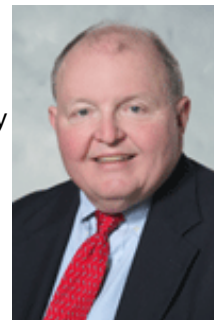


From the Director

A recent report from the American Cancer Society, the CDC, and the NCI indicates the overall cancer death rate in the United States declined between 2002 and 2004. (See story below.) This continues a trend that began in 1995, and in fact, the rate of decline in mortality has accelerated.



Dr. Williams

The study noted declines in the mortality rates of most of the common cancers in both men and women. For men, cancer death rates declined for all of the three most common cancers (lung, prostate, and colorectal). For women, death rates from colorectal and breast cancer declined and the rate of lung cancer increase actually slowed.

I believe these observations are very important and indicate that we are making significant progress against cancer. I also believe these encouraging statistics would not have happened were it not for meaningful improvement in prevention, early detection, and cancer treatment.

Lung cancer incidence is declining because of a lower smoking rate. Effective screening methods for breast and colorectal cancer and possibly prostate cancer exist and are being widely used. The proper use of primary and adjuvant therapies have improved the outcome for breast, colorectal, and lung cancer patients. Underpinning this progress and providing the groundwork for the future is the dramatic progress in the understanding of fundamental cancer biology and the translation of this knowledge to the clinic.

The IU Simon Cancer Center is playing a leading role in the fight against cancer. Our colleagues are making groundbreaking discoveries in their laboratories and translating this information to the clinic. We have strong interdisciplinary clinical groups focusing on the cancers mentioned above and others. Other members focus on reducing smoking rates and developing innovative methods to improve participation in cancer screening.

While there is much to be done, we can all take great pride in the strides that are being made and the role that the IU Simon Cancer Center is playing.

[Dr. Stephen Williams](#)

Director, IU Simon Cancer Center



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Abonour pushes himself for his patients, whom he considers friends, family

Most men in their late 40s don't typically start running at midnight. And most don't set out to cover more than 100 miles on foot and bike over a weekend.

Rafat Abonour is not most men. He's on a mission. He's passionate about finding a cure for multiple myeloma, an incurable but treatable blood cancer.



Abonour

Day in and day out, Abonour – an oncologist and researcher with the IU Simon Cancer Center – sees people with the disease.

But he does more than that. He listens to them. He empathizes with them. He treats them. He searches for a cure.

"They are my friends," he said. "We become family. We cry together. We laugh together."

For the past two years, Abonour – an avid amateur marathon runner -- has put his body to the test to raise money for research devoted to finding a cure for multiple myeloma.

On Nov. 3 and 4, he'll again run and bike as part of his mission to help his patients. His mission, known as [Miles for Myeloma](#), takes him from Indianapolis and Bloomington and back. Dubbed the Bloomington Boomerang, this year's Miles for Myeloma begins at midnight Nov. 3 outside the Indiana Cancer Pavilion.

Twelve hours later, he'll go through a human tunnel formed

by patients, their families and friends, and others during pre-game festivities at the home football game at the IU Bloomington campus.

The next day, he'll return to Indianapolis, biking a different route until he gets back to the cancer pavilion. In all, his feet and bike tires will touch 117 miles of pavement.

His effort will touch many. Thanks to the fund-raising efforts of his patients, Abonour's Miles for Myeloma is on track to raise at least \$250,000 this year. Patients and others supporting the event solicit the pledges and sponsorships from individuals and corporations.

Why does he do it?

"We're still losing patients," he said. "It's disheartening that we can't cure these patients. I think the mission is to find out why we can't cure these patients."



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Report: Cancer deaths decreased from 2002 to 2004

A new report from the nation's leading cancer organizations shows cancer death rates decreased on average 2.1 percent per year from 2002 through 2004, nearly twice the annual decrease of 1.1 percent per year from 1993 through 2002.

The findings are in the "Annual Report to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska Natives" published [online](#) Oct. 15 and appearing in the Nov. 15 issue of *Cancer*.

Among the general population, the report shows that long-term declines in cancer death rates continued through 2004 for both sexes and, despite overall higher death rates for men, the declines from 2002 through 2004 were 2.6 percent per year among men and 1.8 percent per year among women.

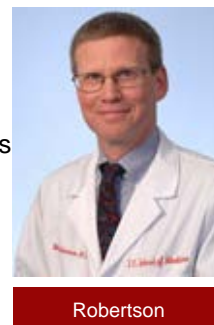
Death rates decreased for the majority of the top 15 cancers in men and women. Important declines were noted for the three leading causes of cancer deaths in men: lung, prostate, and colorectal cancers. In women, deaths rates from colorectal cancer and breast cancer decreased, while the rate of increase for lung cancer deaths slowed substantially.

The study was conducted by scientists at the CDC, ACS, and NCI in collaboration with scientists from the Indian Health Service and Mayo Clinic College of Medicine.

News Briefs

Robertson leads study exclusive to IUSCC

In a new phase I trial exclusive to the IU Simon Cancer Center, Michael J. Robertson, MD, is evaluating the safety and biological activity of rhIL-18 in combination with rituximab in patients with lymphoma. Eligible patients include those with CD20+ B cell non-Hodgkin's lymphoma for whom no effective standard treatment is currently available. The primary objective is to determine the safety and tolerability of rhIL-18 when administered with rituximab to patients with lymphoma. "We hope that we will be able to turn on the patient's immune system to attack the lymphoma better," Robertson explained. Cohorts of three to six patients will be treated with rituximab for four consecutive weeks together with rhIL-18 in escalating doses for 12 consecutive weeks.



Farag, colleagues focusing on mismatched donor stem cells

Sherif Farag, MD, PhD, and colleagues are looking at mismatched donor stem cells for patients with leukemia and lymphoma, providing new treatment options for people who are not perfect donor-and-recipient matches. "For many of these malignancies, the main problem is that transplantation using another donor is usually the only curing option for these patients," Farag said. However, since everyone does not have a donor that could serve as a perfect match, Farag is "looking for an appropriate mismatch," he said. Farag is using natural killer (NK) cells, which in a mismatched transplant, attack the tumor cells. In this clinical trial with a mismatched transplant, the donor's NK cells are collected at day 30, purified in the lab, and infused back into the patient. The patient is then given IL2, which stimulates the expansion of the cells in the body. This is repeated twice at six weekly intervals. "If you take NK cells from the donor and infuse them back after transplant, the hope is that you reduce the risk of relapse," he explained.

Indiana Breast Cancer Alliance recognizes Storniolo

Anna Maria Storniolo, MD, earned the 2007 Indiana Breast Cancer Alliance Medical/Researcher Excellence in Breast Cancer Award from the Indiana Breast Cancer Alliance in early October for her contributions to patient care and breast cancer research. Driven to fulfill a commitment to a patient and friend, Storniolo followed through on her promise and helped found and launch Mary Ellen's Tissue Bank, a repository containing biological specimens (blood, saliva, normal breast tissue) from women without breast cancer. The specimens are used by scientists who are seeking to identify risk factors and biomarkers by comparing normal and cancerous tissue cells. The bank has gained national attention, both from the National Cancer Institute and Susan G. Komen for the Cure, which granted Storniolo and her IU collaborators \$1 million to grow it into a national biorepository, available to researchers all over the world.

Komen: Sledge, others named to advisory board

George Sledge, MD, recently was named to the new Scientific Advisory Board with Susan G. Komen for the Cure for his demonstrated leadership and insight into breast cancer research and clinical work along with others from such leading institutions as Johns Hopkins University School of Medicine, University of Texas M.D. Anderson Cancer Center, and Duke Comprehensive Cancer Center. Komen announced the formation of the advisory board as part of its goal to invest another \$1 billion over the next decade toward energizing the scientific community to discover and deliver the cures for breast cancer more quickly. The board helped design new research grant awards that will focus on bringing recent laboratory advances to the clinic. These new grants will be instrumental in developing new treatments, with the goal of decreasing the number of deaths from breast cancer and, ultimately, preventing the disease. “Our Scientific Advisory Board, under the direction of Dr. Eric P. Winer, Komen’s new chief scientific advisor, is a ‘dream team’ of leading breast cancer experts who will continue to advise and guide us in our grant-making efforts,” Hala Moddelmog, Susan G. Komen for the Cure president and CEO, said.



Sledge

Breast Cancer Research Foundation honors Sledge; other IUSCC physicians/researchers awarded grants

George Sledge, MD, received the Jill Rose Award for Distinguished Scientific Achievement from the [Breast Cancer Research Foundation](#) during its annual symposium and awards luncheon Oct. 16. According to the Breast Cancer Research Foundation, Sledge was chosen “for his stellar research in anti-angiogenesis, which has hastened the development of effective new treatments for breast cancer.” Also during the event, the foundation awarded more than \$32 million in grants to 150 researchers to support scientists at leading medical institutions worldwide who are conducting the most advanced and promising breast cancer research.

The following IU Simon Cancer Center physicians and researchers were named grant recipients:

- Susan Clare, MD, PhD
- Kathy Miller, MD
- George Sledge, MD
- Anna Maria Storniolo, MD

The Breast Cancer Research Foundation was founded in 1993 by Evelyn H. Lauder and has raised more than \$180 million to support research.

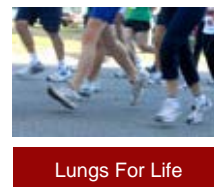
Broxmeyer elected to ASH leadership posts

Hal Broxmeyer, PhD, recently was elected vice president of the American Society of Hematology (ASH). He will become vice president in 2008, president-elect in 2009, and president in 2010.

Lungs for Life raises \$57,000

Under sunny skies, 680 people – ranging from children to adults – gathered outside the Indiana Cancer

Pavilion Sept. 29 to participate in the fourth annual Lungs for Life 5K Run/Walk and One-Mile Family Walk. This year's event raised \$57,000 for research. In all, Lungs for Life has raised nearly \$107,000 since it began. Nasser Hanna, MD, and his wife, Amy, established Lungs for Life as a way to raise awareness about lung cancer and its impact on Hoosiers. Last year, more than 4,500 Hoosiers were diagnosed with the disease.



On a related note, Hanna wrote about lung cancer and its impact on Hoosiers. *The Indianapolis Star* published his piece Oct. 8. You can [read](#) it here.

ACS Institutional Research Grant deadline is Nov. 14

The deadline for applications for the American Cancer Society Institutional Research Grant is Nov. 14. Funds from this ACS grant are usually allocated in amounts of up to \$25,000. The purpose of the grant is to assist young investigators in the ranks of assistant professor, research assistant professor, and assistant scientist in starting their independent research projects and to foster cancer research at the Indiana University School of Medicine campus in Indianapolis and at the regional centers of the medical school. Applications from research assistant professors and assistant scientists require a letter from the department chair certifying that the research proposal is independent of the research program of the laboratory P.I.

The applications (8-10 pages, no recycled R01 applications) will be reviewed by the ACS Institutional Research Grant Committee. The body of the proposal should not exceed 10 pages. Proposals need to follow these formatting guidelines: Helvetica or Arial fonts, 11 points or larger, half-inch margins, double-spaced.

The investigators who receive grants must submit an interim and a final progress report as required by the ACS. Applicants with prior funding from the ACS are not eligible to apply. Applicants with significant funding from other sources are not eligible to apply. Limited support for partial salary may be allowed. Applicants must be U.S. citizens or submit proof of approval for a green card. The funding period is Jan. 1, 2008, to Dec. 31, 2008.

[Download](#) an application. Questions? Please contact [Elizabeth Parsons](#), grants coordinator, at 278-0078. An electronic copy in PDF format should be submitted to Parsons.

New Grants

The following IU Simon Cancer Center members recently received the following grants:

Janice Blum, Ph.D.

"MHC Class II-Restricted Cytoplasmic Antigen Presentation"

National Institute of Allergy and Infectious Diseases

Janice Blum, Ph.D.

"Manipulation of Host and Virus Genes to Promote Protective

Immunity Against Poxviruses"

DOD

Robert Hickey, Ph.D.

"Development of a Breast Selective Therapeutic Agent"

DOD

Sean Mooney, Ph.D.

"Informatic Profiling of Clinically Relevant Mutation"

NLM (National Library of Medicine)

Attaya

Suvannasankha, MD

"From Laboratory to Clinic: Dimethylaminoparthenolide

(DMAPT) in Myeloma"

Multiple Myeloma Research Foundation

Stephen D. Williams, M.D./Susan

Perkins, Ph.D.

"caBIG Technology Assessment and Implementation

Planning"

NCI

Upcoming Events

Hard-hat tours available

Tours of the IU Simon Cancer Center are currently underway. Tours are available every first and third Tuesday during regular working hours; a limited number of evening tours are also being offered. Participants must wear full-length pants and closed-toe shoes to tour the new facility. Hard hats and safety glasses will be furnished and must be worn at all times. To schedule or participate in a tour, contact [Cindy Arndt](#), 278-9902.

Miles for Myeloma

Miles for Myeloma, the [Bloomington Boomerang](#), Nov. 3-4

Construction Update: RIII

By mid-October, Research III was nearly fully enclosed. The next areas of focus are in-wall rough-in of electrical and plumbing and installation of gypsum wallboard.

When finished in spring/summer 2009, the 254,000-square-foot facility will complete the transformation of the north side of Walnut Street on the IU School of Medicine campus into a three-building, 500,000-square-foot interconnected research complex where scientists can interact to share their work and vision.



Half of the labs will be used by IU Simon Cancer Center researchers, many of whom will be engaged in translational research. Significant clinical efforts already underway in breast, prostate and ovarian cancer, as well as genetic and blood-related disorders, will benefit from the laboratory science support of this new facility. Other specialized cancer research initiatives moving into the new building will include experimental and developmental therapeutics, the tumor microenvironment program and hematopoiesis and immunology.

Research III will house repositories that bank the vast array of human cells, tissues, and DNA needed for research in cancer and many other human disorders, as well as the NIH-sponsored National Gene Vector Laboratory program, which provides services to scientists who conduct gene therapy trials.
