

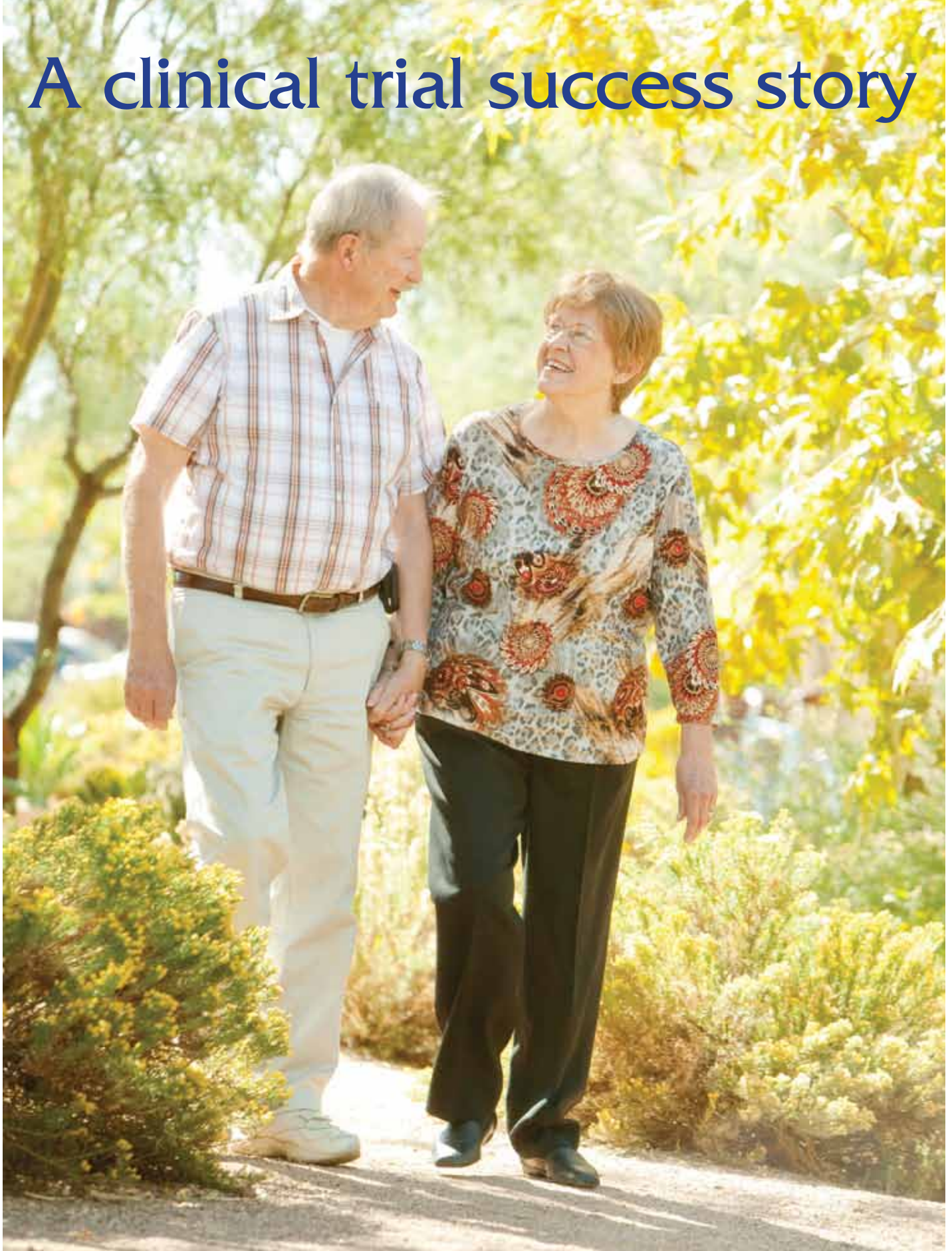


THE ARIZONA
CANCER CENTER

ACT AGAINST CANCER™

Volume II, Issue 3 :: WINTER 2010

A clinical trial success story



In this issue:

Clinical Trials Q&A • Phase I: A Bridge to Better Therapies
A Groundbreaking Breast Cancer Study • Nurse of the Year

Director's Message



Oncology inherently is a research discipline with 560,000 deaths from cancer anticipated in 2010. The field of oncology can only succeed through the development of improved preventive and treatment strategies. In both areas, the best, most effective intervention is the experimental arm of a Phase II or III randomized clinical trial.

Because of the regulatory environment dictated by both the Food and Drug Administration and the National Institutes of Health, there are fewer clinical trials options. Currently, only 2 percent of all oncology patients in the United States are entered into clinical trials. This diminishing rate of clinical research in oncology seriously imperils our progress in finding cures.

In the Arizona Cancer Center, more than 12 percent of our cancer patients are entered into clinical trials. Presently, our 11 multidisciplinary teams have more than 120 prevention and treatment clinical trials activated in our clinics. This level of research activity results in between 1,000 and 2,000 clinical trials registrations in Arizona Cancer Center-affiliated clinics each year.

It is the participation of our patients in these important clinical trials that is required to continuously improve long-term outcomes, while reducing both short- and long-term treatment toxicities. They are the real heroes!

Sincerely,

David S. Alberts, MD
Arizona Cancer Center Director

On the cover

Shiela McArthur is back to taking walks with her husband, James, after participating in a clinical trial. Read more on page 9.

Photo by www.csrichards.com



clinical trial (KLIH-nih-kul TRY-ul)
A type of research study that tests how well new medical approaches work in people. These studies test new methods of screening, prevention, diagnosis or treatment of a disease.

CLINICAL TRIALS

The Arizona Cancer Center, a National Cancer Institute-designated Comprehensive Cancer Center, is one of the leading sites in the country for the treatment of cancer. In addition to receiving state-of-the-art, evidence-based multidisciplinary cancer care, our patients have access to novel targeted therapy medications and innovative treatments through clinical trials.

Clinical trials are scientific studies in which people volunteer to participate under the supervision of physicians and research professionals. While clinical trials may study new diagnostic and screening methods as well as prevention and quality of life strategies, in this issue we're covering therapeutic clinical trials, which, in the realm of cancer, examine new medications, new combinations of drugs or new approaches to surgery or radiation therapy.

A small number of patients volunteer to try these novel treatments, which on average have at least six years of research behind them, in order to determine safety and effectiveness before they can be made widely available. Many standard treatments used today are the result of past clinical trials, which involve a strict and rigorous multi-step process that takes eight years on average to complete. Clinical trials are monitored by the National Institutes of Health and the Food and Drug Administration (FDA) as well as by local oversight boards that ensure volunteers' rights are preserved.

Inclusion and exclusion criteria, such as age, disease type, medical history and current medical condition, are used to identify appropriate participants for a clinical trial and help researchers ensure they can answer the questions they plan to study. Before patients decide to enroll in a trial, they learn about a study's treatments and tests, and possible benefits and risks, but participants can also withdraw from a study at any time.

Q: How does a clinical trial work?

A: A volunteer is usually assigned a specific study group. Volunteers in one study group may receive an investigational treatment or drug while other volunteers may receive a standard treatment. Sometimes a placebo, an inactive product, is used with a standard treatment to assess the effectiveness of the experimental treatment. The group in which a volunteer is placed may not be known to those involved in the study, which allows researchers to objectively observe and evaluate the volunteers. Regardless of which treatment volunteers receive, the level of medical attention and care received is the same.

Q: What protections exist for trial participants?

A: An Institutional Review Board (IRB) comprised of scientists and non-scientists of varied backgrounds, genders and ethnicities review all human-subject research conducted at the Arizona Cancer Center to ensure that studies are ethical and participants are not likely to be harmed. The IRB can stop a study if it appears to be causing unexpected harm to participants or if it is clear that the new treatment is effective and should be made more widely available.

Q: What are clinical trial phases?

A: Each phase of the clinical trial process has a different purpose and is treated as a separate study. After completion of a phase, investigators must submit data for approval from the FDA before continuing to the next phase.

- **Phase I** - researchers test an experimental drug or treatment in a small group of people (20-80) for the first time to evaluate its safety, determine a safe dosage range and identify side effects. (Read more about the Phase I program on page 4.)
- **Phase II** - the experimental drug or treatment is given to a larger group of people (100-300) to see if it is effective and to further evaluate its safety.
- **Phase III** - the experimental drug or treatment is given to large groups of people (1,000-3,000) to confirm its effectiveness, monitor side effects, compare it to commonly used treatments and collect information that will allow it to be used safely.
- **Phase IV** - occurs after an approved drug is on the market to delineate additional information including the drug's risks, benefits and optimal use.

Around the Center



Workers put the finishing touches on one of the newly renovated patient rooms in 3NW at UMC.

Photo by www.davidandersphotos.com

3NW at UMC dedicated to oncology care

A hospital wing once devoted to pediatric patients at University Medical Center is being transformed into a unit that will focus on the care of people with cancer.

Oncology patients have unique needs, said Michael A. Bookman, MD, chief of the Arizona Cancer Center's hematology/oncology section.

"While most cancer treatments are provided in the outpatient setting of the Arizona Cancer Center at UMC North and Orange Grove, when complications arise, it is reassuring to have a special place dedicated to inpatient cancer care within UMC, offering our patients a truly integrated delivery system, which is an important part of the total care of our patients," he said.

"Because of the nature of cancer and the complexities of cancer treatment, we maintain long-term relationships with our patients, including times when they require admission to the hospital. This differs from 'episodic' care that might be needed to solve an isolated or self-limited problem in non-cancer settings," Dr. Bookman said.

At 3NW, patients will be cared for within a team setting, including specially trained medical staff aware of their history, treatments and specific needs. Two-way communication between the inpatient unit and the outpatient multidisciplinary team will enhance continuity of care, and ensure that everyone participates in key decisions, Dr. Bookman said.

The oncology unit will move into 3NW by the end of the year.

- By Sara Hammond

Read more frequently asked questions at www.azcc.arizona.edu/patients/clinical-trials/faq

Choosing to participate in a clinical trial is an important personal decision. Patients interested in clinical trials should talk to their physicians. A searchable list of open therapeutic trials at the Arizona Cancer Center is available at www.azcc.arizona.edu/research/clinical-trials. A searchable registry of clinical trials around the world is available at www.clinicaltrials.gov. For more information about clinical trials at the Arizona Cancer Center, please call (866) 278-1554.

PHASE I CLINICAL TRIALS PROGRAM OFFERS PATIENTS UNIQUE OPPORTUNITY

The Arizona Cancer Center's Phase I Clinical Trials Program is the only place in Southern Arizona where patients can get access to cutting-edge investigational treatments.

“The future is here,” said Daruka Mahadevan, MD, PhD, director of the Phase I Clinical Trials Program and Drug Development and Translational Research at the Arizona Cancer Center. “The existing drugs are useful, but we can do better with new drugs to keep our patients alive.”

The Phase I program tests new targeted therapies for the first time in small groups of patients to evaluate safety, determine safe dosages and identify side effects. Targeted therapies are drugs that block the growth and spread of cancer by interfering with molecules involved in tumor growth and progression. By targeting cancer-specific changes in the body, targeted therapies may be more effective against cancer and less harmful to healthy cells than traditional treatments.

It's clear that the newer targeted therapies work, because people participating in the Phase I studies are often living longer, said Dr. Mahadevan. He frequently observes patients who at one time would have been considered difficult to salvage now have a positive clinical response and benefit.

“These people have failed two or more front-line therapies and they're expected to die in two or three months, but they're living a year or more,” he said. “We are actually increasing their survival, even in a Phase I trial.”

Another benefit of the new drugs is that they lack the limitations and side effects of some traditional treatments.

“Patients on Phase I trials of targeted therapies can continue to take the drug as long as there is a clinical benefit,” Dr.

Mahadevan said. “With chemotherapy you cannot do that. Chemotherapy can only be given for a certain amount of time and then you stop because the body can't handle it. You're done. With these new kinds of treatment, that's not the case. The body can handle it because they are targeted therapies.”

Additionally, patients who no longer show a response on one Phase I trial, can go on to another.

“Often times they go from one study to another study,” said Ruth Cañamar, the Phase I Clinical Trials Program manager. “Our patients can participate in several trials. That's the benefit of coming to a cancer center such as ours; you're seeing the leading experts in cancer care and you have access to treatments you can't get anywhere else.”

Because the new investigational drugs are proving to be more effective while at the same time reducing the harmful and uncomfortable side effects often associated with standard treatments, Dr. Mahadevan recommends more patients consider Phase I studies earlier in their cancer treatment.

“Phase I is a bridge to better therapies,” he said. “Patients should come here before it gets to the last-ditch effort. It's futile to go down third-line and fourth-line standard of care drugs when there are actually new drugs that are less toxic and that may be more beneficial. They could get these new drugs and always go back to third-line, fourth-line drugs, but once they've exhausted all the standard of care options, they're often not fit enough to go on a Phase I trial.”

Rigoberto Ruiz could be the poster child for Phase I clinical trials. In February 2002, he had his first surgery for a gastrointestinal stromal tumor, a rare cancer affecting the digestive tract and nearby abdominal structures, and he has been in six Phase I studies since. For years, he has driven from Sierra Vista every two weeks for treatment at the Arizona Cancer Center.

“He was dying,” Dr. Mahadevan said. “It was eating him alive. Now when you look at him, he looks good.”

Ruiz's tumor has regressed significantly since he began treatment in his current Phase I trial. The study drug he's taking now causes no side effects and leaves him with plenty of energy to take walks with his two 2-year-old grandchildren every day.

“This medicine helps a lot,” said Ruiz, who has been very pleased with the medical attention he has received and recommends Phase I trials to other patients.

“I tell them to do it,” he said. “Everybody needs to take every chance to live.”

The Arizona Cancer Center is working with regional doctors to increase referrals to the Phase I program.

“Community physicians can use this opportunity to get the best care for their patients,” Cañamar said. “Their patients will go back to them, but if they're treated here, they're going to get an expert opinion and treatment with drugs they can't get anywhere else. This is the place to go. Our physicians are the leaders in their fields.”

All clinical trial candidates are given extensive information about the study and its potential benefits and risks before enrolling, but Dr. Mahadevan said those who really understand what Phase I trials are about are almost always interested in taking part.

“If physicians talk to their patients openly about the biology and complexity that we're dealing with, in that setting patients are very keen to go into studies,” he said.

Since the program began three years ago, the Arizona Cancer Center has treated 115 patients in 15 industry-sponsored Phase I clinical trials.

“We have conducted a number of first-in-human studies where we were the first on the planet to give the treatment to a patient,” Dr. Mahadevan said.

“Our top priority is to serve patients with the best possible drugs.”

- Daruka Mahadevan, MD, PhD

Thus far, all Phase I trials at the Arizona Cancer Center have been outpatient only, though soon the program will be able to run inpatient trials as well. University Medical Center, the Cancer Center's clinical partner in Tucson, is opening a new inpatient oncology wing that will be able to meet the needs of Phase I inpatient studies. (Read more on page 2.)

“There are some Phase I studies that have an inpatient component,” Dr. Mahadevan said. “Now if we need it, we have access to that service. It's part of the expansion.”

With its current staffing and funding levels, the Phase I program can run up to 10 trials concurrently, but Dr. Mahadevan would like to increase that number – a goal that is purely patient-focused. Having more physician researchers and research nurses on staff would allow the Arizona Cancer Center to offer more Phase I trials of promising new drugs to more patients from across the state and the nation.

“Our top priority,” he said, “is to serve patients with the best possible drugs.”

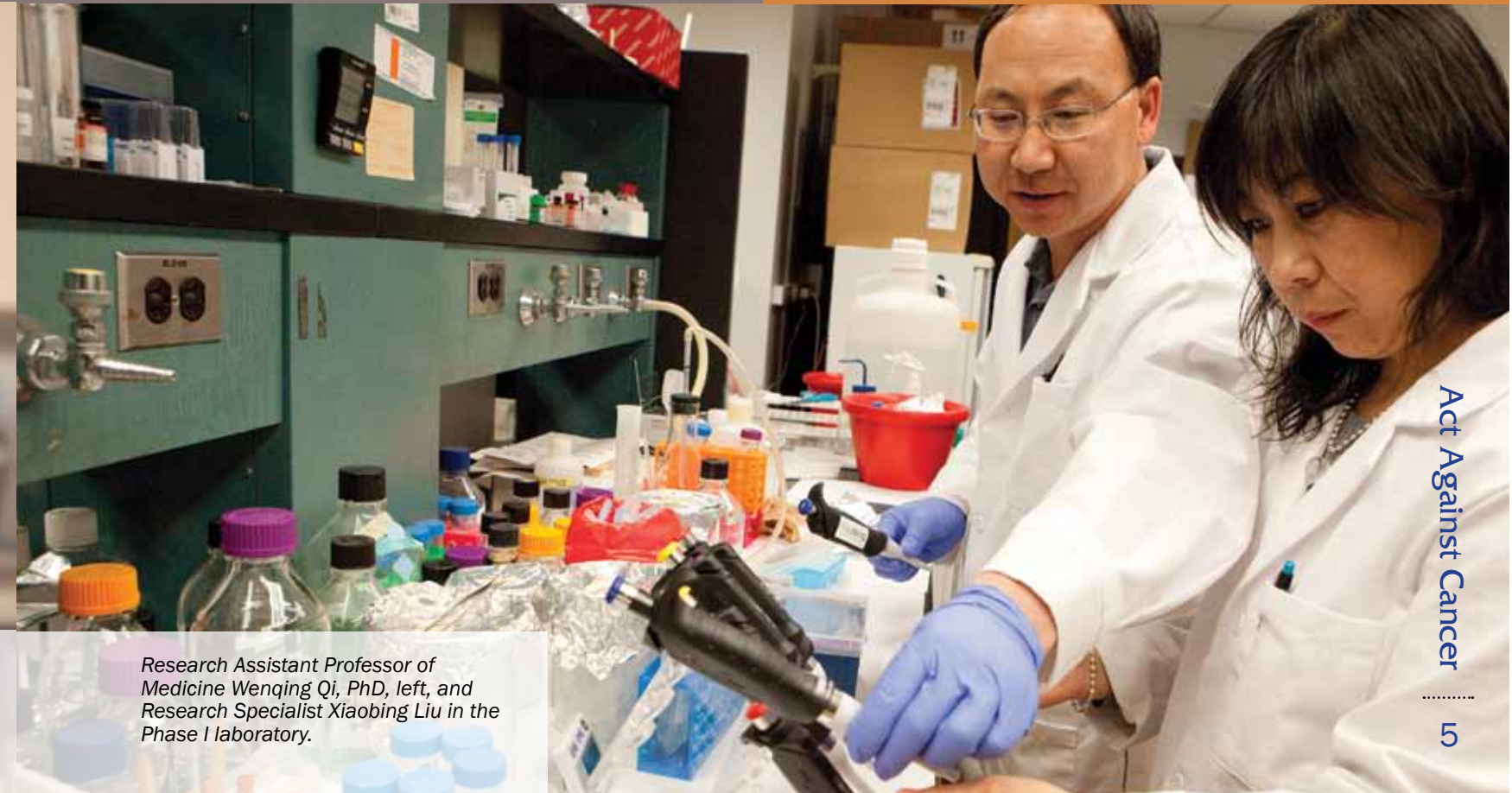
- By Sarah Mauet

Please call Ruth Cañamar at (520) 626-6515 for more information about the Arizona Cancer Center's Phase I Clinical Trials Program.



Dr. Mahadevan checks in with patient Rigoberto Ruiz who has been in six Phase I trials.

Photos by www.csrchards.com



Research Assistant Professor of Medicine Wenqing Qi, PhD, left, and Research Specialist Xiaobing Liu in the Phase I laboratory.

MEDICATIONS OF THE FUTURE HERE TODAY

The Arizona Cancer Center is participating in a groundbreaking nationwide breast cancer study.

Women with breast cancer who have large, aggressive tumors typically face tough treatment options and poor survival rates. A groundbreaking nationwide clinical trial aims to change that. The Arizona Cancer Center is participating in a five-year, \$26 million study known as the I-SPY 2 TRIAL, which aims to determine whether personalized medicine and a new approach to drug studies can bring promising new cancer therapies to the market sooner.

professor of surgery at the University of Arizona College of Medicine, hopes to enroll around 18 women a year in the study at the Arizona Cancer Center.

“We treat a lot of patients who have these large locally advanced tumors so this is a very meaningful study for our center,” she said. “I’m hoping that patients will travel to our center to get on this trial because they will get access to medicines they could not get unless they were on a clinical trial.”

One of the biggest difficulties in cancer treatment is that patients with the same type of cancer often respond differently to the same treatment. The reason: all tumors are not created equal. Even patients diagnosed with the same type of cancer may have tumors with different traits. Those traits, known as biomarkers, may make a tumor more or less vulnerable to particular medications.

The I-SPY 2 TRIAL, which stands for Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis 2, is designed to use biomarkers from individual patients’ tumors to identify which promising new targeted therapies are most effective in specific types of tumors.

“We can actually learn from every patient on the trial,” said Julie E. Lang, MD, director of the Arizona Cancer Center’s Breast Surgical Oncology Program and the local principal investigator of the study. “We’re looking at the features of the patients’ tumors and using that to make decisions about what medicines to give them for their therapy. This is a way to personalized medicine.”

The I-SPY 2 study will test combining investigational drugs with standard chemotherapy before surgery for women with newly diagnosed, locally advanced breast cancer tumors 2.5 centimeters or larger, a population for which an improvement over standard treatment could dramatically increase the odds of survival, said Dr. Lang.

Of the almost 200,000 women in the United States annually diagnosed with breast cancer, 10 to 20 percent have locally advanced breast cancer. More than a quarter of these women are under the age of 40. While these non-metastatic tumors are operable, successful treatment options remain limited and the risk of recurrence and death is significantly higher in this population, which has five-year survival rates of 60 percent.

“We’re dealing with the most high-risk breast cancer patients,” Dr. Lang said. “The data from this trial is likely to benefit all breast cancer patients, but in particular it will benefit the high-risk patients who are most in need of better answers.”

The study will enroll about 800 patients at around 20 medical centers across the nation. Dr. Lang, who is also an assistant

ABOUT I-SPY 2

The I-SPY 2 TRIAL at the Arizona Cancer Center is now open to women with newly diagnosed invasive breast cancer. Women with tumors that are 2.5 centimeters or larger are eligible to be screened to determine if they meet the requirements necessary to participate in the treatment phase of the study.

Call (520) 694-CURE (2873) to make an appointment for screening at the Arizona Cancer Center. For more information about the trial, please visit www.ispy2.org.

The I-SPY 2 study is unprecedented in its design and scope and could change the way that future clinical trials are done, said Dr. Lang. The study is unusual in several ways: it’s sponsored by a public-private partnership (Read more on Page 8.), it involves up to 12 experimental drugs from several different pharmaceutical companies, participant results are followed in real-time to allow researchers to determine more quickly which investigational drugs combat particular tumor characteristics, and the drug trial is being conducted before the tumor is surgically removed.

“Rather than giving patients therapy after surgery and waiting to see if they survive, we can actually use the tumor itself to measure if there’s a response to the therapy,” said Dr. Lang, who added that having chemotherapy before versus after surgery has no impact on patient outcome.

A key feature of the study is a molecular analysis to determine whether participants’ tumors are positive or negative for estrogen, progesterone and the HER2 protein — the basis for putting patients in one of the biomarker categories.

“This study is all about biomarkers and assessing response to therapies and really understanding more about the tumors,” said Dr. Lang. “Rather than giving everyone the same chemotherapy, we need to figure out what’s special about the different tumors and try to cure the tumors based on the unique features of the tumor biology.”

All participants will receive 12 weekly treatments with standard chemotherapy (Taxol alone or with Herceptin, depending on HER2 status) and 80 percent of patients will also receive one of a number of novel agents that target different molecular pathways affecting the growth and proliferation of tumors. That regimen is followed by four biweekly infusions of the standard drugs Adriamycin and Cytoxan. All patients receive standard of care chemotherapy and 80 percent also receive one of the novel targeted agents.

Tumor response is assessed from MRIs and core biopsies during the trial and from samples taken during surgery to remove any remaining tumor after chemotherapy is completed.



Julie E. Lang, MD, meets with Alise Bennett, whose aggressive breast cancer makes her the type of patient who could benefit from the I-SPY 2 trial.

Photo by www.csrhards.com



I-SPY 2 is designed to use biomarkers from individual patients’ tumors to identify promising new targeted therapies.



The last step in the I-SPY 2 trial is surgery to remove any tumor that remains after chemotherapy.

Photo by www.davidandersenphotos.com

Continued from page 7

Specimens from all sites are handled through the same lab so one centralized computer system tracks and analyzes the data in real-time. Successful associations between patient biomarkers and tumor response among the early participants will influence which novel treatments subsequent trial participants receive.

"The overall goal is to see if we can predict which types of tumors will respond favorably to novel chemotherapy agents and use biomarkers to better predict response in patients," Dr. Lang said. As successful novel agents graduate from the study and ineffective ones are dropped, new drugs may be cycled in.

Typically it takes 12 to 15 years to evaluate one drug, but the goal of this trial is to evaluate 12 drugs in a five-year period, Dr. Lang said.

"It's a really exciting trial," she said. "I hope that we find a few drugs that will become standard of care for breast cancer, and I hope that we are able to individualize treatment for our patients based on the study results."

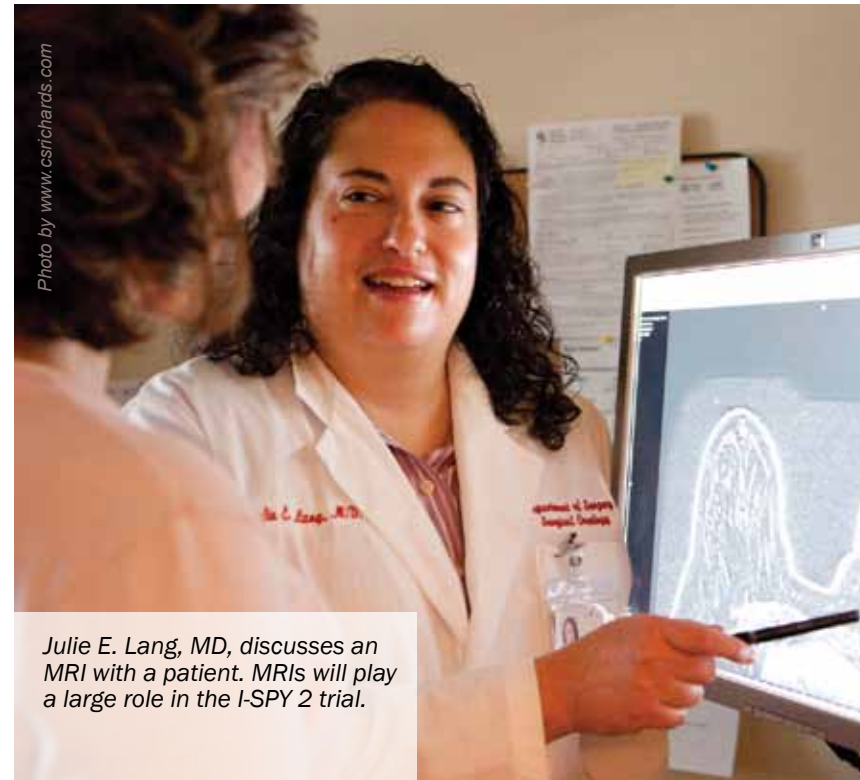
All Arizona Cancer Center patients receive high-quality care from our National Cancer Institute-designated Comprehensive Cancer Center, Dr. Lang said, but patients enrolled in the I-SPY 2 study may have access to some of the most promising new drugs to pass Phase I trials and may enjoy additional benefits that come with clinical trial involvement.

"Many patients enjoy participation in clinical trials because they have a team of researchers, multidisciplinary physicians and research nurses looking after them," she said. "They're updated on their progress, and they have serial assessments of MRIs and biomarkers. The patients really feel like they're involved in the search for the cure."

Being one of the 20 sites nationwide to be able to offer this trial to patients demonstrates the fact that the Arizona Cancer Center is one of the leading sites in the country for the treatment of breast cancer patients, said Dr. Lang.

"Our patients have access to novel clinical trials, novel treatments and clinicians and investigators who have the ability to conduct trials of this scope," she said. "Our center is able to ask important questions and strives to take on the challenge of improving the care of patients. I think that really distinguishes the Arizona Cancer Center."

- By Sarah Mauet



Julie E. Lang, MD, discusses an MRI with a patient. MRIs will play a large role in the I-SPY 2 trial.



Shiela McArthur is enjoying walks with her husband, James, again after her successful participation in a clinical trial.

A CLINICAL TRIAL SUCCESS STORY

When she was struck with an attack of diverticulitis in January, Shiela McArthur went to the doctor expecting to receive a quick course of antibiotics to clear it up.

approved for the treatment of breast cancer and being tested for other cancers. In a Phase I trial of the combination, more than 70 percent of patients achieved stabilization or regression in cancer size lasting longer than four months.

"It was quite serious. I didn't think at the time that we had even a year, so I just felt that I should take the best thing I could get," McArthur said. "I figured this was the most recent up-to-date thing they're working on. My philosophy was if there was anything I could do to contribute toward a cure for this cancer, I would feel very good about that."

Beginning the first week of February, McArthur made weekly visits to the Cancer Center and was very pleased with the medical attention she received.

"I had to have a couple more CAT scans, and they did interviews each week when I came in for blood work," she explained. "They would ask me how I felt and what was going wrong and what was going right. They kept very much on top of what was happening to me. I felt very good that they did that. If I was feeling bad, they would advise something to do. They were extremely helpful."

Though patients in the trial were randomized to receive either standard of care therapy or the investigational treatment, McArthur did receive the new combination of drugs.

"I feel very fortunate that I did get the Abraxane," she said. "In my mind, that was a good part of why it hit the cancer so hard and it looks so favorable in the reports."

McArthur's tumors have regressed to the point that they are no longer visible on CAT scans.

"The results have been wonderful," she said. "It has shrunk the tumor to where they don't see it, and they don't see the cancer in the liver either. It's just been a miracle."

McArthur did have some side effects from the treatment. She felt numbness and tingling in her feet and fingers, a condition known as neuropathy, and the medication she took to control nausea made her tired and a little woozy. She stopped driving and couldn't take the daily walks she and her husband, James, had enjoyed before her diagnosis.

She chose to end treatment on Sept. 9 and she's back to walking and getting into her usual activities again. She even went on a trip to California in October – something she never imagined earlier this year she would do again.

"It's nice to be feeling better and feeling like I'm doing things," she said. "We try to go to the park at least three mornings a week and walk and I'm building that up."

While her cancer appears to be in remission, she will continue to be monitored through monthly blood workups.

"It's not showing up, but as the doctor said, it can be hiding in places you don't know," McArthur said. "They don't see anything now, but those things are hard to beat, especially with pancreatic cancer. We'll keep our eye on it. When it comes back, we'll deal with it."

While pragmatic about the future, McArthur is extremely pleased with her experience as a clinical trial participant and her returned good health.

"I definitely would recommend this to other patients," she said. "I have no doubt about that."

- By Sarah Mauet

FUNDING I-SPY 2

I-SPY 2 is managed by the Biomarkers Consortium, a unique public-private partnership led by the Foundation for the National Institutes of Health that includes the Food and Drug Administration, the National Institutes of Health, and a number of partners from major pharmaceutical companies, academic medical centers and non-profit and patient advocacy groups.

Safeway, Inc., one of the largest food and drug retailers in North America, is a significant funder of the study. The corporation will contribute a portion of proceeds from the Safeway Foundation's annual chain-wide October Breast Cancer Awareness fundraising initiative to I-SPY 2. The Arizona Cancer Center has received \$300,000 from the Safeway Foundation for I-SPY 2 participation.

"Our participation in this important national breast cancer drug study could not happen without support from the Safeway Foundation," said Arizona Cancer Center Director David S. Alberts, MD. "We are especially pleased to be able to invest Safeway's generous grant to conduct research with our patients here in Arizona."

"This Foundation grant is part of our annual breast cancer fundraising effort," said Dan Valenzuela, Safeway Phoenix Division president. "It is important to have money raised locally at Arizona's 115 Safeway stores go to a local cancer center involved in cutting edge cancer research. The ultimate goal is to find a cure, and we are proud to partner with the Arizona Cancer Center."

NURSE OF THE YEAR

Arizona Cancer Center nurse practitioner Sandra Kurtin, RN, MS, AOCN, ANP-C, is one of those nurses others turn to when they have questions or need help.

Her passion for nursing was honored in September when she won the 2010 Nurse of the Year Award for mentoring from the March of Dimes Arizona Chapter.

Kurtin, who has been a nurse for 27 years, is known for her motto, "knowledge is only powerful if shared," and her e-mails end with the phrase, "pass the passion."

"To me, knowledge is not powerful if you hoard it," she said. "You want to help as many patients as possible. You also want other people to have the passion to be involved in oncology and love what they do and find fulfillment in that. Sharing knowledge helps to cultivate that passion in other people."



More than 300 nurses throughout the state were nominated in 14 award categories. Clinical Nurse Specialist Susan Bohnenkamp, MS, APRN, BC, CNS, CCN, who submitted Kurtin's nomination, said the nurse practitioner is an invaluable resource to her colleagues.

"I nominated Sandy for the award because she has been a mentor to me in oncology for many years," Bohnenkamp said. "Sandy has given guidance and support to so many regarding oncology. She is the best of the best."

A clinical assistant professor of medicine at the University of Arizona colleges of medicine and nursing, Kurtin focuses on patients with hematological and gastrointestinal malignancies and those participating in Phase I clinical trials. She serves as an educator for oncology fellows, residents, nurses and nursing students and she has mentored many in research, evidenced-based practice and publishing. She also teaches regionally, nationally and internationally at conferences. She serves on a number of international boards including the Myelodysplastic Syndromes Foundation and the International Myeloma Foundation.

Kurtin worked at University Medical Center for 11 years and has been at the Arizona Cancer Center clinic for 16 years, but she has been passionate about oncology since she began nursing school.

"I took care of cancer patients when I first started going to school and I really liked it," she said. "That was it. I've always been in oncology."

Kurtin has been involved in some major developments in cancer treatment. She helped start the University Medical Center's bone marrow transplant program and she worked on a clinical trial started at the Cancer Center that led to the approval of a new drug for myelodysplastic syndrome (MDS) and multiple myeloma.

"We were the only site in the world that ran the initial trial that eventually brought the drug Revlimid to market," she said. "We did the original Phase I/II trial here and it went to multi-site trials from there leading to approval of the drug in MDS. That was a wonderful experience."

"When you help people through this, you're making a difference every day and that's something that keeps me going. I am lucky to be here doing what I love."

- Sandra Kurtin

"It's good to support research and try to find new treatments because most cancers are still not cured," she said. "We need more drugs, more therapies. We run out of things to do sometimes and that's very hard."

Kurtin is honored to have received the Nurse of the Year award, particularly because a colleague nominated her, but winning awards isn't why she works so hard.

"I get what I need from what I do," she said. "It gives you such a different perspective on life. You're humble and you realize there are a lot of things that people worry and talk about that really aren't that important. We all get caught up in this and that. What you get here are just people being brave and finding humor and showing courage. The patients give so much back. It's a remarkable gift. In reality, when you help people through this, you're making a difference every day and that's something that keeps me going. I am lucky to be here doing what I love."

- By Sarah Mauet

About us

The Arizona Cancer Center is a National Cancer Institute-designated Comprehensive Cancer Center, the NCI's highest ranking. We are one of 40 elite centers around the nation characterized by scientific excellence and superior patient care as well as programs in prevention, education, outreach and training.

Please visit www.arizonacancercenter.org to learn more about the Arizona Cancer Center.

Highlights in Giving

The Arizona Cancer Center's Leadership Circle dinners provide major supporters of the Cancer Center with a special opportunity to learn about groundbreaking research as well as hear from families about their experiences with cancer. This year's dinners in Tucson and Phoenix provided lively forums for inspirational discussions.

At the Tucson dinner, held Nov. 3 at the Arizona Inn, Jan and Alan Levin spoke to attendees about the importance of giving back to the community and their family's belief that the Arizona Cancer Center is a special place that has restored the dignity of patients receiving care. The holder of the Jan and Alan Levin Family Endowed Chair, Clara Curiel, MD, emphasized the Cancer Center's philosophy of collaborative research and innovation that philanthropists such as the Levin's make possible.



Jan and Alan Levin

Evenings that Inspire and Unite



Barbara and Charlie Young

The following evening, guests turned out for the Leadership Circle dinner in Phoenix at the Paradise Valley Country Club. Cancer Center supporters Barbara and Charlie Young shared how their family has dealt with cancer diagnoses among their family members and friends. They talked about their excitement in extending the reach of the Arizona Cancer Center to Phoenix and the value that a University-based teaching and research institution brings to the community. Heather Tardif, PhD candidate in the Cancer Biology Interdisciplinary Graduate Program at the University of Arizona, introduced the Youngs and expressed her gratitude for their support of the education of future scientists and her passion to work to find ways to prevent and cure cancer.

- By Keri Valdes



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www.arizonacancercenter.org

EVENTS CALENDAR

December

1 **Oro Valley Community Lecture: Prostate Cancer** with Mitchell Sokoloff, MD, FACS - 11 a.m. - noon. Oro Valley Public Library.

2 **Pottery Sale to benefit the Arizona Cancer Center Patient Assistance Fund** - 9 a.m.- 4 p.m. Lobby, AZCC at UMC North.

12 **Tucson Marathon Events** - benefiting the Arizona Cancer Center's Better Than Ever research grants. 7 a.m. - 1 p.m. More information at www.tucsonmarathon.com

15 **Green Valley Community Lecture: Ovarian, Endometrial and Cervical Cancer** with Janiel Cragun, MD - 10 - 11 a.m. West Center.

January

Cervical Cancer Screening Month

12 **Oro Valley Community Lecture: Melanoma Update, Exciting Progress, New Challenges** with Lee Cranmer, MD, PhD - 11 a.m. - noon. Oro Valley Public Library.

19 **Green Valley Community Lecture: Colon Cancer** with Tomislav Dragovich, MD, PhD - 10- 11 a.m. West Center.

27 **Danny Brower Memorial Lecture** - with Elaine Fuchs, PhD, of Howard Hughes Medical Institute and the Rockefeller University. 12:30 - 2 p.m. Kiewit Auditorium, AZCC.

29-30 **The Westbrook Village Community presents the Second Annual Charity Challenge** - events include tennis and golf tournaments, walking rally, bingo, classic car show, live and silent auctions and raffle drawings. Visit www.westbrookcharity.org for more information.

February

2 **Oro Valley Community Lecture: Non-Melanoma Skin Cancer** with Clara Curiel, MD - 11 a.m. - noon. Oro Valley Public Library.

2 **When Cancer Impacts the Family: Helping "Co-Survivors" to Thrive:** a panel presentation on the needs of family and friends. 12 - 1:30 p.m. Kiewit Auditorium, AZCC.

18-20 **The Tom Hagedorn Foundation presents "Living the Dream"** - Friday 5:30- 10:30 p.m. - dinner, live entertainment, live and silent auctions and casino games. Saturday 8 a.m.-noon - adult team and junior tennis tournaments. Sunday 8 a.m.-noon - 5k run/walk. All events benefit the Arizona Cancer Center and will be held at The Tucson Racquet and Fitness Club, 4001 N. Country Club Road. Visit www.4haggy.org for more information.

19-20 **Kona Bikes 24 Hours in the Old Pueblo** - join 3,000 participants for a premier mountain bike race benefitting lung cancer research at the Arizona Cancer Center. Visit www.epicrides.com for more information.

COMMON LOCATIONS:

AZCC = Arizona Cancer Center
1515 N. Campbell Ave., Tucson

AZCC at UMC North = Arizona Cancer Center
at UMC North, 3838 N. Campbell Ave., Tucson

West Center = 1111 Via Arco Iris, Green Valley

Oro Valley Public Library = 1305 W. Naranja Dr., Oro Valley

Please visit www.arizonacancercenter.org for more information about the Arizona Cancer Center.