mounting evidence linking obesity and cancer. Obesity is the consequence of energy imbalance, in other words, consuming more calories than we burn. A successful weight reduction program should incorporate both modifying your diet to reduce your caloric intake and increase your energy expenditure by exercising more.

Key to reducing your caloric intake is to select fewer energy dense foods and reduce your portion size. Eat slowly and stop eating as soon as you are no longer hungry. Drastic dietary restriction is difficult to maintain. It is much better to make small but sustainable changes.
Make regular physical activity part of your routine

The current recommendation for cancer prevention is to be physically active every day for at least 30 minutes. The good news is that this does not have to be accomplished at once. For example, a 10-minute vigorous walk to the store, taking the stairs rather than the elevator or doing yard work all adds up. The important thing is to incorporate these small changes into your daily routine and choose activities that you enjoy.

Eat a healthy diet

The American Institute for Cancer Research recommends that two-thirds of your plate is filled with vegetables, fruit, beans, and whole grains (brown rice, whole wheat bread). These foods are rich in fiber, vitamins, minerals, and phytochemicals known to prevent cancer. Aim to eat at least five servings of fruit and vegetables each day. Aim for a variety of vegetables and try new ones. Preparation counts too. Avoid frying and adding creamy sauces and cheeses, which are very high in calories and saturated fat. Opt for steamed or sautéed vegetables and use herbs for seasoning. By cooking your own food you have more control over what goes in your body. What you choose to drink is very important too. Choose water instead of sugary drinks, such as sodas, at every meal. Unsweetened tea is an excellent choice too.

What is a serving?
- Half a cup of cooked vegetables, like broccoli or carrots
- One cup of raw, leafy salad vegetables, like lettuce or spinach
- A medium sized fruit, such as apple or banana
- A small glass of pure fruit juice

A few words about alcohol

There is convincing evidence that heavy alcohol consumption is strongly related to cancers of the mouth, pharynx, larynx, esophagus, and liver. Alcohol also increases the risk of colorectal and breast cancers. The current recommendation is, if you drink, do so in moderation (less than two drinks for men and less than one for women per day).

Don’t forget about smoking

If you are a smoker, the single best thing you can do for your health is to quit.

The recent U.S. Clinical Practice Guideline concluded that when it comes to quitting smoking, the more help you can get the better your chances of success.

The Tobacco Dependence Program at CINJ and the UMDNJ-School of Public Health has treated over 4,000 smokers. The program is directed by CINJ member Dr. Michael Steinberg and is at the cutting edge of training health professionals and investigating new methods of helping smokers quit.

For more information on how to quit smoking call 732-235-8222 or visit www.tobaccoprogram.org.

Changes are difficult, but remember you can conquer that mountain by taking small steps. It is all about persistence and motivation!

— Elisa V. Bandera, MD, PhD, is an epidemiologist at The Cancer Institute of New Jersey and associate professor of epidemiology at UMDNJ-Robert Wood Johnson Medical School and the UMDNJ-School of Public Health. She has been actively involved with the American Cancer Society, the American Institute for Cancer Research, and the World Cancer Research Fund International in the development of dietary guidelines for cancer prevention.
Many **Patients Unaware** of Type of **Skin Cancer** with Which They are **Diagnosed**

Socioeconomic factors such as a lower level of education and lack of health insurance may impact individuals’ knowledge of the type of skin cancer with which they are diagnosed. As a result, these individuals may have a poor sense of the steps they need to take to reduce the risk of future skin cancers. That is according to an investigator at The Cancer Institute of New Jersey, whose research on the subject appeared in the October print edition of the *Archives of Dermatology* (Vol. 146, No. 10). The research examined the extent to which individuals who reported a skin cancer history were unable to identify whether they were diagnosed with melanoma or non-melanoma skin cancer.

The study looked at 45,174 adults who took part in the 2007 and 2008 U.S. National Health Interview Surveys conducted by the National Center for Health Statistics. Participants indicated whether they had ever been told by a doctor or other health professional that they had cancer or a malignancy of any kind. Out of that number, 1,172 individuals who reported a diagnosis of melanoma, non-melanoma skin cancer or a skin cancer for which they did not know the type were identified and included in the current study. Nearly one in five participants indicated they did not know their type of skin cancer, while 21 percent firmly reported having had melanoma and 64 percent non-melanoma skin cancer.

Lack of knowledge of the type of skin cancer diagnosis was more common among individuals with a lower level of education or family income, those reporting their health as poor or fair, and individuals without health insurance.

Study author Elliot J. Coups, PhD, behavioral scientist at CINJ and associate professor of medicine at UMDNJ-Robert Wood Johnson Medical School, says the findings suggest that these individuals may gain particular benefit from additional education from healthcare providers about their skin cancer diagnosis and treatment.

*The study was supported by funding from a National Cancer Institute grant.*

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**A Potential New Tool in the Fight Against Lung Cancer**

Could an advanced screening test help reduce lung cancer deaths? This has long been a question of researchers in trying to find a tool that would help detect lung cancer in its earliest stages.

Late last year, the National Cancer Institute (NCI) released preliminary results of a nationwide study it sponsored known as the **National Lung Screening Trial**. Patients from The Cancer Institute of New Jersey — one of 33 study sites — were included as part of the effort, which enrolled participants between 2002 and 2003.

Nearly 53,000 current and former smokers aged 55 to 74 were given low-dose spiral CT scans (a three-dimensional test where the inside of the body is scanned from different angles). Twenty percent fewer lung cancer deaths were found among those who received the CT screening versus those who had a standard chest X-ray.

While positive news, NCI experts cautioned of some disadvantages with the CT screening. For instance, most insurance companies usually won't pay for the procedure unless it is specifically used for someone who already has signs or symptoms of disease. False positives also are an issue, as nearly a quarter of those in the study who underwent the spiral CT scan were suspected to have lung cancer when they actually did not. False positives can lead to unnecessary biopsies and other procedures and scans. Also what is not clear at this time is whether the spiral CT scan has any benefit for subgroups, such as non-smokers younger than 55.

Lung cancer deaths account for nearly a third of all cancer deaths. When final results are known, they are expected to have a large impact on public health, as this is the first time it has been proven that a screening tool can reduce lung cancer deaths. Experts note though, that screening does not prevent lung cancer deaths or the development of the disease, and that those who smoke should not view this as a “free pass” to continue smoking. Neither the NCI nor other cancer-related entities are making any recommendations pertaining to lung cancer screening at this time.

*Final analysis of the data is expected to be released sometime this year.*
On occasion, we will share the inspirational story of a cancer survivor. For this issue, we are pleased to profile Emily Amador, a freshman in the School of Environmental and Biological Sciences at Rutgers University in New Brunswick. The 19-year-old whose hobbies include dancing, spending time with friends, and seeing movies and plays was faced with a huge challenge when she was diagnosed with Hodgkin’s Lymphoma Stage 2-A while a senior in high school. Emily endured three rounds of chemotherapy and a painful blood clot, but nothing could keep her from fulfilling her lifelong dream of becoming a Rutgers Dancer.

Q: You are so young and have already conquered two feats that a lot of people will never see in a lifetime. You are a cancer survivor and you are a proud member of the Rutgers Dance Team. How do you feel about these achievements?

A: It feels great to say that I’m a “cancer survivor.” So many people who I have never met before come up to me and tell me how inspirational I am to them, having gone through such a hard time and being able to do so much with no recognizable evidence of what I went through. Looking back, I can’t even imagine going through the experience again. I don’t regret going through it, because it showed me how strong of a person I am and to never let go of anything that you love. The one thing I loved since I was a little girl was dance, and I wasn’t going to let any sickness stop me from being on the Rutgers Dance Team.

Q: Even though official dance team tryouts were over and the season was about to start, you attended a private tryout and learned dances in a few weeks that the other team members had been practicing for months. What gave you the courage to do this?

A: The week that I was in the hospital for my blood clot, Rutgers football players were visiting patients, and I told them that I wanted to try out but probably could not. They encouraged me to give it my all when I was feeling better. After my treatments were over I had a private tryout right before the semester started and was dancing on the field by the very first game! It was such an accomplishment to be able to jump from the toughest few months of my life to a young girl’s fantasy wish: being a Rutgers Dancer!
Helping students discover and embrace a world of scientific discovery is not just a job to Sunita Chaudhary, PhD; it is a personal mission. Because of her dedication, Dr. Chaudhary, the director of research education at The Cancer Institute of New Jersey was recently honored by the Office for Diversity and Academic Success in the Sciences (ODASIS) at Rutgers, The State University of New Jersey.

Through the Continuing Umbrella for Research Experience – or CURE – Program at CINJ, Chaudhary each year helps mentor 12 underserved high school and undergraduate students through a two-year program in which they attend course lectures on cancer biology and conduct hands-on work in the laboratory with CINJ clinical and basic science researchers. Nearly two dozen students have completed the program to date, and nearly all have gone on to attend medical school. The program was started in 2003 with grants from the National Cancer Institute and Johnson & Johnson.

Meridian Health has joined The Cancer Institute of New Jersey Network as a System Partner. Meridian includes Jersey Shore University Medical Center, Ocean Medical Center, Riverview Medical Center, Southern Ocean Medical Center, and Bayshore Community Hospital. Together, Meridian provides the most advanced cancer care through clinical research and state-of-the-art cancer services to the residents of Monmouth and Ocean Counties.

Meridian’s affiliation as a System Partner reflects its value to the CINJ Network of hospitals and its close working relationship with CINJ. As a System Partner, each of Meridian’s five hospitals has a Commission on Cancer accredited cancer program and an emphasis on quality cancer care and cancer clinical research, demonstrated through membership in many Network-wide task forces aimed at improving cancer care throughout New Jersey and by its active membership in CINJ’s clinical research network, the CINJ Oncology Group (CINJOG). With a strong commitment to cancer clinical research, the expanded partnership between CINJ and Meridian will allow for increased opportunity for collaboration among the region’s top physicians and physician-scientists.

Meridian and CINJ look forward to working together to bring the newest discoveries and treatments in cancer care from the state’s only National Cancer Institute-designated Comprehensive Cancer Center closer to home.

Language arts teacher Susanna DeNude looks happy and relaxed these days. That’s a big deal for the 58-year-old Riverdale resident, who has been battling a brain tumor for seven years.

Mrs. DeNude is the first patient in the nation to undergo laser ablation surgery for an intracranial ependymoma, a tumor that grows from the cells lining the ventricles of the brain.

Robert Wood Johnson University Hospital (RWJUH), CINJ’s Flagship hospital, is one of just eight institutions in the country to offer this new, minimally invasive approach that can
Meridian Cancer Care: Bringing Advanced Cancer Services Close to Home

Recently, Meridian Health launched Meridian Cancer Care, a campaign to promote programmatic and specialist capabilities to the public and physicians. By capturing the stories of some amazing patients who sought care at Meridian hospitals for a range of services from breast cancer and lung cancer to colorectal and pancreatic cancer treatments, these testimonials are the centerpiece of a microsite, www.MeridianCancerCareNJ.com.

One patient featured in the campaign is Jo-Ann Martelli, who provided an example of the collaboration that occurs across Meridian campuses and in cooperation with The Cancer Institute of New Jersey. Diagnosed with lymphoma, Jo-Ann’s oncologist, Susan Greenberg, MD, encouraged her to seek information about a clinical trial available to Meridian patients through the CINJ Oncology Group. This type of opportunity brings the latest clinical care options close to home for Meridian’s patients. Jo-Ann’s story is just one example of the benefits available to Meridian’s patients at all of its hospitals, as a result of its expanded relationship with CINJ.

Left: Showing off two of her favorite pastimes, cooking and family, Jo-Ann Martelli rolls her world famous zeppole.

Offers New Hope at RWJUH

reduce a patient’s hospital stay from a week to 24 hours.

The technology is a welcome relief for Mrs. DeNude, who initially underwent surgery in 2003 after an MRI revealed the tumor. Then, in 2005, she began having seizures that medication didn’t fully alleviate. Four years later, she met Shabbar F. Danish, MD, assistant professor and director of functional neurosurgery at UMDNJ-Robert Wood Johnson Medical School and RWJUH. He said the tumor had grown back, causing the seizures. Dr. Danish performed her second surgery in September 2009. Laser ablation involves using a GPS system to identify the exact location of the tumor. A laser is then placed directly into the tumor and is guided to perform thermal ablation (killing it with heat), while leaving the surrounding areas of the brain untouched. The patient is then moved to an MRI unit, where the operating team can observe how the brain changes temperature with respect to the laser. The entry hole through the skull is about the size of the end of a pen and requires just one stitch and a small bandage following the procedure. Only local anesthesia is used.

Susanna DeNude

Shabbar F. Danish, MD

For information, please visit: www.rwjuh.edu/laser-ablation-for-brain-tumor-treatment.

The Cancer Institute of New Jersey
Network:
The Cancer Institute of New Jersey
Flagship Hospital:
Robert Wood Johnson University Hospital

The Cancer Institute of New Jersey
Affiliate Network:
System Partner:
Meridian Health:
• Jersey Shore University Medical Center
• Ocean Medical Center
• Riverview Medical Center
• Southern Ocean Medical Center
• Bayshore Community Hospital

Major Clinical Research Affiliate Hospitals:
• Carol G. Simon Cancer Center at Morristown Memorial Hospital
• Carol G. Simon Cancer Center at Overlook Hospital
• Cooper University Hospital

Affiliate Hospitals:
• CentraState Healthcare System
• JFK Medical Center
• Mountainside Hospital
• Raritan Bay Medical Center
• Robert Wood Johnson University Hospital Hamilton (CINJ Hamilton)
• Somerset Medical Center
• The University Hospital/UMDNJ-New Jersey Medical School*
• University Medical Center at Princeton

*Academic Affiliate

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CINJ Physicians Voted “Tops”

Doctors at The Cancer Institute of New Jersey provide state-of-the-art healthcare and are tirelessly dedicated to their patients. CINJ would like to congratulate its “Top Doctors” who were voted as such by their peers in various publications over the past few months.

New York Magazine – June 2010
- David August, MD, Chief, Surgical Oncology, CINJ; Professor of Surgery, UMDNJ-RWJMS
- Tamir Ben-Menachem, MD, gastroenterologist, CINJ; Director of Endoscopy and Associate Professor of Internal Medicine, UMDNJ-RWJMS
- Richard Drachtman, MD, Interim Chief, Pediatric Hematology/Oncology, CINJ; Professor of Pediatrics, UMDNJ-RWJMS
- Bruce G. Haffty, MD, Chair, Radiation Oncology, CINJ; Chair and Professor of Radiation Oncology, Department of Radiation Oncology, UMDNJ-RWJMS
- Roger Strair, MD, PhD, Chief, Hematological Malignancies/Hematopoietic Stem Cell Transplantation, CINJ; Professor of Medicine, UMDNJ-RWJMS
- Joseph Aisner, MD, Associate Director for Clinical Science, CINJ; Professor of Medicine, UMDNJ-RWJMS
- Robert DiPaola, MD, Director, CINJ; Associate Dean for Oncology Programs and Professor of Medicine, UMDNJ-RWJMS
- Lorna Rodriguez, MD, PhD, Chief, Hematologic Malignancies/Hematopoietic Stem Cell Transplantation, CINJ; Professor of Medicine, UMDNJ-RWJMS
- Deborah L. Toppmeyer, MD, Chief, Solid Tumor Oncology, CINJ; Associate Professor of Medicine, UMDNJ-RWJMS

New Jersey Monthly – November 2010
- David August, MD, Chief, Surgical Oncology, CINJ; Professor of Surgery, UMDNJ-RWJMS
- Darlene Gibbon, MD, Clinical Director, Gynecologic Oncology, CINJ; Associate Professor of Obstetrics, Gynecology and Reproductive Sciences, UMDNJ-RWJMS
- Robert DiPaola, MD, Director, CINJ; Associate Dean for Oncology Programs and Professor of Medicine, UMDNJ-RWJMS
- Lorna Rodriguez, MD, PhD, Chief, Gynecologic Oncology, CINJ; Professor of Obstetrics, Gynecology and Reproductive Sciences, UMDNJ-RWJMS
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Grateful Families Advance Research

For Roger Strair, MD, PhD, the novel research endeavors of he and his colleagues are truly a collaborative effort involving scientists, physicians, research nurses, cyclists, golfers, and bowlers. Not your usual cancer research team. “Early research that lays the foundation for developing new therapies is very expensive,” notes Dr. Strair, chief of Hematologic Malignancies at CINJ. He continues, “Our grateful patients and families are among the many team members providing this critical funding. They have volunteered thousands of hours to garner support that has helped fund several research studies. The data generated from these studies has leveraged hundreds of thousands of dollars in additional research funding and other support from more traditional, peer-reviewed sources.”

For example, one current study will determine whether it is possible to modify cancer cells during treatment by using some simple and readily available medications that sensitize cancer cells to standard chemotherapy. Another area of research uses transfusions of immune cells from a relative to kill cancer cells. Dr. Strair and colleagues also are working on characterizing the cancer fighting properties of an exotic fruit that seems to be demonstrating the ability to target and kill cancer cells while leaving normal cells unharmed.

Scott Glickman, a patient of Strair and founder of Century for the Cure bike ride, initiated the event as a way to give back and help others. In six years the event has contributed $625,000 to cancer research. “When we started the ride, we didn’t realize the impact our gifts would have. We feel privileged to have provided seed funding for research to develop new clinical trials that have helped CINJ patients and may ultimately benefit many more patients in New Jersey and beyond,” said Glickman.

In fact, 47 CINJ patients have participated in clinical trials developed by Strair-led teams. These would not have been possible without the support from events like Century for the Cure, Guy’s Golf Tournament, and other sports-related fundraisers.

Grateful family member, Guy Chiarello, described his reason for co-hosting a golf tournament with longtime friend Guy DelGrande, “When you are close enough to see the pain and suffering caused by cancer, you ask yourself, ‘What can I do to help?’ For me, raising money for innovative research was the easy part. Patients like my brother who strive to overcome the daily physical and emotional tolls bear the true burden of this disease. Dr. Strair’s dedication to finding a cure and the resilience of these patients inspire me to do my part.”

Strair described his motivation to keep searching for a cure, “Years ago, I took care of a patient with cancer who asked me to remind his family and friends that he wasn’t losing a battle against cancer, but that he was fighting a battle that couldn’t be won. The extraordinary efforts of our donors support a research agenda designed to develop novel therapies that decrease the number of these battles that can’t be won. Everyone is a winner.”

Hitting the Pavement

Hundreds of people converged on the Rutgers University Livingston Campus in Piscataway to participate in the 8th Annual High Speed Chase for the Cure 5K Run/3K Walk. The event, kicked off by RU head football coach Greg Schiano, had students, families, community members and CINJ doctors, nurses and staff hitting the pavement to raise $33,000 for CINJ.
Commitment to Helping Others Drives Efforts

They are golfing, playing tennis, walking, baking and traveling to cultural events—all to help fight cancer at CINJ. These enthusiastic and energetic philanthropists are definitely active, many with schedules that are exhausting to contemplate. All are members of the active adult communities of the Renaissance in Manchester, Somerset Run in Somerset, and Westlake Golf and Country Club in Jackson; they are on the move and making a difference!

In two short years, the Cancer Awareness Event at the Renaissance has raised nearly $30,000 in support of CINJ. The two-day event has participants on the links, courts and track, as well as in the kitchen baking, and out in the community canvassing for sponsorships. Planning Committee member, Ellen Patton, attributes their success to the generosity of area businesses and to an engaged community with members who are committed to helping others.

At Somerset Run, the Cultural and Charitable Club matches its members’ desire to do good works to an array of community events that combine culture and fun. The Club adds a small charge to the participation fee for events hosted for their 300 members. In addition to raising over $18,000 to support CINJ research, some Club members went one step further. During a visit and tour of CINJ they participated in a breast cancer research study, open to healthy men and women, which aims to identify gene variations in the population. They donated blood for analysis that could one day lead to more tailored treatments, better prevention methods and more effective screening recommendations.

And organizers of the 8th annual Westlake Men’s Golf Association Cancer Outing were pleased to host Isaac Kim, MD, PhD, chief of Urologic Oncology, and executive director of the Dean and Betty Gallo Prostate Cancer Center at CINJ, as they kicked off their charitable affiliation. The full contingent of 144 resident and guest golfers helped raise $8,500 for prostate cancer research at CINJ and packed the room for an informative lecture on the latest breakthroughs in research and treatment.

Making Plans

Shirley Case doesn’t like to just sit around—and never has. She weighs her options, makes a decision and goes with it.

As a newlywed in 1953 she left her nursing job and became a homemaker. Nine months later she decided she belonged back at Somerset Hospital where she restarted a nursing career that would last three more decades. Avid travelers in retirement, Shirley and her late husband Phillip traversed the United States and Canada in a motor home, visiting every state except Rhode Island. Sitting behind the wheel of the 34-foot vehicle was Shirley, who decided the driver’s side gave her a better view.

Always an energetic participant in activities at the Crestwood Community where she now lives, Shirley attended a seminar on planned giving years ago. She learned about charitable gift annuities and decided she had found a great way to support organizations she believed in while providing herself a stable monthly income in return.

Students and Communities for a Cause

A great many programs and research projects at CINJ are supported by community groups and local schools. Rutgers Preparatory School raised nearly $4,000 from its Cancer Awareness/Share Your Hair Event. Thirty people donated more than 300 inches of hair to be made into wigs for cancer patients, while others shaved their heads in return for donations and organized sales and dress down days…East Brunswick Schools held their 4th Annual Denim Day Campaign bringing their total of cancer research support to $16,000…Roselle Catholic High School’s annual Spike Breast Cancer volleyball fundraiser has generated $5,500 for breast cancer research over the past three years…the Care to Walk Club of North Brunswick Township High School brought out hundreds who raised $10,000 for breast and ovarian cancer research at the 12th Annual Walk/Run and Health Fair.

Thirty two teenagers from Manchester raised $1,700 in the 4th Annual Haigler Court Wiffle Ball Tournament this year, which was made bigger and better by organizer, Dan McLaughlin…At its annual conference, the VFW Ladies Auxiliary Department of New Jersey presented the CINJ Foundation with a check for $5,800 to support cancer research…The Burke Family hosted the Gary Burke Memorial Golf Tournament in October. The golf scramble, raffle and auction raised more than $10,000 to advance clinical cancer research.
Inside the CINJ Foundation

The CINJ Foundation is pleased to offer a tax-advantaged giving opportunity to its many generous donors. As you read in the story of Shirley Case, this opportunity, known as a charitable gift annuity, is a secure, irrevocable agreement, offering both our donors and CINJ financial benefits.

**Here’s how it works:**

- **In exchange for your irrevocable gift,** you are guaranteed a fixed dollar amount during your lifetime and/or the life of a loved one you name.

- **The amount you receive is determined by the size of your gift, your age and the age of your beneficiary.**

- **Your income is guaranteed, regardless of market fluctuation, and a portion of it will be tax-free.**

- **Most important, you enjoy the satisfaction of making a significant gift that benefits you now and helps to secure a future for the CINJ Foundation later.**

**Contact the CINJ Foundation at 732-235-8614 for additional information.**
A Night to Remember

The 2010 Award of Hope Gala was a wonderful celebration of all that makes The Cancer Institute of New Jersey (CINJ) home to amazing discoveries and compassionate healing. The evening honored C. R. Bard, Inc. with the Award of Hope for Corporate Leadership; Isaac Yi Kim, MD, PhD with the Award of Hope for Leadership in Research and Patient Care; J. Seward Johnson, Sr. 1963 Charitable Trust with the Award of Hope for Philanthropic Leadership; and Young Philanthropists, Sandy August and Harry August.

Guests were treated to the unveiling of the CINJ Foundation’s newest video, “What Does a Minute Hold” which underscores the importance of how each and every minute of research at CINJ leads to the ability to deliver the promise of new treatments and new discoveries (www.cinjfoundation.org). Invited to “purchase” research minutes, guests bid with extraordinary generosity, raising over $75,000 in a few short, but very memorable moments!

Brothers Honored for Generosity and Leadership

Although they were probably more comfortable when biking through the scenic roads of central New Jersey, Sandy and Harry August were all smiles in tuxedos as they accepted the inaugural Young Philanthropist Award at the Award of Hope Gala this past fall.

Like most teenagers, Sandy, 18, and Harry, 16, have a busy schedule that includes school work, sports and friends. But the brothers also commit a good deal of their time to give back to others. The Cancer Institute of New Jersey has been fortunate to be among the recipients of the brothers’ focused energy. Their efforts to raise funds for cancer research through the Century for the Cure bike ride are truly inspiring. Team August, led by their father, CINJ Chief of Surgical Oncology David August, MD, has raised nearly $10,000 through the annual, one-day, long-distance ride.

Older brother Sandy has ridden 100 miles in the Century for the Cure in each of the past three years. Pedaling alongside his father he pushed the limits of his own endurance, he says, “for those who have to endure much more.” For Harry, participating in the ride began as a service project in preparation...
Far Left: Tim Ring (left), chairman and chief executive officer of C. R. Bard is joined by CINJ Director Dr. Robert DiPaola as he accepted the Award of Hope for Corporate Leadership on behalf of C. R. Bard, Inc.

Left: CINJ’s Dr. Isaac Kim accepts the Award of Hope for Leadership in Research and Patient Care.

Below Left: Harry August (left) and brother Sandy (right) are congratulated by CINJ Director Dr. Robert DiPaola for their extraordinary efforts in supporting cancer research through the annual Century for the Cure bike ride.

Below: CINJ Foundation Board Chair Subha Barry shares a laugh with gala guests.

Above: Gala Event Committee Member Suzanne Peskin and husband Steven joined more than 300 guests for dinner and dancing.

Above: Guest Robert Hilkert (left) and Omar Boraie of Boraie Development (right), join in on the excitement.

Above: CINJ’s Dr. Serena Wong enjoys the live band.

for his Bar Mitzvah. He trained over the summer and completed 35 miles that first year and 68 miles the next. His determination is what led him to complete all 100 miles alongside his father and brother during his most recent ride.

The brothers’ focus on working to help others reflects a family philosophy. In addition to cycling, they join their parents and younger brother, Eitan, each year to organize food drives and assemble Purim baskets at their synagogue to help feed the hungry. Harry is also involved with a Special Olympics program in which he and other athletes join Special Olympians on Unified Sports® teams in soccer, volleyball, basketball and track teams. Sandy, meanwhile, has used his four years of competitive swimming experience to further the goals of the USA Swimming Swim-a-thon. He recently swam 5,000 yards in two hours, raising funds for “learn to swim” programs for underprivileged children.

The CINJ Foundation is proud to acknowledge the wonderful example of generosity and leadership set by these two young men, as we honor their spirit and commitment to giving back.