As a testament to our commitment to quality cancer care, our Smilow Cancer Hospital and Yale Cancer Center will have a strong showing at the ASCO conference this year. We are proud to announce several important developments:

- Dr. Anne Chiang has been named Chair-Elect for the ASCO Quality of Care Committee in recognition of her outstanding contributions to the field.
- Our team at Smilow Cancer Hospital is proud to announce the opening of the new Head and Neck Center, which offers a comprehensive approach to the treatment of head and neck cancers.
- The Lung Cancer CME Symposium, which focuses on the latest advancements in lung cancer treatment, will be held on November 6 at Smilow Cancer Hospital.
- The Head and Neck CME Symposium, featuring expert speakers and cutting-edge research, will take place on October 22 at the Omni Hotel.
- The Radiation Oncology CME Symposium, which will cover the latest developments in radiation therapy and its applications, will be held on October 11.
- The Radiotherapy CME Symposium, focusing on innovative treatment approaches for radiation therapy, will take place on November 11 at Dolce in Norwalk.

**Research in the News**

- **Low Oxygen Environment Helps Tumors Silence Critical Genes**: A study led by Yale Cancer Center may provide key insights into how tumors can silence critical genes to help them grow and spread. The findings suggest that this gene silencing may help clinicians develop new strategies to target and treat aggressive tumors.

- **Breast Cancer for Immunotherapy in Early-Stage Patients**: A Yale Cancer Center study has found that high levels of lymphocytes and PD-L1 prediction are associated with early-stage breast cancers having large tumors. The study demonstrated that about 60 percent of early-stage breast cancers have PD-L1 expression, which could be targeted with novel immune stimulatory therapies in clinical trials.

- **Aspirin Use Reduces Risk of Pancreatic Cancer**: A Yale School of Public Health and Yale Cancer Center study has found that the regular use of both low-dose and regular-dose aspirin may cut a person’s risk of developing pancreatic cancer by half. Continual use of aspirin may cut a person’s risk of developing pancreatic cancer too late to treat successfully. By the time it is diagnosed, it is usually the deadliest cancers, with the five-year survival rate at less than 5%. Significantly, the study looked at regular use of both low-dose and regular-dose aspirin. Overall, both low-dose aspirin and regular-dose aspirin reduced the risk for pancreatic cancer. Of note, our Press Ganey scores for April-June 2014 were the highest ever achieved since the opening of our former medical students, Bing Zhang, working in collaboration with our Rothman Index team, will present data on utilization of aggressive interventions with an estimated 50% reduction in admission rates. Regarding End-of-Life Care, one of the ground breaking work that she has achieved in our Smilow Cancer Hospital, a tremendous accomplishment for our team. And last but not least, we are very proud to announce that Dr. Anne Chiang has been named Chair-Elect for the ASCO Quality of Care Committee in recognition of her outstanding contributions to the field.

**Visit**

To learn more about these events and other opportunities in cancer care, please visit our website or contact our office at (203) 200-1344.
Long-term use of aspirin may reduce risk of pancreatic cancer.

A Yale School of Public Health and Yale Cancer Center study has found. Further, the risk reduction was even higher - 60% - among those who took aspirin for more than 10 years.

Pancreatic cancer is among the deadliest malignancies. The disease is usually diagnosed once it has spread beyond the pancreas, making it difficult to cure. People with pancreatic cancer have a 5-year survival rate of less than 5%. By the time it is diagnosed, it is usually in an advanced stage.

The study looked at regular use of both low-dose aspirin and regular-dose aspirin. Overall, both low-dose aspirin and regular-dose aspirin reduced the risk for pancreatic cancer by half. Significantly, the risk reduction was even higher - 60% - among those who took aspirin for more than 10 years.

As a testament to our commitment to quality improvement in health care, our clinicians and researchers will present at the upcoming American Society of Clinical Oncology (ASCO) annual meeting, which will be held in May 2014.

The study demonstrated that about 60 percent of early-stage breast cancers have PD-L1 expression, and a subset of these cancers also have large numbers of tumor infiltrating lymphocytes. These findings suggest that this gene silencing or silence, genes critical to suppressing tumors.

We hope you find our quarterly newsletter useful and welcome every opportunity to assist you in the care of your patients. Please don’t hesitate to call my office at (203) 200-1344 or email with any questions or concerns so that we can best bring our practices closer together.

Visit http://bit.ly/1AQOMO0 to learn more.
As a testament to our commitment to quality cancer care, Smilow Cancer Center will have a strong showing at the upcoming American Society of Clinical Oncology (ASCO) Quality Care Symposium in Boston, MA next month. Our clinicians and researchers will present on several quality and safety projects, ranging from the use of barcode scanning at our Care Centers, presented by Stephanie Anport, to the use of 3-D intraoperative specimen imaging to reduce the need of re-excision in breast cancer patients, presented by Dr. Anees Chagpar, and a lecture by Dr. Suzanne Evans on “Patient Safety Across Disciplines.”

On the topic of Ambulatory Care, Dr. Kerin Adelson will present an ongoing project to decrease visits to the Emergency Department (ED) and to provide access to same day visits in the Ambulatory Clinic, which can lead to an estimated 50% reduction in admission rates. Regarding End-of-Life Care, one of our former medical students, Bing Zhang, working in collaboration with our Rothman Index team, will present data on utilization of aggressive interventions within 30 days of death in advanced lung cancer patients, and the potential utility of the index in identifying poor-prognosis prior to futile interventions.

Cathy Lyons, Executive Director of Patient Care Services, recently hosted a meeting of the C4QI, a comprehensive cancer center consortium whose mission is to improve the quality of care for all cancer patients. Of note, our Press Ganey scores for April-June 2014 were the highest ever achieved since the opening of Smilow Cancer Hospital, a tremendous accomplishment for our team. And last but not least, we are very proud to announce that Dr. Anne Chiang has been named Chair-Elect for the ASCO Quality of Care Committee in recognition of the ground breaking work that she has achieved in our Smilow Cancer Care Centers.

I hope you find our quarterly newsletter useful and welcome every opportunity to bring our practices closer together. Please don’t hesitate to call my office at (203) 200-1344 or email with any questions or concerns so that we can best assist you in the care of your patients.

Rogério Lilenbaum, MD
Professor of Medicine
Yale School of Medicine
Chief Medical Officer
Smilow Cancer Hospital at Yale-New Haven
Yale Cancer Center

EVENTS

Stereotactic Radiosurgery and Stereotactic Body Radiotherapy CME Symposium
October 22; 5:30 PM | Omni Hotel

Lung Cancers CME Symposium
November 6; 5:00 PM (Save the date!) | Smilow Cancer Hospital

Head and Neck Cancers CME Symposium
November 11; 5:00 PM | Dolce in Norwalk

Low Oxygen Environment Helps Tumors Silence Critical Genes

A study led by Yale Cancer Center may provide clues to how some aggressive cancers turn off, or silence, genes critical to suppressing tumors. The findings suggest that this gene silencing process could be interrupted to increase the chances that aggressive tumors will respond to treatment.

As cancer develops, it often outstrips its blood supply and receives less oxygen than normal tissue. This low-oxygen environment, called hypoxia, is associated with aggressive tumors of all types that are more likely to resist chemotherapy and radiation therapy and progress. The study, which used colon cancer tissue, found that hypoxia also triggers the silencing of a critical tumor-suppressing gene called MLH1.


Long-term use of aspirin may reduce risk for pancreatic cancer

Continual use of low-dose or regular-dose aspirin may cut a person’s risk of developing pancreatic cancer in half, a Yale School of Public Health and Yale Cancer Center study has found. Further, the degree of protection may grow the longer one takes the aspirin. Pancreatic cancer is among the deadliest cancers, with the five-year survival rate at less than 5%. By the time it is diagnosed, it is usually too late to treat successfully.

The study looked at regular use of both low-dose aspirin and regular-dose aspirin. Overall, both low-dose and regular-dose aspirin reduced the risk for developing pancreatic cancer by half. Significantly, among those who took aspirin for more than 10 years, the risk reduction was even higher - 60%.


Researchers Identify Possible Target for Immunotherapy in Early-Stage Breast Cancer

Yale Cancer Center researchers used a new molecular analysis tool to accurately detect the level of an important target for immunotherapy in early-stage breast cancers. The diagnostic test, using RNAseq, measures the amount of PD-L1 (programmed death ligand 1) mRNA in routine formalin-fixed cancer tissues and is devoid of many of the technical issues that plague antibody-based detection methods that have yielded conflicting results in the past. PD-L1 is the target of several novel immune stimulatory therapies in clinical trials.

The study demonstrated that about 60 percent of early-stage breast cancers have PD-L1 expression, and a subset of these cancers also have large numbers of tumor infiltrating lymphocytes. High levels of lymphocytes and PD-L1 predicted for better survival, suggesting a beneficial role for the immune system in at least partially controlling these cancers.

NEW FACES

Patricia M, LoRusso, DO
Office: (203) 200-2486
Appointment: (203) lorusso.eve@yale.edu
Patricia M, LoRusso, DO, widely regarded as a leading expert on developing new cancer drugs through clinical trials, joined Yale Cancer Center and Sliwoski Cancer Hospital at Yale-New Haven in August as a Professor of Medicine (Medical Oncology) and Associate Director, Innovative Medicine at Yale Cancer Center.

Dr. LoRusso brings more than 25 years of expertise in medical oncology, drug development, and early phase clinical trials at Yale. Prior to her appointment here, she served in numerous leadership roles at Wayne State University’s Barbara Ann Karmanos Cancer Institute, most recently as director of the Phase I Clinical Trials Program and of the Eisenberg Center for Experimental Therapeutics.

Dr. LoRusso has served as co-chair of the National Cancer Institute (NCI) Cancer Therapy Evaluation Program (CTEP) Investigational Drug Steering Committee. She also serves on the scientific committee of the American Association for Cancer Research (AACR), the education and scientific committees of the American Society of Clinical Oncology (ASCO), has reviewed study sections, and NCI committees. She is the co-leader of the Stand Up to Cancer-MRI Malignant Dream Team Translational Cancer Research Grant, which will be continued at Yale Center.

CLINICAL TRIAL SUMMARIES

HIC# 131203110
Principal Investigator: Brian Shuch, MD
Active Surveillance of the Small Renal Mass: An Integrated Biomarker Trial
Many small kidney tumors represent a non-aggressive cancer with an extremely low potential to cause harm. Historically, all patients have had surgical treatment. However, when these tumors have been observed without treatment, most either have minimal or no growth. Many experts have suggested that surgical removal, with its inherent short and long-term risks, could represent overtreatment and may often be unnecessary. Many patients with such renal tumors may benefit from an approach of close observation (active surveillance) with delayed intervention reserved only if tumors demonstrate growth.

HIC# 1406014167
Principal Investigator: Paul Elder, MD
Modular Phase II Study to Link Targeted Therapy to Patients with Pathway Activated Tumors: Module 4 - LGX818 for patients with BRAF/VEGFR mutated tumors
This study will determine whether LGX818 is safe and has beneficial effects in patients with a BRAF/VEGFR-activated pathway. This pathway is thought to play a role in tumor cell growth as well as in the growth of new blood vessels, which supply the tumor with nutrients and oxygen. LGX818 is a new type of drug that works by slowing down the activities of both BRAFV600 and an important pathway inside the cell involved in the development of certain types of cancers. Mutations in the BRAF gene are found to various degrees in many cancers including blood malignancies, leading to or accelerating their growth.

HIC # 1304011806
Principal Investigator: Ehab-Ahmed, MD
A Phase III Randomized, Placebo-Controlled Clinical Trial Evaluating the Use of Adjuvant Endocrine Therapy +/- One Year of EVEROLIMUS in Patients with High-Risk, Early Stage RECURRENT-HER2 Negate Breast Cancer Everolimus (Novartis: Zortrix/Alfinost) is being studied to determine if its use, in addition to standard adjuvant endocrine therapy (after completion of chemotherapy) is more effective in preventing relapse than standard endocrine therapy alone.

HIC# 1104008828
Principal Investigator: Erin Hofstatter, MD
A Phase III, Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy +/- Chemotherapy in Patients with 1-3 Positive Nodes, Hormone-Receptor Positive and HER2-2 Negative Breast Cancer with Recurrence Score (RS) of 25 or Less.
Some ER+ breast cancers may be at moderately high risk for recurrence because of anatomical risk factors, such as positive nodes, yet they may not benefit from adjuvant chemotherapy because of the biology of their disease. There is data to suggest that ER+ breast cancers with an intermediate Oncotype DX® Recurrence Score (RS) between 11 to 25 may not benefit from adjuvant chemotherapy. Sparing these patients from unnecessary chemotherapy is important and identifying this population for future drug development is also valuable for future progress in this disease.

HIC# 1309012695
Principal Investigator: Tina Santi, MD
Assessment of the decision-making impact of the Breast Cancer Impact Index in recommending extended adjuvant endocrine therapy for patients with early stage ER-positive breast cancer
All ER+ patients who complete 5 years of adjuvant endocrine therapy face the question of whether to continue for an additional 5 years or stop. Several randomized controlled studies demonstrate added benefit and reduced recurrence from extended endocrine therapy compared to 5 years of treatment, but the absolute differences are very small (2-3% fewer recurrences).
Visit http://bit.ly/1SAeO7F to learn more.

HIC# 1208010649
Principal Investigator: Erin Hofstatter, MD
A Randomized Phase III Trial of Adjuvant Therapy Comparison Chemotherapy-alone to Chemotherapy Plus Pirotuzumab in Women with Node-Positive or High-Risk Node-Negative HER2-Low Invasive Breast Cancer
Some studies suggest that Herceptin may have anti-tumor activity even in the absence of HER2 gene amplification, perhaps through immune mediated mechanisms. This randomized adjuvant trial tested a combination of herceptin in the treatment of HER2 borderline, FISH normal but HER 1 or 2+, patients.

SMILLOW CANCER HOSPITAL CLINICAL PROGRAMS

Brain Tumor
(203) 785-7284
Breast Center
(203) 200-3636
Endocrine Cancers
(203) 200-3636
Gastrointestinal Cancers
(203) 200-4422
Gynecologic Oncology
(203) 200-476
Head & Neck Cancers
(203) 200-2822
Hematology
(203) 200-4363
Melanoma
(203) 200-2822
Pediatric Hematology & Oncology
(203) 785-4081
Prostate & Urologic Cancers
(203) 200-4822
Sarcoma
(203) 737-5860
Thoracic Oncology
(203) 200-5864

SMILLOW CANCER HOSPITAL CARE CENTERS

At Sliwoski Cancer Hospital Care Centers, we offer state-of-the-art cancer services at several conveniently located settings throughout the region. In addition to the flagship Sliwoski Cancer Hospital in New Haven, we have 8 care centers across the region, along with Sliwoski Cancer Hospital’s Greenwich Campus.