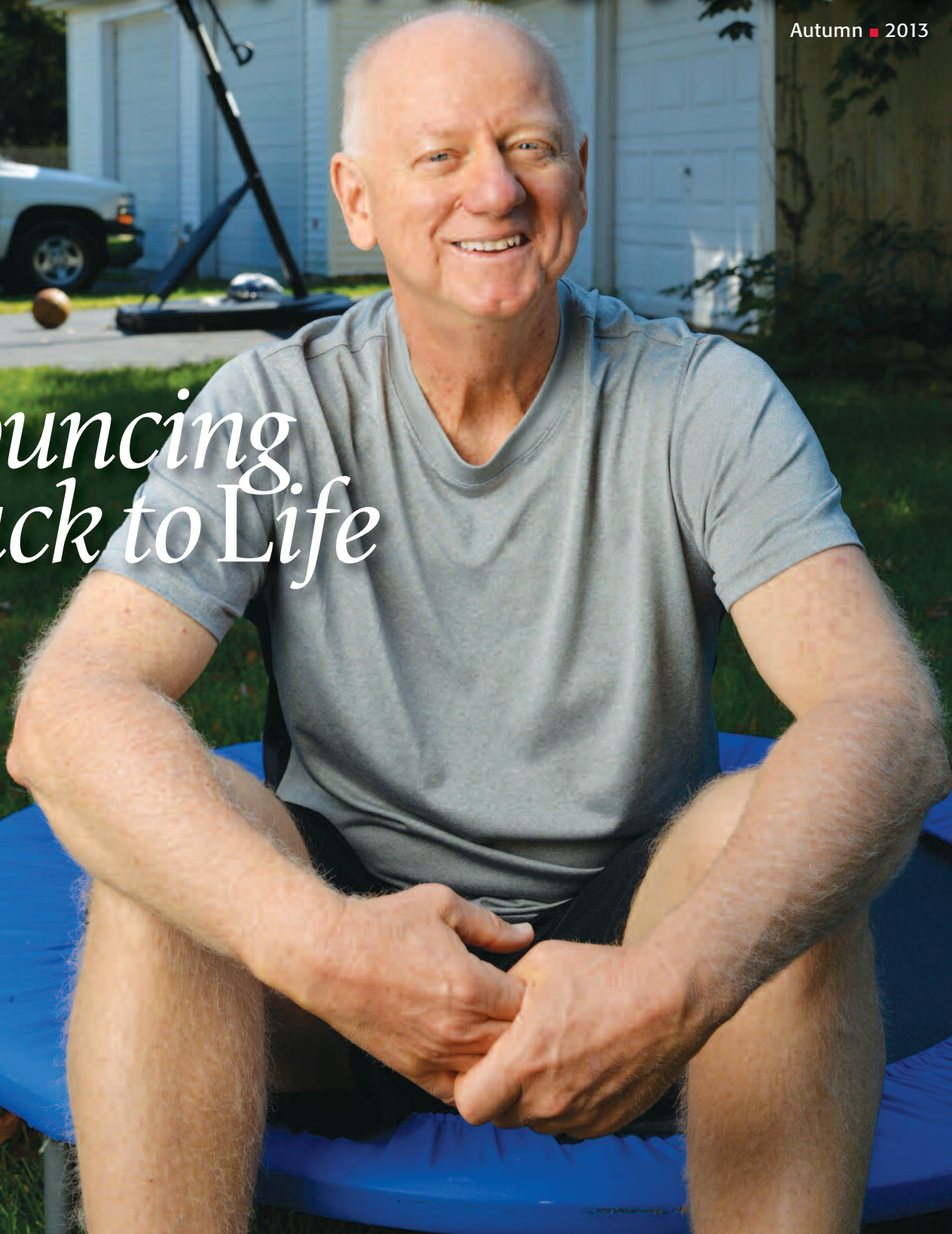


RUTGERS
Cancer Institute
of New Jersey

CANCER *Connection*

Autumn ■ 2013

*Bouncing
Back to Life*



Director's Corner



We are pleased to introduce our new magazine, *Cancer Connection*, that replaces our *Oncolyte* newsletter, marking a new beginning for a publication that since its inception has sought to educate and inform readers about the latest advances in cancer research, treatment and prevention taking place at Rutgers Cancer Institute of New Jersey. While *Cancer Connection* will continue to deliver the latest updates on our programs and the cutting-edge work of our investigators as *Oncolyte* did, *Cancer Connection* will offer more in-depth stories about our patients and programs. For this inaugural edition, we are pleased to highlight the personal journeys of four incredible people.

Our cover story features former University of Pennsylvania basketball coach Kevin Touhey, who was diagnosed with Stage IV lung cancer. You will learn how his disease is responding thanks to advances in precision—or 'personalized'—medicine, which aims to match therapies to patients based on specific mutations found in cancer cells. You will meet Malaya Southern, a 33-year-old roller derby player who found out she had Stage IV triple-negative breast cancer shortly after becoming engaged and how clinical trials helped. You will learn why New York's Karen Kuhl feels it is worth paying the tolls to come into New Jersey once a week to meet with experts at the Tobacco Dependence Program, supported by Rutgers Cancer Institute of New Jersey, Rutgers Robert Wood Johnson Medical School and Rutgers School of Public Health. And you will

celebrate with breast and lung cancer survivor Novella Jackson in our Survivor's Corner as she prepares to walk down the aisle at 69 years old.

Many of the advances in precision medicine and clinical trials that you will learn about in this edition come as a result of numerous collaborations between our investigators, academia, industry and many others. Just as important is the role our community plays in providing philanthropic support to advance this research, as well as various programs at our center. Planned giving is just one example of how to accomplish this. To that regard, there is no greater ambassador to champion the benefits of planned giving than Malcolm Wernik, a long-time supporter of the Cancer Institute. Wernik works closely with the Rutgers Cancer Institute of New Jersey Development Office to build lasting relationships with those in the community to educate them about the Cancer Institute.

In marking these new beginnings, we also are celebrating a 20-year milestone in delivering patient care. Two decades ago, we could not have imagined that humble beginnings in a local storefront would eventually lead to our current operation in a 225,000 square-foot building with the ability to collaborate with world-class investigators and be part of the prestigious Rutgers University. The Cancer Institute, along with many of the other units of the University of Medicine and Dentistry of New Jersey became part of Rutgers on July 1. As we look ahead to the next 20 years and beyond, we hope you will continue to enjoy learning about such advances through the new *Cancer Connection*.

Sincerely,

Robert S. DiPaola, MD

Director, Rutgers Cancer Institute of New Jersey

CANCER Connection

Autumn ■ 2013



In This Issue ■ Features:

6 Bouncing Back to Life

A longtime athlete and busy professional with a wife and two young daughters, Kevin Touhey never imagined he would be sidelined with advanced-stage lung cancer – never having smoked a cigarette in his life. Through the precision medicine initiative at Rutgers Cancer Institute of New Jersey, targeted therapy was identified after a tumor analysis revealed a genetic mutation.

By Mary Ann Littell

12 Stage IV Breast Cancer: It's About Time

Thinking her acute chest pain was associated with a roller derby injury, 33-year-old Malaya Southern was floored when she found out she has Stage IV triple-negative breast cancer. Learn how this new bride is facing the challenge of a lifetime with the help of her family and her healthcare team at Rutgers Cancer Institute of New Jersey.

By Eve Jacobs



18 Slave to the Stick...No More

From patches to gums, acupuncture and even a much-touted laser treatment, Karen Kuhl tried everything to kick her smoking habit of 45 years. It was not until she came to the Tobacco Dependence Program, where she realized another key resource could help – the motivation of others.

By Michele Fisher



■ Departments:

2 Forefront

News from the front lines at Rutgers Cancer Institute of New Jersey.

22 Making a Difference

News on how giving and service are making a difference in the fight against cancer at Rutgers Cancer Institute of New Jersey.

25 Survivor's Corner: Novella Jackson

26 Network Spotlight

News from our Network hospitals around the state.

Forefront

*News from the front lines
at Rutgers Cancer Institute
of New Jersey*

Healthcare Hero

Saluted for making a significant impact on the quality of health-care in the state, **Beth Savage, RN, MSN, CPNP**, a pediatric nurse practitioner at Rutgers Cancer Institute of New Jersey, was honored earlier this year as a finalist for 'Nurse of the Year.' The honor is part of the NJBIZ newspaper Healthcare Heroes awards program.



NICK ROMANENKO

Savage provides care to patients with cancer and varied blood disorders in the Pediatric Hematology/Oncology Program at the Cancer Institute of New Jersey. She has expertise not only in treating patients with sickle cell disease, but also in educating families and other nursing professionals about the condition through community events, with poster presentations at annual nursing meetings and through newsletters and other literature. ■

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JODY SOMERS

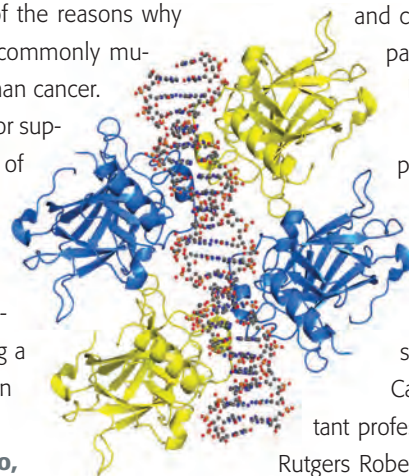
Major Restoration

The current trend in research of new anti-cancer drugs is to identify the genes that are most important to disable in a cancer cell and then find a drug that will disable these genes. The loss of tumor suppressor function in what is known as the p53 gene in cancer is a principal mechanism behind a normal cell becoming cancerous and one of the reasons why p53 is the most commonly mutated gene in human cancer. Restoring the tumor suppressor function of p53 in a cancer cell causes cancer cells to die, underlying the importance of finding a drug that will aid in that restoration.

Darren Carpizo, MD, PhD, FACS (above), a surgical oncologist in the Gastrointestinal/Hepatobiliary Oncology Program at Rutgers Cancer Institute of New Jersey, has been awarded nearly \$1 million in grants to further explore the effects of a compound identified in his laboratory found to restore tumor suppressor function of p53.

The drug compound identified serves as a lead agent in developing anti-cancer drugs targeted toward this particular mutation. As part of the team's previous research, it was demonstrated that this compound selectively kills cancer cells containing a specific type of p53 mutation while leaving normal cells undisturbed. Dr. Carpizo and colleagues will expand on this work by studying several other compounds that are chemically related to determine if they can perform a similar function.

Carpizo, an assistant professor of surgery at Rutgers Robert Wood Johnson Medical School, was awarded a five-year grant (1K08CA172676-01A1) from the National Institutes of Health totaling \$794,790, as well as a \$200,000 award from the Sidney Kimmel Foundation for Cancer Research to advance his investigation in this area. ■



Measuring disease severity from onset through progression is key in helping to determine the best therapy outcomes for patients. In order to accomplish that, investigators at Rutgers Cancer Institute of New Jersey design, develop, and implement state-of-the-art imaging and computational tools for characterizing cancers of the breast, head and neck, ovaries, prostate and skin. Thanks to a \$2 million competitive renewal grant (2R01 LM009239-05) from the National Institutes of



JODY SOMERS

Health awarded to **David J. Foran, PhD**, chief informatics officer at the Cancer Institute of New Jersey, work on developing these classification tools is being expanded.

Together these new technologies and capabilities will enable investigators to conduct high-speed computer analysis of large patient cohorts resulting in a larger output of data. Such tools also will allow for the storage and in-depth examination of archived tumor images from individual patients and their correlating clinical data, such as test results, treatment regimens, and overall medical history. A main goal of the project is to foster inter-institutional studies involving patient stratification and outcomes analysis.

"Having enhanced abilities to collect, manage, research and store large amounts of biological and clinical data enables investigators to identify biomarkers and patterns that may not be elucidated when viewing such information separately. Such a comprehensive examination can result in a more precise classification of malignancies, thus leading to more personalized treatments," noted Dr. Foran, who is also the executive director of biomedical informatics and computational imaging at the Cancer Institute and a professor of pathology and laboratory medicine and radiology at Rutgers Robert Wood Johnson Medical School. ■

Chair of radiation oncology at Rutgers Cancer Institute of New Jersey, **Bruce G. Haffty, MD** (below), was elevated to a national stage earlier this fall, having taken over as president of the American Society for Radiation Oncology (ASTRO), which is the largest radiation oncology organization in the world, representing more than 10,000 professionals in the field. As the current president, and in his future role as chairman of the organization over the next three years, Dr. Haffty's focus is advocacy and education efforts targeted on the delivery and quality of radiation treatment

grams employing shorter courses of radiation in patients undergoing both breast conserving surgery and mastectomy.

A more extreme version of this shorter treatment, known as radiosurgery (a targeted, highly focused, high-dose radiation treatment, usually delivered in one to five treatments to treat brain tumors, lung tumors and other sites) is also promising, says Haffty, with its use increasing. Advances in technology allow such treatment to be delivered safely, accurately and effectively. Haffty notes there is strong evidence right now that in many cases, this treatment is as effective as surgery.

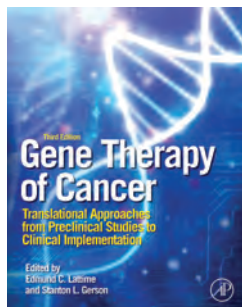


DAN KOMODA

and patient access to those services. In a field that is experiencing rapid advances in technology and biology, it's an exciting time for Haffty to be at the forefront helping to guide the field into the next era.

Shortening the course of radiation in breast cancer from six weeks to four weeks through hypo-fractionation is one of the latest advancements proving successful. Haffty and Cancer Institute of New Jersey colleagues, along with those at Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital have been evaluating outcomes with novel pro-

Haffty, who is also a professor and chair of the Department of Radiation Oncology at Rutgers Robert Wood Johnson Medical School and Rutgers New Jersey Medical School, expects to see more studies demonstrating radiation therapy is as clinically effective and cost effective as other modalities, as well as more evidence showing shorter courses of radiation are as effective as longer ones. He notes refinements in technology, developments with speed and accuracy, and more combination therapy also will play a large role as the field advances toward more 'personalized' treatments. ■



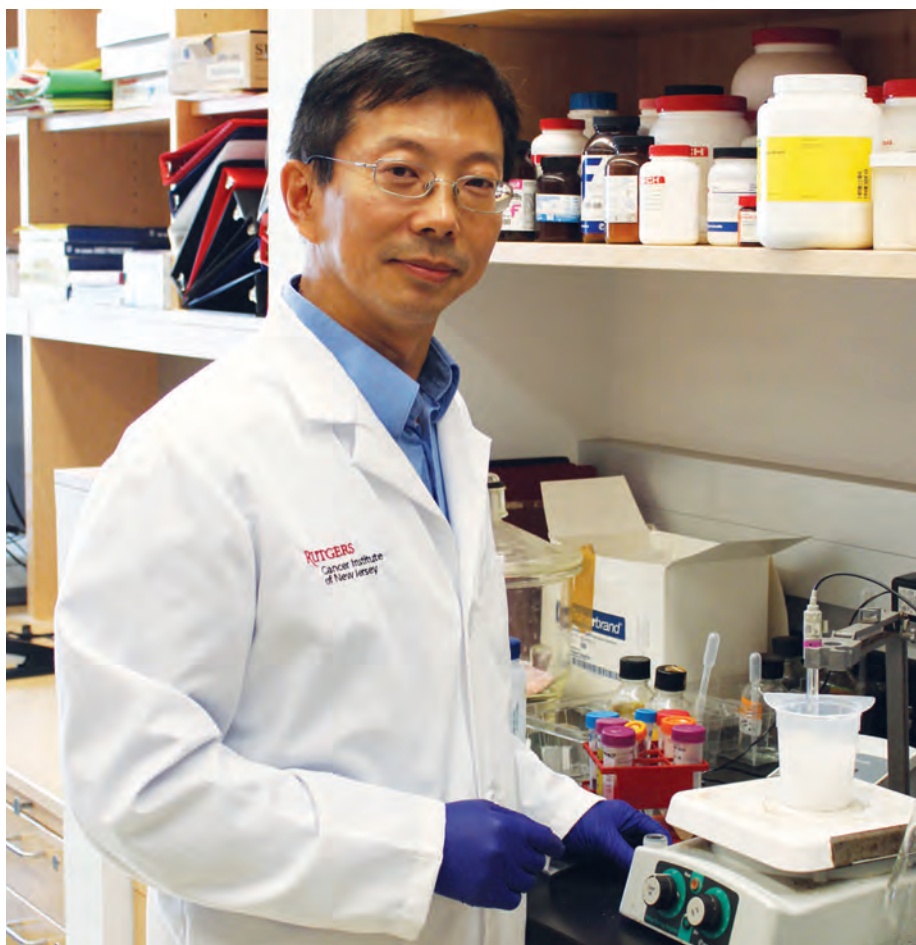
Kudos!

Congratulations

to Rutgers Cancer Institute of New Jersey Deputy Director **Edmund C. Lattime, PhD** (below), on co-editing a book on the advances of cancer gene therapy with Stanton L. Gerson, MD, of Case Western Reserve University School of Medicine. The latest publication, "Gene Therapy of Cancer Translational Approaches from Preclinical Studies to Clinical Implementation 3rd edition," emphasizes studies in cancer viruses and genetic fusion vaccines based on recent clinical advancement in these areas. The book, last updated in 2002, serves as an essential reference for scientists, clinicians and students. ■



NICK ROMANENKO



DEBBIE VOGEL

X.F. Steven Zheng, PhD, is a senior resident member and co-director of the Cancer Pharmacology and Preclinical Therapeutics Program at Rutgers Cancer Institute of New Jersey and a university professor at Rutgers Robert Wood Johnson Medical School.

Dr. Zheng began his research career in 1986 when he received a CUSBEA fellowship that was awarded to the top 50 Chinese life sciences/medicine graduates to pursue graduate study in the United States. He went to Harvard to study cell division with Joan Ruderman who had recently discovered cyclin, a key cell cycle regulator. After graduation in 1993, he stayed at Harvard and became a Damon Runyon post-doctoral fellow with Stuart Schreiber, a pioneer in chemical biology. There Dr. Zheng started a 20-year long journey of research on TOR (a protein named after target of rapamycin). Rapamycin is a compound produced by a bacterium

isolated from the soil of Easter Island. In the early 1990s, rapamycin was already known to benefit cancer, organ transplantation and fungal infection, but little was known about how it works. During his post-doctoral study, Dr. Zheng showed that rapamycin binds to and inhibits TOR, a newly identified kinase that would later be shown as a central growth controller. TOR kinase can become unusually active, driving cells out of control. Thus TOR protein is a key 'driver' for the cancer growth engine. This feature makes TOR a desirable cancer drug target. Rapamycin-based drugs are now used to treat several malignancies. Dr. Zheng's early research findings also provided an important rationale for developing a new class of drugs

called TOR kinase inhibitors, which have shown improved anticancer activity versus rapamycin and are being tested in human clinical trials.

In 1997 Dr. Zheng became a faculty member at Washington University, and in 2004 was recruited as a university professor to Robert Wood Johnson Medical School, and a member of the Cancer Institute of New Jersey. He is currently the principal investigator of three National Cancer Institute R01 projects, focusing on how aberrant changes in the TOR pathway underlie cancer development and patients' response to TOR-targeted therapy. Some of his new findings have the potential to guide 'precision medicine' that pinpoints a cancer patient's responsiveness to the targeted therapy. Dr. Zheng is collaborating with **Dr. Stephen K. Burley**, director of Rutgers Center for Integrative Proteomics Research and **Dr. John Kerrigan**, associate director of bioinformatics at the Cancer Institute, to design the next generation of drugs against TOR kinase. The new drugs would be particularly useful to combat clinical resistance. Dr. Zheng is also engaged in international collaborations to find better treatment for malignancies in the digestive system (e.g. gastric and liver cancers) that have high mortality rates due to lack of efficacious therapeutics.

Dr. Zheng currently serves on several national and international cancer drug review panels, including study sections within the National Institutes of Health and Department of Defense. In his spare time, Dr. Zheng is involved in secondary science education. This interest originated from his participation as a parent in science projects at his son Andrew's school. In the past two years, Dr. Zheng has been a national judge for the Siemens Competition in Math, Science and Technology, which attracts some of the brightest high school students in contention for the nation's top science prize. The competing projects cover a wide range of fields including cutting edge cancer research. Dr. Zheng feels that the time is well spent from his busy schedule, and it is important to support a competition that inspires the best students to pursue a career in science and medicine, some of whom may become future leaders in the fight against cancer. ■

Clinical Trials Corner:



Clinical Trials 101

At Rutgers Cancer Institute of New Jersey, clinical research is key to better understanding cancer—a disease that takes the lives of nearly 17,000 Garden State residents each year. With more than 150 active clinical trials, the Cancer Institute of New Jersey is leading the way toward uncovering new methods of treatment and providing comprehensive cancer care to patients throughout the state.

But translating this information from 'bench to bedside' is impossible without the everyday heroes who volunteer to help our physician-scientists fulfill this mission.

Those who step up to participate may not fully understand what a clinical trial is. Simply put, clinical trials are research studies involving people that help investigators find better ways to treat, prevent, diagnose, or manage the symptoms of cancer.

With any clinical trial, there are both potential benefits and potential risks. Some individuals may choose to take part in a clinical trial because either there is no standard, widely-accepted treatment for their type of cancer or the standard therapy is not working. Being on a clinical trial provides some the advantage of access to effective therapies that perhaps are years away from being available to the general public. And as with any treatment option,

whether it is through a clinical trial or not, there are always risks. Before deciding to participate in a clinical trial, one should have a comprehensive discussion with their healthcare team.

Along with benefits and risks, other questions one might ask are why the trial is being done, what tests are involved, and how being on the trial could affect one's daily life. All of these are

important considerations when deciding whether a clinical trial is the right treatment option.

Many of the treatments available for cancer and other diseases are the result of a clinical trial. Without volunteers to

help scientists rigorously examine both the safety and effectiveness of new drugs, the life-saving medicines available today would not exist. ■



For more information on cancer clinical trials offered at Rutgers Cancer Institute of New Jersey, visit www.cinj.org/clinical-trials.

Bouncing Back to Life

A longtime athlete and busy professional with a wife and two young daughters, Kevin Touhey never imagined he would be sidelined with advanced-stage lung cancer – never having smoked a cigarette in his life.


Spend some time with 62-year-old Kevin Touhey and you can't help but be inspired. Tall and strong, he exudes confidence. A three-sport athlete in high school and former basketball coach at the University of Pennsylvania, he's devoted a good portion of his career to teaching students, athletes, coaches and educators how to reach their fullest potential. At a time of life when many are winding down, he's still body surfing and power-walking on New Jersey's boardwalks with his wife and two young daughters. As a motivational speaker and life coach, he criss-crosses the country speaking, conducting workshops, and sharing his personal gospel: that anything can be accomplished with hard work and a positive attitude.

Yet less than a year ago, Touhey was curled up on a chair in his home in Medford, New Jersey, critically ill, on oxygen and a nebulizer, willing himself to survive. That was right after he was diagnosed with Stage IV lung cancer. "What a shock it was," he recalls. "I've never smoked a cigarette in my life."

Touhey's health crisis began in January 2013, when he was giving a speech in Cincinnati. Driving back to the hotel that evening, he was involved in a car accident. "It was just a fender bender, but it left me with severe pain in my right side," he says. Initially he tried to "play" through the pain, as he had many times throughout his life. But this time, it wouldn't go away.

BY MARY ANN LITTELL

PORTRAIT BY NICK ROMANENKO



Kevin Touhey with wife Annabelle Estacio-Touhey relaxing at their Medford, New Jersey home.



Touhey is a pretty tough guy, and no stranger to adversity. Born in Passaic, New Jersey, he's one of ten children who grew up in poverty. His father was a chronic alcoholic who could not hold a job. His mother tried her best to make ends meet. She once showed Touhey a list of the 52 jobs his father had held and lost over the years. By the time Touhey was ten, the family had been evicted from seven homes. "I loved my father but the disease of alcoholism ruined him," says Touhey.

Episodes of violence and physical abuse were fueled by his father's drinking binges. The children often went hungry. "When things were really tough, we ate mayonnaise sandwiches," says Touhey. The family finally stabilized once the three oldest children, all girls, graduated from high school and went to work to support the family.

Touhey excelled at sports and attended college on a basketball scholarship. He likes to joke that his father went to college with him. The truth is that Touhey asked the coach to give his father a job. "Pleaded with him is more like it," he says. "The coach came through for us. My dad was the equipment manager for 13 years, the longest he'd held any job." His father passed away in 1989 — ironically, of lung cancer. Like many alcoholics, he was a heavy smoker.

The Unexpected

Many people believe that lung cancer is rare in non-smokers, but that's not true, says oncologist Joseph Aisner, MD, associate director for clinical science at Rutgers Cancer Institute of New Jersey. "Of the 220,000 cases of lung cancer diagnosed in the U.S. each year, 15,000 are in non-smokers," says Dr. Aisner, who is also co-director of the Cancer Institute of New Jersey's Thoracic Oncology Program. A multidisciplinary team of surgeons, radiologists, radiation and medical oncologists, pulmonologists and other health care providers treats patients with lung cancer, mesotheliomas, thymomas and upper esophageal cancers.

In the days following the car accident, Touhey's pain grew worse and he had difficulty breathing. In addition, he'd developed a cough so severe that he sometimes vomited. Initially his physician thought he had a rib injury and sent him for physical therapy. He was also evaluated for bronchial asthma and put on stronger medications, but nothing helped.

In late March, Touhey was supposed to give a speech at the University of Pennsylvania, but his breathing became so labored that he was admitted to a hospital. When his family learned of the excellent Thoracic Oncology Program at the Cancer Institute, they

transferred him by ambulance to the Cancer Institute and Robert Wood Johnson University Hospital (RWJUH), the Cancer Institute's Flagship hospital, where he came under Aisner's care.

After eight grueling days of tests, scans, and workups, Touhey learned his diagnosis: advanced non small-cell lung cancer. X-rays and scans showed a large malignant tumor, seven centimeters long, lodged in his lung. The cancer had spread to his spine, ribs, and brain.

"Why did this happen to me?" asked Touhey. "I've lived a healthy life, eaten well, and exercised. I'd never been sick, barely even a cold. My wife and daughters were devastated. But I told them I would beat this."

Very few people beat lung cancer. It's the leading cause of cancer death among both men and women. Touhey knew his prognosis was poor and that he was in for a rough ride. He had vivid memories of his father suffering through his own bout of lung cancer. "I cried, realizing I might not live to see my daughters go off to college and get married," he recalls.

High-Tech Sleuthing

Touhey didn't know it but technology would come to his rescue. "There's been such a switch in the way we treat cancer," says Aisner. "Technology now allows us to look at problems in genes within cancer cells. We can take a biopsy and see if the cells have certain genetic mutations that will predict whether the disease will respond to specific drugs. It's called precision medicine."

Surgery wasn't an option for Touhey's advanced cancer. Because he had a history of not smoking, Aisner suspected his patient had one of the genetic variations that might respond to a targeted therapy. He told Touhey they would do genetic testing of the tumor to see if he was a candidate for erlotinib or another targeted medicine. Deciphering the genetic code of his cancer might identify drugs that could keep him alive longer than chemotherapy. Unfortunately, lung cancer is often quite resistant to most chemotherapy drugs, or becomes so.

Erlotinib has been effective in treating non-small cell lung cancer with certain epidermal growth factor receptor (EGFR) mutations as detected by genetic testing. The drug works by shutting down certain signals that spark the chemical reactions needed for cancer cells to grow. It may slow or block the activity of EGFR, a surface cell receptor that triggers cancer cells to grow and divide. Aisner says, "We have seen some good results with erlotinib." As an oral



*Taking time
to be active, Kevin
Touhey does
short bursts on his
trampoline once
an hour each day.*

A Revolution in Oncology Medicine

Precision medicine links state-of-the-art genetic profiling with targeted therapeutics designed for a specific patient's needs. "It's a revolution in oncology treatment," says Rutgers Cancer Institute of New Jersey oncologist Joseph Aisner, MD. "Or should I say, evolution. Targeted therapy is not a new concept. Radioactive iodine for thyroid cancer has been used for years. What's unique now is that we can differentiate among cancers by identifying mutations in cancer cells. That information tells us which drugs will be most effective."

Many ask whether personalized medicine will render chemotherapy obsolete. "It's an interesting question that we can't answer yet," says Dr. Aisner. "What we do know is that chemotherapy is mostly empiric: try it, put different combinations of medicines together, and see if it works. Precision medicine is a more rational approach to treatment."

He also sees hope for earlier diagnosis of lung cancer. "Lung cancer symptoms don't usually appear until the disease is fairly advanced, so most people who come to us have late-stage disease," he says. New federal guidelines under consideration recommend that certain people at high risk for lung cancer get a low-dose CT scan every year. These high risk patients must be ages 55 to 74 years and in fairly good health, have a smoking history equivalent to a pack a day for 30 years, and currently smoke or have quit only within the past 15 years. "Screening could find many lung cancers earlier, when they are easier to treat. It's estimated that screening could save about 20 percent of people with lung cancer."

The Cancer Institute of New Jersey, together with its Flagship Hospital Robert Wood Johnson University Hospital, University Radiology Group and Department of Radiology at Rutgers Robert Wood Johnson Medical School, will soon introduce a low-cost lung cancer screening program. Coupled with the Tobacco Dependence Program (see page 18), this offers a comprehensive approach to prevention and early diagnosis.

To learn about the Lung Cancer Screening Program at the Cancer Institute, visit www.cinj.org. ■



medicine, patients can take it at home rather than coming to an infusion center. "But if targeted therapy wasn't an option for him, we would try chemotherapy," said Aisner.

For Touhey, the first step would be a lung biopsy. Traditionally, a fine needle is used to extract a small amount of fluid and cells. "We often need to do it differently for genetic testing because we need a larger sample," explains Aisner.

After the biopsy, Touhey went home with oxygen and a nebulizer. He was so weak that he spent his days and nights in the chair in his family room. His wife Annabelle stayed by his side, sleeping on the sofa in the family room with him. His two little daughters, Serena and Ava, helped him when the nebulizer needed adjusting.

The genetic testing takes three to four weeks and at times, he wondered if he'd survive. By now, the tumor was pressing against his esophagus, causing severe pain. He couldn't walk more than ten yards without gasping for air. When he voiced his fears, Ava would say firmly, "Don't say that, Daddy! You're going to get better."

Breath of Fresh Air

While he waited, Touhey had gamma knife surgery at RWJUH to remove the cancer in his brain. "His cancer had spread like most cancers do," explains Aisner. "The cells move through the lymph and blood systems. It's an example of their virulence. They're sticky—they adhere and grow." The gamma knife is not really a knife—it's an instrument that focuses radiation directly and precisely on the targeted area of the brain without affecting the surrounding healthy tissue. The procedure is relatively short, in many cases under a half hour. It was performed by the director of the Cancer Institute's Neuro-Oncology Program, Shabbar Danish, MD, assistant professor of neurosurgery; and Cancer Institute radiation oncologist Sharad Goyal, MD, assistant professor of radiation oncology, both who have appointments at Rutgers Robert Wood Johnson Medical School.

A week later, Touhey's phone rang. It was Aisner with the results of the genetic testing. The physician asked him, "What treatment do you want?" Touhey replied, "The pill!" Aisner told him, "Ok, you got it. Your genetics are a match."

Touhey began treatment with erlotinib in late May. The drug is given on a 90-day cycle. "Once I started taking it I no longer needed the oxygen," says Touhey. "The pain disappeared within a



Kevin Touhey notes his family gave him his greatest strength through this challenging time, including his two young daughters: Serena Estacio-Touhey (left foreground) and Ava Estacio-Touhey (right foreground).

week. I went from walking slowly, 50 yards at a time, to walking for an hour with no shortness of breath. Next thing I knew, I was swimming and walking the boardwalk."

Touhey has written two books, including one titled "The Miracle of Optimism." "I believe in miracles, and this is definitely one," he says, adding that he relied on his faith and spirituality to get him through his illness. "I had a lot of people praying for me," he says, "and more than 2,000 former students, athletes, coaches and others sent me 'get well' emails. My siblings were supportive as well. I couldn't have gotten through this without them. Their help, prayers and good wishes boosted my spirits. All that positive energy helped."

He believes his "I'm going to beat this" mentality also helped him survive the toughest challenge of his life: "I made a choice not to let cancer scare me, and it didn't." He saw a nutritionist and began taking nutritional supplements. He switched to a healthier

diet of lean protein, fresh fruit and vegetables, losing more than 40 pounds.

After 60 days on erlotinib, Touhey returned to Aisner's office for evaluation. Tests confirmed the tumor had almost disappeared. Aisner says, "He had a big response to the medication, so we'll keep him on it for as long as it works for him and he tolerates it."

Touhey will continue taking the drug indefinitely. At some point, says Aisner, erlotinib may stop working for him, as it does for most lung cancer patients. "We find that the cancer mutates, and the drug is no longer effective against the new mutation," explains the physician, "but new agents are on the way, and one is already approved."

"My faith includes my faith in my doctors," says Touhey. "I'm grateful for what they've done for me. I know there are no guarantees, and I'm living my life 24 hours at a time. I look at cancer as a temporary visitor inside me...and I trust that it won't come back." ■

Stage IV Breast Cancer: *It's About Time*

Malaya Southern sits at her “station” at Rutgers Cancer Institute of New Jersey. Most of her Mondays are now dedicated to the steady drip of chemotherapy drugs that she hopes will buy her valuable time, maybe enough time to stave off the Stage IV breast cancer that threatens her life, maybe enough for a new and better drug or combination of drugs to be identified to beat back her disease. She is 33 and brimming with plans for the future. Like most newlyweds, she hopes her marriage will endure the tests of time, but in her case, those tests are here now and they are tough.

Is this young woman knowledgeable about her disease and its treatment? Oh yes, she knows her blood count, understands when it is too low to allow for an infusion of the drugs that course through her system to attack the cancers that have set up a home there. She rattles off the long, unpronounceable names of the therapies that have already failed her, and those that may yet prove to be powerful cancer-combatants. She asks pointed questions of the nurses who stop by, and they respond as if she were a fellow health professional. They like this young woman a lot; you can tell. Southern is afraid that if her blood counts are low, she will not be able to get her weekly dose of “lifesavers.” But on August 26, the day of our meeting, the nurse stops by to tell her the results of this morning's round of blood tests, giving her the green light for today's regimen.

Her spirits soar; at least for today those drugs will have the chance to slow-down the advance of her potential killer.

It may be hard to see someone in the throes of heavy-duty cancer treatment as anything but a sick patient. But in the case of Southern, it is actually hard to see her as a patient at all. Despite losing all the hair from her head in June (It's growing back a little, she says.), she jauntily sports a print bandana that looks downright attractive on her. The beautiful smile she offers on a frequent basis has not dimmed; her vivacious spirit does not seem to be drooping; she goes to her job as a financial assistant four days a week; and although contact sports are dangerous for her right now, she serves as manager of the roller derby team in Red Bank that has rallied so passionately to support her. Add to that her obvious intelli-

BY EVE JACOBS ■ PORTRAIT BY JODY SOMERS



Malaya Southern is running "the marathon of Stage IV cancer" as she calls it, but everyone in her life is running closely by her side. Keeping a positive attitude, she continues to connect with those whom she loves, and takes every day as it comes, appreciating each one for what it is.



Malaya Southern with husband Sean Kelly and trusty companion Bentley. • Below: Southern earlier this summer in a photo shoot to promote a breast cancer fundraiser with her roller derby team Red Bank Roller Vixens.

gence and her ability to express her innermost thoughts and emotions, and what you have is a young woman overflowing with life.

Why did this awful thing happen to her? Why now? Why was her disease already so advanced at diagnosis? "I just don't know," she says, but she doesn't waste much time on those unanswerable queries. Her mother, who often keeps her company at the Cancer Institute of New Jersey during those long chemo-Mondays, appears to be healthy; no one in her family (that she knows of) has ever had this disease; and she's been tested, and found negative, for the BRCA1 and 2 genes, frequently implicated in genetically-based breast cancer. "I've always eaten healthy foods; I live a healthy life—take spin classes, do yoga," she says. On top of that, she's an athlete and has been in top physical shape her entire life. She has no known risk factors for this cancer or any other, according to Deborah L. Toppmeyer, MD, an oncologist specializing in breast cancer and director of both the Stacy Goldstein Breast Cancer Center and the LIFE Center at the Cancer Institute.

"Malaya has triple negative disease," explains the physician, who is also the Institute's chief medical officer. "This means her cancer is not estrogen dependent, not progesterone dependent, and does



not express HER2 protein. That also means there's no great target for a drug to stop the cancer's spread." This type of breast cancer tends to hit younger women, more often African Americans, accounts for about 15 percent of all breast cancers, and is more of a challenge to treat because there is no clear-cut therapeutic target, she states.

Seeking Answers

The story of this young woman's diagnosis might shock even those familiar with cancer's many guises. Most of us associate acute chest pain with heart attack, not breast cancer. What brought Southern to her local doctor several times over a three-month period beginning in August 2012 was a sharp, persistent pain in her sternum, an indication, she thought, of a fracture from a roller derby skir-

malay she did not remember. She's a member of the Red Bank Roller Vixens, and broken bones are not infrequent in that fast-moving world. In fact, she had an ankle fracture just a couple years ago. Although the pain in her chest was often pretty bad, she had been assured on her first two doctor visits that the X-rays showed nothing out of the ordinary. A pulled muscle was likely the culprit.

But in October 2012, she was determined to get an answer. The pain appeared to be getting worse, requiring frequent doses of ibuprofen to keep it in check. Southern's level of concern shot up. So, when the roller derby season ended, she made a trip to the ER, determined to get answers. On this go-round, the diagnosis was definitive and depressing: strangely, the first X-ray still showed nothing, but the blood work signaled an alarm. "The nurse said, 'We need another vial of blood and a CAT scan,'" she recalls. "The ER doc came in a little later and sat down. I remember her words: 'I'm afraid it's bad. It's really, really bad. There's a tumor on your sternum that's causing the pain, and another on your breast. We're 95 percent certain it's breast cancer.' And I remember thinking: 'I don't want to die.'"

"The tumor on the sternum was large," Southern says, tapping her chest wall dead center. "It was right here." What followed her diagnosis was a dizzying round of testing and doctor-consults that left her feeling confused and unsure how to proceed, with each day that passed threatening to permit this aggressive cancer to metastasize further. By the time Southern chose the Cancer Institute team for her care, the cancer was on the move. "It was in my lymph nodes," she says. "In just a few weeks, the cancer had become a lot more pronounced." She received her first round of chemo on December 20, 2012.

For Stage IV breast cancer, neither surgery to remove the tumors nor single drug therapies are generally the way to go. This is the tough stuff to beat, and clinical trials combining new, experimental drugs with the older treatment options hold the most promise for success. "What we offer a patient like Malaya is access to specific trials for her subtype of breast cancer. This is a paradigm shift in treatment from a 'one size fits all' approach to a more strategic and targeted approach that defines precision—or personalized—medicine. We determine the unique molecular fingerprint of a tumor, the unique characteristics of this cancer, with the goal of identifying 'drug-gable' targets," Dr. Toppmeyer explains.

"We're investigating how the cancer cell outsmarts the chemo [develops resistance or escape routes] and how we can set up roadblocks to cut off its exit strategies for survival," she continues. "This is achieved through the design of combination regimens targeting

multiple pathways with established and novel therapeutics."

Eight weeks into the first clinical trial combining chemotherapeutics doxorubicin and carboplatin with the anti-angiogenic drug bevacizumab to shrink the blood vessels feeding the tumors, Southern's follow-up scans delivered good news: the tumors were shrinking.

Targeted Therapy

Precision—or personalized medicine—is just what it says: the therapies target the unique qualities of an individual's cancer rather than the site of origin or the organ type. It's personal.

"We look at the distinct molecular characteristics of the tumor, irrespective of the organs involved. We are after the tumor's unique molecular fingerprint," says Rutgers Cancer Institute of New Jersey Chief Medical Officer and breast oncologist **Deborah L. Toppmeyer, MD**. "We ask: 'what can we uniquely target that will give us the upper hand with this particular cancer?' "As a National Cancer Institute-designated Comprehensive Cancer Center, the Cancer Institute of New Jersey does the research behind new therapies and approaches, as well as offering the newest treatments to its patients.



"We are getting a better understanding of the drivers of the disease, which allows us to develop new drugs to address the pathways involved in tumor cell growth," says Dr. Toppmeyer.

This is the oncologist's advice for anyone faced with a situation like Malaya Southern's: get a second opinion, maybe even a third; explore clinical trial opportunities, since the standard drugs will always be there, but the drugs not currently on the market (but offered in clinical trials) may make a difference in your treatment; go to an NCI-designated Comprehensive Cancer Center, where you will get cutting edge treatment and the availability of clinical trials, many not available at other local cancer treatment sites; focus on living with your cancer.

"We're entering into exciting times. This is a new era of medicine," Toppmeyer states. "Basic science research is moving faster. Gene sequencing is allowing us to develop more therapeutic options, and providing us with answers as we look at tumors to identify even more areas for drug development. We hope that one day we will cure Stage IV breast cancer, even prevent it. That can only be done through research. For now, personalized medicine is allowing us the chance to offer more treatments that will let you live with your disease." ■

But the results of the second round of scans—eight weeks later—were alarming: additional lymph nodes were now involved and the cancer had jumped to the other breast. “There is a positive in all this,” Southern comments wryly. “The doctors were able to get a better biopsy. The original tumor had more scattered cells; it was not a mass. The new one was a real mass.”

The treatment team quickly switched gears. “As long as the patient is responding, we keep them in the clinical trial,” says Toppmeyer. Southern was taken out of that trial because of the cancer’s progression and entered into a new clinical trial after the washout period ended around Memorial Day, when her body was completely rid of the initial drugs. The first restaging scans for this clinical trial, combining Taxol and carboplatin with the anti-angiogenic drug pazopanib, were heartening: “Everything shrank or stayed the same,” Southern says. There were no new metastases.

“Malaya will remain in this clinical trial as long as the drugs are ef-

fective by keeping her cancer in check,” says Toppmeyer. “If, or when, they no longer work, we have other treatment options. Several of the clinical trials combine chemotherapy and biologics to cut-off the pathways the cancer cells need to travel and grow. We are developing treatment strategies for people to live with cancer. Ultimately, we need to develop interventions that will prevent the disease.”

In the meantime, the pain that sent Southern into the emergency room has vanished. “As soon as I started treatment, my pain began to go away.” What she does have is some “collateral damage,” including high blood pressure and hypothyroidism, which she hopes are temporary.

Going the Distance

Southern is not a whiner. She’s running “the marathon,” as she calls it, but everyone in her life is running closely by her side. She has known her husband Sean Kelly since the age of 14. They got

LIFE Hero

Earlier this year, Malaya Southern was honored by the Val Skinner Foundation as a “LIFE Hero.” Spearheaded by **Val Skinner**, a Ladies Professional Golf Association (LPGA) veteran, the LIFE (LPGA Pros In the Fight to Eradicate breast cancer) initiative was designed to educate young women about breast cancer and that prevention and early detection are paramount. The effort—now 14-years strong—led to the development of the LIFE Center at Rutgers Cancer Institute of New Jersey, which is dedicated to the LIFE mission and is supported in part through the annual LIFE charity golf outing. Since its inception, the event has resulted in more than \$4 million in support of LIFE Center programs. Each year, the LIFE event honors individuals who have demonstrated courage in the face of breast cancer.

“LIFE Heroes symbolize the stories of millions who are impacted by breast cancer. Malaya’s story reminds us how much work there is left to be done,” said Skinner. “The LIFE Heroes we honor serve as our inspiration to continue a passionate fight against a disease that touches so many.” One way to do that, according to Skinner, is through breast education programs, genetic counseling and risk assessment opportunities offered through the



LIFE Center. Included are BioCONNECT—a high school biology curriculum supplement and teacher professional development program—and BOLD—a summer learning opportunity for high school students examining cancer genetics.

Val Skinner (first row, center) and participants of the 2013 LIFE Event.

But as Skinner points out, education is only half the battle. Research is also vital. Along with support for the LIFE Center, the Val Skinner Foundation has given \$50,000 for laboratory equipment helping advance the latest cancer discoveries, as well as \$100,000 to support the Cancer Institute’s precision medicine efforts, where genomic analysis is helping to identify more targeted treatments.

Skinner sends special thanks to 2013 LIFE event supporters including LIFE Partners: Amy & Joe Perella, Marsh USA, Ed Herilhy, Sandler Oneil Partners, Ken Langone, Guy Carpenter & Company, Atlantic City Electric, C.R. Bard, Emblem Health and Genentech. Other notable supporters are Assured Guaranty, ACE Group, QualCare, The Cox Classic/Steven A. Cox Foundation and Lincoln. ■



engaged two weeks before her diagnosis, married at home in their pajamas on December 29, 2012, and celebrated their wedding with friends and family on June 20, 2013. It was everything they had imagined, including the honeymoon, and all of it was planned around her treatments.

Southern proudly shows me a wedding photo—she looks radiant and beautiful and happy. Under her natural-looking wig is the hairless head that Kelly shaved for her when her hair started dropping in clumps.

This woman has guts; she's running that marathon bravely and proudly, and telling her story to anyone who is interested in listening. (Access her blog *Hip Checking Cancer* at: slamourdoll.blogspot.com.) Perhaps it will help them get through their own cancer-challenge; perhaps it will inspire them to fund breast cancer research, giving her and others a better chance to live; perhaps it will paint a new picture of a breast cancer patient that you will never be able to forget.

Despite her statements that she has no particular talent for writing, she truly tells her own story best. So, I end this article with an excerpt from her email to me on the morning after we met because it says it all so well. ■

It was great to meet you yesterday.

I apologize that towards the end of our conversation I was entering into a medication fog and may not have been as clear thinking. On that note, I would like to add a couple of things.

For those patients diagnosed with a "treatable" form of cancer—early stage patients who are given an approximate start and end date—the journey takes on a different perspective than those of us at Stage IV. Many of these early stage patients find that in the end they have found cancer to be a blessing for them. It caused them to slow down, to appreciate life, to do the things they've been meaning to do, to reach out and help others. I think this is an absolutely beautiful thing and a worthy perspective for them to have in the face of such a difficult obstacle to overcome. I would say this would be a goal for any early stage patient. Enjoy the new perspective, embrace it, become the wonderful person you were meant to be.

Now for those of us on the never-ending marathon of Stage IV cancer: our perspective is totally different. Please don't look me in the eye and say cancer is a blessing. There is nothing about a Stage IV cancer diagnosis at the age of 32 that is a blessing. There are some similarities—I appreciate, more than ever, the blue sky, the green leaves on the trees, the air we breathe, my friends and family, every blessing in my life. I am however faced daily that when asked the question (sometimes to myself), when are you done with chemo? The answer is never. This can be daunting. How do I plan? Can I plan? How long do I have? Will they find a new treatment before it is too late for me? There is always a delicate balance between acceptance and fighting. You want to fight for your life and your health and each and every day; however, you do need to find acceptance in the situation you have been given. I take every day as it comes and appreciate it for what it is. I connect with those I love. I keep a positive attitude (though we all have bad days and that's okay too). I look at the chemo as my medicine, my cure. I try to never think a bad word about it. I appreciate each and every doctor, nurse, pharmacist, social worker, nutritionist and staff member at the Cancer Institute. I could never do their job and yet there they are each and every day with smiles on their faces, helping me, making this easier on me. I don't doubt that many of them have their own stories as to why they do this.

Ok, I am off to work now. Have a great day!

Malaya

Slave to the Stick... **No More**

Having smoked up to a pack of cigarettes a day for 45 years, Karen Kuhl felt she tried everything under the sun to quit the habit. It wasn't until she sought out resources from the Tobacco Dependence Program, supported by Rutgers Cancer Institute of New Jersey, Rutgers Robert Wood Johnson Medical School and Rutgers School of Public Health, that she began a successful journey and is now one-year tobacco free.

By Michele Fisher

Photos by

Nick Romanenko

Kuhl's story may seem typical. But smoking was not something that made her feel good or took the edge off of a stressful day in a good way. If anything, she was repulsed by the smell and felt smoking repressed her emotions, not allowing her to express her true feelings and handle relationships with loved ones in a clear manner. And with many of her five children and six grandchildren having asthma, she always felt compelled to stop. She felt she had a true addiction to nicotine. So, when a cousin tried the Tobacco Dependence Program a year and a half earlier with great success after smoking up to three packs a day, Kuhl didn't think it would hurt to give a call. She was finally emotionally and mentally ready.

Karen Kuhl (right) has been tobacco free for one year thanks to the Tobacco Dependence Program.

Kuhl is definitely not alone. According to the Centers for Disease Control and Prevention, nearly 17 percent of New Jerseyans 18 and older smoke. A significant proportion of them have challenges including financial difficulties, behavioral or mental health conditions, other substance use, and other health issues.



The Tobacco Dependence Program provides evidence-based treatment services that have been proven to be most effective for tobacco cessation. While telephone quit lines and Internet-based programs also play an important role in this process, there are very few programs across the state and region like the Tobacco Dependence Program that offer a combination of one-on-one counseling, group support, physician consultation and prescriptions for quit aids. All services are free, and some cessation medications may be free to those who qualify.

A short time prior to making that first contact with the Tobacco Dependence Program, Kuhl had just moved from Sayreville, New Jersey to Staten Island, New York. She was incredibly surprised that she could not find a one-stop shopping resource in her area to help meet her needs. Some programs offered free nicotine patches, but only for a brief trial period. A group program close to her new home turned out not to meet regularly. So despite a hefty toll to pay in crossing into New Jersey each week, Kuhl found value in the program. Like all new clients who come to the program, she underwent a one-hour, one-on-one assessment, discussing her history of tobacco use, as well as triggers and withdrawal symptoms. It was determined that Kuhl would benefit from a combination of medication and behavioral support.

The first time she ever tried varenicline (brand name Chantix®—a drug that blocks the effect of nicotine on the brain) seven years ago, she felt nauseated, thus discontinued its use. In between she tried patches, gums, acupuncture, and even a laser treatment touted to her as “breaking up the nicotine” built up in her body. None of it worked. After understanding the comprehensive nature of the Tobacco Dependence Program, she worked with its director Michael Steinberg, MD, MPH, to find the right quit aids for her. She started with the patch again, coupled with lozenges, nasal spray and gum to start. She also added a nicotine inhaler and started to see success. But the one thing Kuhl says really helped make a difference was the weekly support group offered. Ironically, the day she first came to the program and was placed on the patch, there happened to be a support group meeting that night...and she made sure she attended. She knew if she didn’t, she would regret it.

Donna Richardson, MSW, LCSW, LCADC, CTTS, facilitates the weekly group that meets at the Cancer Institute of New Jersey and is the clinical coordinator of the program. Attendees share how their week was—how they fought urges to light up. Sometimes they share their failures—how they slipped and had a smoke be-

cause of stress at work, a family problem, or other event. No matter what the circumstance, Richardson is there to provide support—to help those on their journey figure it out. Was it an emotional trigger? A stress trigger? Something else? Sharing the latest research and evidence available on the subject, Richardson helps participants recognize what prompted them to light up and what might help them better manage their daily stressors. In developing a personal plan for the coming week, group members may commit to coming to the next group session, getting back on one of the many quit aids, or working on staying away from smokers at the office. Richardson also helps to debunk myths such as difficulty in quitting is not simply due to a “lack of willpower.”

Daily Planner

“Every day I planned to quit smoking...until I had that first cup of coffee. It was some of the habits that are associated with smoking that are tough to break. Through the group, I learned about such things so that I could make this work,” notes Kuhl. One reason she says she failed in the past is that she gained weight when she tried to stop smoking. But thanks to the group setting, Kuhl says she was prepared to combat any extra pounds. Through tips from other group members, she learned about making better food choices and the benefits of exercise. She joined a gym and began walking outdoors...enjoying the fresh air.

Other habits were tough to break too. “I didn’t know what to do with my hands,” Kuhl said. Through the program, she was prescribed a nicotine inhaler that includes a plastic cigar-like filter tip. She calls it the ‘puff puff.’ After a few tries Kuhl didn’t like the nicotine, but from time to time would just pull out the plastic tip to place in her mouth. Having a supportive family, she notes that on one occasion, her young granddaughters threw the ‘puff puff’ in the fish tank, saying “Grandma doesn’t need this anymore.”

Richardson notes the habits associated with lighting up are half the battle for many. And some who are trying to quit smoking are afraid to ask others for support. In Kuhl’s case, she took charge. When she decided she smoked her last cigarette, she threw out all of her ashtrays and got new air filters for her air conditioner for her home and car. And she asked co-workers, family and friends not to smoke around her anymore, noting it was both a feeling of pleasure and empowerment in making each improvement.

But some of that empowerment and success may not have come if it weren’t for Dr. Steinberg, Richardson, and the group, Kuhl



says. Kuhl's son, a four-tour Iraq war veteran, lost his home, car, medals and other possessions during Superstorm Sandy in October 2012 and had to move in with her. Shortly after, around the holidays, Kuhl wanted to reduce the level of the nicotine patch. Despite Kuhl's progress up to that point, Richardson urged against the change. Her 30-plus years experience in addiction treatment, with the last 13 focused on tobacco dependence, told her that the holidays and life events like a child moving back home add extra stress and can easily trigger a relapse. Group members shared with Kuhl other warning signs. Kuhl decided to wait before reducing the dosage. She is glad she did.

Do the Math

Evidence shows the benefits of "staying quit" are enormous. One day after quitting, carbon monoxide levels and blood pressure drops. Within two weeks, one's risk of pulmonary infection decreases. Improvement in lung function is seen after one month, and a chance of suffering a heart attack is cut in half one year after stopping. Five to ten years after, the risk of heart attack and stroke is the same as one who never smoked. Ten years after stopping, one's risk of developing lung cancer is cut in half. So, as

A one-on-one consult begins with Donna Richardson, MSW, LCSW, LCADC, CTTS (left), clinical coordinator of the Tobacco Dependence Program, who explains what cessation methods are available.

Steinberg and Richardson encourage, "it's never too early or too late to quit." Kuhl was more than happy to heed that advice, admitting it was unnerving to wait for results from x-rays and other scans to see if she would "escape lung cancer one more time."

By not smoking, Kuhl is saving roughly \$288 a month. As a smoke-free reward after her first month, she treated herself to a new winter coat and by six months bought new summer clothes, ridding herself of the nicotine odor that lived within those garments and freeing herself of some of those last bonds to lighting up.

"To see the transformation is fantastic," Kuhl says. "My family has been so supportive and they're so proud of what I have accomplished. It is a relief not to be a slave to the stick any more. It is definitely a tremendous feeling of freedom." Now that she's reached her one-year milestone of not smoking, Kuhl will start to attend the group meeting every other week, relying on all she has learned during the last 52. ■

Making A Difference

Everyday Heroes

A special thanks to our generous donors throughout New Jersey whose efforts highlighted below resulted in nearly \$150,000 in support of cancer research, patient care and community outreach at Rutgers Cancer Institute of New Jersey.

Gifts up to \$30,000

- **Eleanor's Fight for Pancreatic Cancer Golf Outing**, Russo and Mayewski Families, Skillman
- **Middlesex County Pancreatic Cancer Walk**, Middlesex County Office of Health Services and County of Middlesex Board of Chosen Freeholders, New Brunswick

Gifts up to \$20,000

- **Greg Wolf Fund**, New York City
- **ARM's Away Golf Outing**, Eckhardt Family, Willingboro

Gifts up to \$10,000

- **C & C Club of Somerset Run**, Somerset
- **Ladies Auxiliary VFW Department of New Jersey**

Gifts up to \$5,000

- **Machestic Dragon Boat**, Princeton Breast Cancer Survivor Dragon Boat Team, Mercer
- **William Paterson University**, Women's Softball Team, Wayne
- **Tow Path "Train"ing Run**, Raritan Valley Road Runners, Edison

Gifts up to \$1,000

- **Raising Hope for Others**, Manalapan
- **Prince and Princess Fashion Show**, elementary school student Kalah Williams, Hamilton
- **Sayreville War Memorial High School**, Sayreville
- **Tattoos for Cancer**, high school student Charu Vyas, Marlboro



JANE & PAM GRECEK PHOTOGRAPHIE

Building Relationships

Malcolm Wernik's

relationship with Rutgers Cancer Institute of New Jersey is personal—cancer became an unwelcome visitor twice in his life. As a result of Wernik's personal experience, he has since become a philanthropic ambassador—educating all in his circle and beyond about the cutting-edge advances being made at the **Cancer Institute of New Jersey**. The result has been a long-lasting one—'planned giving' commitments that will benefit the Cancer Institute for years to come.

Planned giving is more than just writing a check to your favorite charity. It is an investment designed to have long-term impact while affording great benefit to one's own finances. Along with cash, other assets such as life insurance, real estate, mutual funds and more can help a donor accomplish their goal of making a difference while taking advantage of tax law incentives.

A pioneer of planned giving, Wernik has been involved in such work for more than 30 years. Wernik understands the value of planned giving and the opportunities that it affords organizations. He has spent much of his time educating fundraisers around the country on the benefits of this fundraising vehicle. For 18 years Wernik worked for

"'Friend-raising' comes before fundraising. It's about building relationships. People give to people," says Malcolm Wernik.

Presbyterian Homes of New Jersey, retiring as President of its Foundation and also has served voluntarily for many organizations including the Cancer Institute of New Jersey, the Children's Dyslexia Centers of New Jersey and the New Jersey Institute for Disabilities (formerly known as the Cerebral Palsy Association of Middlesex County), among many others.

It is the many people connected to these organizations that make up Wernik's greater circle. A number of them have become 'Mal's Pals'—a group of 100 or so through the years that give regularly to the Cancer Institute. He sees some of his 'pals' every Wednesday at a local assisted living facility offering an ear to listen or shoulder to lean on when needed. "'Friend-raising' comes before fundraising. It's about building relationships. People give to people," he says.

His 'friend-raising' has led to planned giving and other contributions that have supported numerous research efforts at the Cancer Institute. Wernik's own recent personal donations include supporting prostate cancer research by Chief of

Congratulations to Century for the Cure founder Scott Glickman (right) and his wife Aileen for another successful cycling event. The annual 100-mile trek saw more than 150 riders this year, who raised \$170,000, surpassing their goal and bringing the event's nine-year total to more than \$1.2 million. Funds raised support leukemia and lymphoma research and other programs at Rutgers Cancer Institute of New Jersey. ■

Long Lasting Bonds

Urologic Oncology, **Isaac Kim, MD, PhD**. Wernik also provided seed funding for melanoma research by **James S. Goydos, MD**, who is the director of the Melanoma and Soft Tissue Oncology Program, that has translated into millions of dollars in grants from the NCI. His contributions also have supported ground-breaking investigation into direct-injection vaccine therapy for pancreas cancer led by Deputy Director, **Edmund C. Lattime, PhD**, and **Elizabeth Poplin, MD**, co-director of the Gastrointestinal-Hepatobiliary Oncology Program.

Wernik has worked tirelessly to raise millions of dollars to support the work of the Cancer Institute, as well as dozens of organizations throughout the state. To some, this constant cultivation may seem to take an enormous amount of time and energy. Why does he do it? Wernik notes his parents instilled in him the need to 'give back'—a concept he has passed along to his own three children and five grandchildren, and he is happy to see charitable giving remains an important value in today's society. Mostly, he knows he is helping to fill a great need, noting, "It is an honor to be part of the team at the Rutgers Cancer Institute of New Jersey and to tell the world about the incredible work being done here." ■

In the early 19th century, Colonel Henry Rutgers gave Queen's College a \$5,000 bond and a bell. The interest on that bond kept the struggling school open, and in a show of gratitude, the college was renamed for Rutgers. Although the bond is no longer part of the current endowment portfolio, the bell still resides in the cupola above Old Queens, the oldest building on the New Brunswick Campus.

The Colonel Henry Rutgers Society was formed to recognize those thoughtful graduates and friends who make a planned gift that Rutgers will receive in the future.



COLONEL HENRY RUTGERS SOCIETY

With the establishment of Rutgers Biomedical and Health Sciences, the university has become one of the largest, most comprehensive research universities in the country. Donors who include the **Rutgers Cancer Institute of New Jersey** in their estate plans are eligible for membership in the Colonel Henry Rutgers Society. Members receive invitations to special events and seminars each year, a certificate, and an official CHRS lapel pin.

The Office of Gift Planning at the Rutgers University Foundation is staffed by charitable

giving professionals who are available to help individuals meet their philanthropic goals in the way that works best for them. There is a range of giving vehicles:

- realize immediate tax savings;
- generate fixed payments for life for you and/or loved ones;
- transfer assets to loved ones with a reduced tax liability;
- reduce or eliminate income, capital gains, or estate taxes; and
- make a more significant gift than imagined possible.

A **bequest gift** is often the largest donation an individual can make to a research center like the Cancer Institute. It is by far the most popular planned gift arrangement.

By creating a **charitable gift annuity** or **charitable trust**, you can support the parts of Rutgers that you are most passionate about while receiving a lifetime of fixed payments.

A **gift of stock** has the potential to provide more tax savings than a cash gift. Also, if you are considering selling a second residence or vacation home, there may be financial advantages to donating your **real estate** to Rutgers instead. And, there are many non-cash giving vehicles that offer tax benefits; these include **retirement plans, life insurance policies**, and **valuable works of art**.

If you have an interest in securing the future of the Rutgers Cancer Institute, the Office of Gift Planning can help you and your financial advisors to develop a plan that meets your financial and philanthropic objectives. ■

**To learn more, please call
888-782-3666 or visit
support.rutgers.edu/giftplanning.**



Making A Difference

A Special Milestone

In celebrating 20 years of providing comprehensive patient care, the Rutgers Cancer Institute of New Jersey is recognizing 20 Cancer Institute of New Jersey employees who exemplify the 'core values' of the Institute.

Representing integrity, respect, caring, perseverance, collaboration, curiosity and discovery, the following individuals were nominated by their peers as 'Award of Hope Pillars of Excellence' and were recognized at the annual Award of Hope Gala held this past October:

- | | |
|------------------------------|--------------------------|
| ▪ Linda Barker | ▪ Michael Kane |
| ▪ Candace Botnick | ▪ Yibin Kang |
| ▪ Janet Caswell | ▪ Laurie Kirstein |
| ▪ Susan Christ | ▪ Susan Krohn |
| ▪ Nora Del Rio | ▪ Len Mayer |
| ▪ Yaroslav Elisseyeff | ▪ Michelle Orlick |
| ▪ David Foran | ▪ Carla Schaefer |
| ▪ Janet Gordils-Perez | ▪ Barry Shandolow |
| ▪ Barbara Hale | ▪ Roger Strair |
| ▪ Shawn Hall | ▪ Jennifer Wilks |

Congratulations to all of our nominees, who help make a difference in the lives of patients, colleagues and the community. Also honored this year for the Award of Hope for Leadership in Research and Patient Care was Cancer Institute of New Jersey Deputy Director **Edmund C. Lattime, PhD**, for helping to make great research advances in direct-injection vaccine therapy for pancreatic cancer. inVentiv Health was honored with the Award of Hope for Corporate Leadership for its continued support. Paul Mignon, who successfully leads inVentiv Selling Solutions and serves on the Cancer Institute's Director's Advisory Council, accepted the award on behalf of inVentiv. And Jewels of Charity received the Award of Hope for Philanthropic Leadership for supporting the Cancer Institute's Systems Biology initiatives. ■



DEBBIE VOGEL

Pillar of Excellence: An Unsung Hero

Once a 'Top 40' disc jockey and owner of a local ice cream parlor, **Barry Shandolow** (above) has been most at home over this past decade in front of a computer screen, behind an electronics rack or toying with cell phones. This systems administrator is a key member of Rutgers Cancer Institute of New Jersey's Information, Science and Technology (IS&T) Department, who always responds with patience and a smile.

Shandolow initially was hired for a one week stint at the end of 1999 to help the Cancer Institute of New Jersey through anticipated "Y2K" issues. He was asked to remain on board and has since filled thousands of "heat tickets" (requests for help) for staff, faculty and patients. Shandolow is the guy who is called to hook up a new computer, activate a new cell phone, upgrade hardware and software—all critical components for faculty and staff who rely on these technologies for handling electronic medical records, making appointments and keeping track of files and other info dealing with patients. But it is truly meaningful to Shandolow, when he is able

to handle an issue pertaining directly to a patient. "Even the smallest thing like a patient not being able to connect to the Internet while undergoing treatment is so important," he said. "If I can help patients with such issues, I know they will be more comfortable during their visit here. And by making sure faculty and staff have all the working technologies they need, we are ensuring the highest level of comprehensive care."

Shandolow received the most nominations from his colleagues in being named as one of the 20 Pillars of Excellence, with a common theme running through the nominations: "unsung hero." Humbled and flattered by the honor, Shandolow is quick to point out he is part of a dynamite team that makes this all possible. When he is not restoring crashed computers and servers and answering help calls at work, Shandolow can be found at home improving on his green thumb along with his wife, tinkering with small electronics and cheering on all the New York sports teams, including his beloved Jets. ■

Survivor's CORNER

Novella Jackson

Each issue we share the inspirational story of a cancer survivor. For this edition, we are pleased to profile 69-year-old **Novella Jackson**, an ordained minister and great-grandmother who has been touched by cancer her entire life. With a long, family history of the disease that affected her grandmother, uncles and brother, Jackson was first diagnosed with breast cancer in 1996, and endured radiation and five years of chemotherapy. A lung cancer diagnosis in 2009 led to her participation in a clinical trial, which she remains on today.

Q ☐ You have a long family history of cancer.
☐ Do you think you handled your cancer experiences differently because of that?

A ■ When I was younger, I didn't understand what my family members with cancer were going through, but I took care of them and prayed for them. That experience definitely made me stronger as a person, and I felt I was better prepared for my own battle with cancer. After I was diagnosed, I talked with family members to learn more about their individual diagnosis. That knowledge helped me to ask better questions of my doctors about their research and the treatment I would receive.

Q ☐ You battled breast and lung cancer over a course of 15 years. What was your source of strength as you battled both?

A ■ Even in my darkest hour, I knew there was more to life than this disease. My strong faith brought me through my first battle...I absolutely knew it would bring me through the second.

Q ☐ Were you nervous about taking part in a clinical trial?



KIM SOKOLOFF

Normally, adults with illness say, "I want to be well enough to see my son/daughter walk down the aisle, graduate college," or some other milestone. In this case, it is Jackson herself, who is celebrating and looking forward to her upcoming marriage to a longtime friend in January.

A ■ I had an inner peace about going on a trial. Because I made it through my first bout with cancer, I had hope for the second and knew this is what I had to do. I wasn't afraid. I try to help others as well, as they decide whether a clinical trial is right for them. I pray with them and tell them they have to fight to overcome their struggle. I tell them 'you have to be in it to win it.'

Q ☐ One might look at your story and say 'cancer has not stopped you.' Are they right?

A ■ Yes, because cancer doesn't define me. I have always known my faith can bring me through anything, and I am more than happy to use my life experiences to help minister to others who are on this same journey. ■

RUTGERS

Cancer Institute
of New Jersey

Network Spotlight

The Rutgers Cancer Institute of New Jersey Network includes 16 hospitals across the state. Together, the Cancer Institute of New Jersey and the Network hospitals provide cancer care to more than one third of the state's cancer patients. Network hospitals offer their patients access to the latest cutting-edge cancer therapies and state-of-the-art cancer care available only at NCI-designated Cancer Centers and their networks, while helping patients remain close to home. For more information, visit www.cinj.org/network.



*Seated left to right:
Drs. Kenneth Nahum, Mark
Krasna, and Ellen Hagopian
meet with (standing from left
to right:) Ellen Herig and
Drs. Jerome Vernick and
Daniel Flynn as part of the
Hepatobiliary Steering
Committee.*

A Proactive Team Approach to Cancer Treatment

From the beginning, decisions about cancer treatment can be overwhelming for patients and their families. To help people back to the life and people they love, **Meridian Cancer Care** offers every medical advantage. For years medical institutions have discussed cancer patients after treatment had occurred. At Meridian Health, this approach continues, but with a proactive twist.

With the collaboration

of dedicated specialists, Meridian Cancer Care provides a unique multidisciplinary approach for patients with thyroid, parathyroid, and adrenal diseases and cancers. This multidisciplinary approach via Meridian's Endocrine Tumor Board and multidisciplinary conferences is critical in providing the best care for patients, and enables Meridian to provide standard of care and evidence-based medicine.

These clinics simplify the appointment process for patients, enabling them to schedule one meeting with a surgeon, medical and radiation oncologist, endocrinologist, and possibly a radiologist, rather than multiple separate meetings. After each clinic, the team discusses its assessments and provides one treat-



RWJUH New Brunswick: Expanding our Reach

The governing boards of **Robert Wood Johnson University Hospital (RWJUH)** and **Somerset Medical Center (SMC)** have approved a definitive agreement on tentative terms to combine both hospitals. SMC will become part of RWJUH and the Robert Wood Johnson Health System. There will be one hospital, Robert Wood Johnson University Hospital, with two campuses, in New Brunswick and Somerville.

ment plan to the patient. For patients, the result is more comprehensive, coordinated care.

Meridian Health, a leading not-for-profit health care organization in New Jersey, comprising **Jersey Shore University Medical Center, Ocean Medical Center, Riverview Medical Center, Southern Ocean Medical Center, and Bayshore Community Hospital**, is a **System Partner of Rutgers Cancer Institute of New Jersey**. ■

To view videos of inspirational community members and the talented health professionals that cared for them, visit www.meridiancancercarenj.com.



RWJUH and SMC have enjoyed a long, positive relationship and share the same commitment to providing the highest quality care to the community. The proposed combination seeks to build upon existing physician relationships and better position both organizations for future growth and success.

With increasing pressures brought about nationally by healthcare reform and a more difficult economic environment in general, hospitals across the country are looking for ways to increase quality while being more efficient. This partnership provides an excellent opportunity to identify ways that both entities can enhance existing services in RWJUH's and SMC's complementary service areas and maximize their strengths.

Both RWJUH and SMC have enjoyed long-standing, productive relationships with the **Cancer Institute of New Jersey** and **Robert Wood Johnson Medical School**. ■

Celebrating the signing of the merger agreement between Robert Wood Johnson University Hospital and Somerset Medical Center are (from left) Dr. John R. Lumpkin, MD, chair of the RWJUH Board of Directors; John Hoffman, chair of the RWJ Health Care Corp. Board of Trustees; Jack Morris, vice chair of the RWJUH Hospital Board of Directors; Stephen K. Jones, FACHE, president and CEO of RWJUH and RWJ Health System (seated); Kenneth Bateman, president and CEO of SMC (seated); JoAnn Mendles, vice chair of SMC's Board of Trustees; Steve Kalafer, chairman of SMC Foundation's Board of Trustees; and Paul V. Stahlin, chairman of SMC's Board of Trustees.

Network Spotlight

RWJ Hamilton Offers Lung Cancer Screening

Robert Wood Johnson University Hospital Hamilton (RWJ Hamilton) has initiated a lung cancer screening program for high-risk smokers and former smokers, that uses a low-dose computed tomography (CT) scan to detect tumors.

To make screening more accessible to the community, the program offers low-dose computed tomography (CT) scans at a reduced cost of \$99, to encourage people who meet the screening criteria to get tested.

The program offers the scans at a reduced cost of \$99 to encourage people who meet the screening criteria to get tested. "Our goal is to get more people screened and make the screening more accessible to our com-



MARTIN GRIFF/THE TIMES OF TRENTON

munity," said **Biren Saraiya, MD** (below), medical director at Rutgers Cancer Institute of New Jersey Hamilton and a lung cancer specialist.

The test was considered the gold standard following a national study of over 50,000 people that concluded the screening could reduce mortality from lung cancer. "We are often frustrated by the late detection of lung cancer; currently most patients diagnosed with lung cancer are incurable. We want to change that. With this screening we can help people either find some peace or find early treatment."

The National Lung Screening Trial (NLST) helped determine criteria for the screening.

To qualify, individuals must have a "30-pack year" history of smoking; a "pack year" is the number of cigarette packs smoked per day multiplied by the number of

Above: Tech assistant Reggie Lodovica (left) and radiologist Steven Yang, MD, at work at Robert Wood Johnson University Hospital Hamilton, which is offering low radiation chest scans for early lung cancer detection.

years smoked (someone who smokes two packs a day for 15 years would qualify). Individuals must be at least 45 years old and are either currently smoking or have quit within the past 15 years.

RWJ Hamilton's lung cancer screening program includes a nurse navigator to explain how the scan works and what to expect. ■

For more information or to find out if one qualifies, call 609-584-5900.

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Cancer Institute of New Jersey

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THE PATH IS SLIGHTLY DIFFERENT. THE GOAL IS EXACTLY THE SAME.

The Cancer Institute of New Jersey is now part of one of the nation's largest research universities, a move that enhances the institute's core mission of improving the prevention, detection, treatment, and care of patients with cancer through the transformation of laboratory discoveries into clinical practice.

When you give to the Cancer Institute, you can still designate your gift to support the same programs and initiatives. And now your contributions, which are channeled through the Rutgers University Foundation, also support *Our Rutgers, Our Future*, the university's historic \$1 billion fundraising campaign.

Contact Leanne Kochy or Michelle Walker at 732-235-8614
or visit cinj.org/giving to learn more.

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Proud to be Rutgers!

Rutgers Cancer Institute of New Jersey Chief Scientific Officer Joseph R. Bertino, MD, shows some Scarlet Knight spirit at the Rutgers-Eastern Michigan football game earlier this season, representing Rutgers Biomedical and Health Sciences.



PHOTO BY: NICK ROMANENKO