CRACKING THE CODE

Unraveling the mystery of cancer and genetics
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*Deceased

INNOVATIONS

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SPRING 2016, INNOVATIONS

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Genetic testing and counseling give families vital information to fight cancer.
Illustration by Ajay Peckham

WE WANT TO HEAR FROM YOU
Tell us what you think of this publication. Please call, email or write to us with any feedback, suggestions or questions.
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In many old Westerns, including many of my father’s movies, the good guy is rarely without a partner—someone to watch his back, advise him and cheer him on. In this issue of Innovations, we celebrate the partners who accompany us on our lengthy and challenging journey to reduce the suffering caused by cancer.

At the John Wayne Cancer Institute, our united front consists of thousands of individual donors, many of them long-time supporters or representing second or third generations of philanthropic families—as well as numerous charitable and service-minded organizations. These organizations include the Associates for Breast and Prostate Cancer Studies (ABCs), the Fashion Footwear Association of New York (FFANY), the John Wayne Cancer Foundation, the John Wayne Cancer Institute Auxiliary and Saint John’s Health Center Foundation to name a few.

This issue includes stories about three of our partners. We are so grateful for the support of the John Wayne Cancer Foundation, which has been with us since the beginning and has hired a new president, Cathy Brown.

We also pay tribute to the ABCs, recalling its 30 years of activities that have netted more than $15 million for the Institute. Gloria Gebbia, the ABCs president, describes a group of people devoted to cancer cures and each other.

And we are delighted to profile the fabulous FFANY and its leader, Ron Fromm. The John Wayne Cancer Institute is one of nine charities that benefit from FFANY’s charitable efforts, and we count ourselves extremely grateful for this partnership.

In this issue we’re also pleased to announce two gifts to our renowned Surgical Oncology Fellowship Program. The $1 million fund established by the Tarble Foundation provides seed money to ensure this jewel of the Institute continues to thrive.

We’d like to thank benefactor Ruth Weil for her many years of generosity to the Institute—particularly her special relationship with the Surgical Oncology Fellowship Program. We’ve always been able to count on Ruth and appreciate her friendship and support, which includes a recent gift to the fellowship program. I’m pleased to announce that we just honored her with the inaugural Dr. Donald L. Morton Legend Award, presented to esteemed individuals who have made the kind of enduring contribution to cancer research and education that exemplifies Dr. Morton’s audacious vision of eradicating cancer. We love you, Ruthie!

Our donor partnerships have made the Institute what it is today. We can never thank you enough, but I hope the progress we’re witnessing today in cancer diagnosis, prevention and treatment is a reminder of the power we wield when we work together side by side.

We celebrate the partners who accompany us on our lengthy and challenging journey to reduce the suffering caused by cancer.”

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Is personalized medicine ready for prime time?

People who are diagnosed with cancer are vulnerable. Fear of the disease and confusion about what to do are normal reactions that can leave patients overwhelmed. It’s incumbent upon physicians and nurses to reassure our patients, care for them with compassion and provide them with all of the information they need to make decisions about their treatments. That’s why it disturbs me to see marketing advertisements and commercials from health care organizations that seem to promise things that may not be realistic.

Today there is understandable excitement around personalized medicine—testing cancer patients for gene mutations and biological information in order to target specific therapies for the disease. In some cases, genetic testing is clearly warranted and useful. But we need to ask ourselves: Is personalized medicine ready for prime time? Should genomic testing be done on everyone with cancer?

I think no. But there are some people who say yes.
Dr. Santosh Kesari Recognized for Glioblastoma Research

Santosh Kesari, MD, PhD, the recently appointed director of neuro-oncology and chair of the department of translational neuro-oncology and neurotherapeutics at the John Wayne Cancer Institute, was honored November 20 at the Society for Neuro-Oncology’s 20th annual Scientific Meeting and Education Day. Dr. Kesari received the inaugural Glioblastoma Multiforme Heroes Award, presented by CURE Media Group, publishers of CURE magazine.

Dr. Kesari was among four Heroes honorees who were nominated by patients and caregivers to recognize their selfless contributions to the field and the lives of individuals impacted by glioblastoma multiforme—the most aggressive and common form of primary brain cancer. The ceremony featured actress and author Valerie Harper, who was diagnosed with lung cancer in 2009. The disease spread to her brain in 2013. The actress continues to undergo successful treatment and advocates for cancer research funding.

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Dr. Kesari has written more than 250 scientific publications, reviews and books and is a founder and advisor to several biotech startup companies focused on cancer and neuroscience. The Society for Neuro-Oncology’s meeting and gala were held in San Antonio, Texas.

Dr. Elmar Nurmemmedov Joins the Institute

The John Wayne Cancer Institute is proud to announce the appointment of Elmar Nurmemmedov, PhD, as assistant professor of translational neuro-oncology and neurotherapeutics. Dr. Nurmemmedov is an expert in the field of cancer drug discovery.

Born in Qusar, Azerbaijan, he earned a bachelor’s degree in biology from Middle East Tech University in Turkey, and a PhD in molecular biophysics from Lund University, Sweden. He completed post-doctoral training at the Scripps Research Institute in San Diego, California, and Harvard Medical School, in Cambridge, Massachusetts.

“The therapeutic research angle at the John Wayne Cancer Institute provides the flexibility to do cutting-edge research and then translate the findings into clinical practice,” Dr. Nurmemmedov says. “This is a unique place where the combination of innovative research and strong leadership can result in novel biomedical therapies.”

“The need for new cancer drugs to address specific molecular targets is significant,” he says. At the Institute he will work with Santosh Kesari, MD, PhD, professor of neurosciences and chair of the department of translational neuro-oncology and neurotherapeutics, on the discovery of therapeutic agents for cancer, particularly the brain cancer glioblastoma.

“We are focusing our efforts on targeting regulatory proteins that play key roles in the genesis as well as progression of cancer,” Dr. Nurmemmedov says. “My role spans from early discovery of such promising therapeutics to their preclinical validation.”
Innovative Clinical Trial for Glioblastoma

A novel, noninvasive device for patients with recurrent glioblastoma multiforme (GBM), a type of brain cancer, is now being offered by John Wayne Cancer Institute scientists as part of a clinical trial. Saint John’s Health Center is the first facility in Los Angeles to participate in the trial of the device, called Voyager. Garni Barkhoudarian, MD, principal investigator and Santosh Kesari, MD, PhD, co-investigator at the Pacific Neuroscience Institute and John Wayne Cancer Institute, are actively recruiting patients for this study. Dr. Kesari’s lab was involved in the initial preclinical studies that moved this technology from the bench to the clinic.

Voyager is a band that fits around the patient’s head and provides a specific electromagnetic field that prevents cancer cells from growing, without side-effects affecting the rest of the body. The small, targeted electromagnetic field disrupts cancer cell division in patients with these aggressive brain tumors.

“We are excited to bring this novel technology to Los Angeles. Voyager alone or in combination with traditional chemotherapy could provide patients with another avenue for treating recurrent GBM,” says Dr. Barkhoudarian.

The feasibility study is investigating whether the device is successful in slowing and even halting the progression of disease, leading to prolonged survival rates. “Working as a team, we can conduct real-time research and clinical care in patients, which allows us to accelerate approval of novel treatments in hopes of developing a cure…and truly bridge the gap from research bench to patient bedside in one setting,” says Dr. Kesari.
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<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>June 23</td>
<td>Fellowship Graduation</td>
<td>Brentwood, CA</td>
<td>The John Wayne Cancer Institute will celebrate the annual surgical oncology fellowship graduation. The ceremony will mark the completion of the fellows’ studies at the Institute and honor their achievements. The Institute’s fellows typically go on to posts around the nation and become leading authorities in their respective fields.</td>
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<td>September 10–11</td>
<td>Avon Walk for Breast Cancer</td>
<td>Santa Barbara, CA</td>
<td>The John Wayne Cancer Institute will serve as the medical sponsor of the annual 39-mile Avon Walk. The two-day event, which takes place along the Santa Barbara coastline and Santa Ynez Mountains, raises funds for breast cancer programs. The Institute is a beneficiary of the event.</td>
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<td>September 21</td>
<td>Planned Giving Recognition Luncheon</td>
<td>Pacific Palisades, CA</td>
<td>The Guardians of the Future will gather for its annual luncheon and will hear updates on the latest news and research at the Institute and Health Center. Guardians are individuals who have provided support for the Institute through their estate plans or other charitable gift planning. The luncheon also honors Friends for the Future, comprised of individuals who have remembered the Health Center through gift planning.</td>
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<td>October 22</td>
<td>Caritas Gala</td>
<td>Beverly Hills, CA</td>
<td>The annual Caritas Gala presented by the Saint John’s Health Center Foundation board of trustees and the Irene Dunne Guild is a black tie evening of elegance and celebration. The annual Spirit of Saint John’s Award and Caritas Award honorees will be recognized.</td>
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<td>October 25</td>
<td>QVC Presents “FFANY Shoes on Sale”</td>
<td>New York, NY</td>
<td>The 23rd annual Fashion Footwear Association of New York Charitable Organization (FFANY) fundraiser, the largest charity event of the shoe industry, will be held in support of significant and innovative breast cancer research. The Institute is honored to again be one of nine beneficiaries.</td>
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<td>October</td>
<td>John Wayne Cancer Institute Auxiliary Membership Luncheon</td>
<td>Beverly Hills, CA</td>
<td>The annual luncheon and boutique help support the John Wayne Cancer Institute Auxiliary, which has raised money for Institute projects for three decades.</td>
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<tr>
<td>November</td>
<td>Associates for Breast and Prostate Cancer Studies Annual “The Talk of the Town” Gala</td>
<td>Beverly Hills, CA</td>
<td>The Associates for Breast and Prostate Cancer Studies host this extraordinary event each year to honor individuals who have made a difference in the fight against cancer. This black tie event attracts more than 800 guests as well as major media attention. Celebrities and supporters alike gather to raise funds for the Institute’s breast and prostate cancer research. The evening includes dinner, dancing, guest performances, a boutique and an auction.</td>
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<tr>
<td>December</td>
<td>Benefactors Dinner</td>
<td>Los Angeles, CA</td>
<td>The scientific progress made daily at the John Wayne Cancer Institute would not be possible without the generosity of our donors. The Benefactors Dinner honors the many people who have helped us carry out our mission of supporting innovative cancer research at the highest levels of giving in 2016. Attendees will meet with members of the Wayne family and the Institute’s faculty and fellows and will hear updates and research highlights.</td>
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Dr. Dave S.B. Hoon Appointed to Breast Cancer Research Council

Dave S.B. Hoon, PhD, was recently named as a council member to the California Breast Cancer Research Program (CBCRP), one of only eight members who work outside the University of California system. The CBCRP is the largest state-funded breast cancer research effort in the nation and is administered by the Research Grants Program Office within the University of California Office of the President.

CBCRP is funded through the tobacco tax, voluntary tax contributions and individual donations. The group funds California investigators to solve questions in basic breast cancer biology, causes and prevention of breast cancer, innovative treatments and ways to live well following a breast cancer diagnosis.

Council members are chosen to represent people who are affected by breast cancer and the institutions that can contribute to solutions. The council is responsible for tracking the trends and opportunities for progress that arise in the breast cancer community, addressing underserved and environmental issues, and making funding and planning recommendations.

“It’s an honor to be chosen to serve on this council,” says Dr. Hoon, who is professor and director of molecular oncology, chief of scientific intelligence and director of the genomics sequencing center at the Institute. “This organization is one of the largest in the U.S. for state funding of breast cancer research. It has distributed more than $250 million in breast research funds since 1993. I have received several of those competitive grants. This is my way of giving back and helping the CBCRP with policies and new approaches that will result in better breast cancer treatments.”

Dr. Hoon is highly regarded for his work on diagnostic molecular genetics, tissue and blood biomarkers for molecular staging of sentinel lymph nodes and classification of human solid tumors such as melanoma, breast cancer and gastrointestinal cancer. Dr. Hoon and his team are also working on immune biomarkers and the molecular underpinnings of breast cancer to identify potential targets for new therapies.

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Dr. Delphine J. Lee Named to Providence Council

Delphine J. Lee, MD, PhD, director of translational immunology and director of the Dirks/Dougherty Laboratory for Cancer Research at the John Wayne Cancer Institute, has been appointed a member of the Research Leadership Council for Providence Health & Services. Dr. Lee has also been elected to serve as co-chair of the council.

“I’m very pleased and grateful that the John Wayne Cancer Institute has been included to help set the strategy and vision for research at Providence, being that we are one of the most recent ministries to be added to the system,” Dr. Lee says.

The Research Leadership Council’s primary responsibility is to provide high-level recommendations to the senior leadership team aimed at maintaining relevant, cutting-edge, high-quality research. Such research is necessary to continue to provide patients with the most successful and state-of-the-art care. The council members include regional research administrative leaders and medical and scientific leaders who are appointed by regional chief executives.

Providence Health & Services, based in Renton, Washington, operates 34 hospitals across Alaska, California, Montana, Oregon and Washington and is the third-largest not-for-profit health system in the United States.

“Delivering clinical excellence requires the ability to offer cutting-edge clinical trials to our patients—especially in cancer—that is really critical,” Dr. Lee says. “The leadership council’s role is to evaluate research needs: basic/innovative research, clinical trials, patient-reported outcome research, quality research, etc.”

The council works to ensure that the faculty and staff of all the ministries meet the highest standards of research and care. “Part of the council’s mission is to align researchers clinically and make sure everyone is following the gold standard,” Dr. Lee says. “I hope our efforts on the Research Leadership Council will help Providence Health & Services to be a nationally competitive, transparent, integrated, quality-driven system of care for research.”
Presentations and Publications

Members of our Institute staff publish research findings on a regular basis and present their data at scientific conferences. Here’s a look at some of their recent activities and accomplishments.

Daniel F. Kelly, MD, and his colleagues are authors of a paper in the December issue of the Journal of Neuro-Ophthalmology that reviews significant advances in the way brain surgery is now performed. Patients with pituitary tumors or tumors in the surrounding area, which sometimes cause problems with vision and eye movement, benefit from these newer techniques.

Anton J. Bilchik, MD, PhD, is senior investigator of a study, presented by coauthor and former Institute fellow Gary B. Deutsch, MD, in October at the 2015 Clinical Congress of the American College of Surgeons in Chicago. The study showed that surgical removal of melanoma that has metastasized, or spread, to the abdomen appears to help patients live more than twice as long as those who receive only medical therapy.

Delphine J. Lee, MD, PhD, is the senior author of a study published in February in the journal Oncotarget showing patients with longer survival have one thing in common: immune system pathways in their tumors. Besides highlighting the role of the immune system in protection from cancer, the study may provide hints for new immunotherapy treatments.

Jinhua Wang, PhD, is a coauthor of a breast cancer study that was recently published in the prestigious Journal of the National Cancer Institute. This study showed that elevated expression of a molecular biomarker called Forkhead Box transcription factor C1 (FOXC1) is a simple and accurate diagnostic biomarker for basal-like breast cancer and can help predict a patient’s prognosis.

Gami Barkhoudarian, MD, is the lead author of a study, published recently in the journal Pituitary, which describes outcomes of patients who required an incision of the pituitary gland during surgical removal of pituitary tumors. The authors discovered that incisions or partial resections of the pituitary gland appear to be generally well-tolerated and, in the great majority of patients, are not associated with new postoperative hormonal issues.

Jinhu Wang, PhD, is a coauthor of a study published in the December issue of the prestigious Journal of the National Cancer Institute. This study showed that elevated expression of a molecular biomarker called Forkhead Box transcription factor C1 (FOXC1) is a simple and accurate diagnostic biomarker for basal-like breast cancer and can help predict a patient’s prognosis.

Melanie Goldfarb, MD, is the senior author of a study presented at the annual Society of Surgical Oncology meeting that detailed disparities in the treatment of colorectal cancer in young adults and their influence on survival outcomes. Surgical oncology fellow David Lee, MD, won the annual colorectal cancer research award for the presentation.

Dave S.B. Hoon, PhD, is a coauthor of a study that found that digital sequencing can prevent repeated invasive biopsies when the initial biopsy is inadequate or uninformative or when the patient’s cancer has progressed despite treatment. The paper was published recently in the journal PLoS ONE. Dr. Hoon and colleagues in the department of molecular oncology are also authors of a review of assays for circulating microRNA markers in patients with cancer. That study appears in the Journal of Clinical Medicine.

Timothy G. Wilson, MD, presented data at the 12th Asia-Pacific Congress of Endoscopic and Laparoscopic Surgery in Korea in September on the benefits of using robotic technology for surgical removal of the bladder in patients with urinary bladder cancer and those requiring urinary reconstruction. During his trip, Dr. Wilson also served as a visiting professor at Yonsei University in Seoul lecturing on robotic cystectomy for bladder cancer and as a proctor for a robotic radical prostatectomy for prostate cancer. In March, he lectured on robotic radical cystectomy and urinary reconstruction at the European Association of Urology meeting in Munich, Germany.

Mark B. Faries, MD, is a coauthor of a melanoma study published in November in the Annals of Surgical Oncology describing the benefits of perfusion treatment for patients with unresectable metastatic melanoma in the liver. The treatment, called PHP with melphalan, should be considered a new treatment for unresectable metastatic melanoma in the liver.

Santosh Kesari, MD, PhD, presented a study at the 20th annual Society for Neuro-Oncology meeting in San Antonio, Texas, on Tumor Treating Fields (TTFields) therapy, which features a portable, noninvasive device that creates low-intensity electric fields within a tumor that can cause cancer cell death. The treatment offers another option to patients with a challenging form of brain cancer called glioblastoma multiforme.
Leaders Made Here

Dr. Nora M. Hansen leads by example.

WRITTEN BY SANDI DRAPER

Given her early life, it’s no surprise Nora M. Hansen, MD, decided on a medical career. Her father was an obstetrician-gynecologist, and she worked in his office as a high school and college student.

Dr. Hansen received her medical degree from New York Medical College in Valhalla, New York, and completed her general surgical residency program and a fellowship in surgical oncology at the University of Chicago. While in medical school, however, the die was cast for a surgical focus.

“I did my surgery rotation, and I loved it,” Dr. Hansen says. “During my residency, I had two mentors: Dr. George Block and Dr. Fabrizio Michelassi. During my clinical year Dr. Michelassi suggested I go out to the John Wayne Cancer Institute to work with Dr. Armando Giuliano and Dr. Donald Morton.”

During her first stint at the Institute, in the mid-1990s, Dr. Morton and Dr. Giuliano mentored her, giving her projects to work on and advice on professional organizations to join. “They were both very supportive in the early years of my career.”

She credits Dr. Morton for teaching her to be tenacious about getting papers published or grants funded. “Dr. Morton taught me that you can’t give up.”

She joined the Northwestern faculty for a year before returning to the Institute for eight years. While at the Institute, Dr. Hansen was involved in several clinical trials, including those involving Dr. Morton’s sentinel node biopsy technique—which has become the worldwide standard of care for melanoma and breast cancer patients. Under Dr. Giuliano’s leadership Dr. Hansen was involved in adapting the sentinel node technique that was being used in melanoma patients and testing its validity in breast cancer patients. She participated in the writing of two multicenter national trials with Dr. Giuliano and enrolled many of her patients into these two seminal studies that have changed the surgical management of breast cancer patients.

“Prior to Dr. Morton’s research, patients with breast cancer had many lymph nodes surrounding a tumor removed to determine whether the cancer had spread,” Dr. Hansen said. That radical procedure often left patients with a lifelong side effect of lymphedema, or swelling of the arm.

Doctors now inject a dye and track the drainage of the tumor, allowing them to identify the primary or sentinel node. The clinical trials proved that if the tumor was going to spread, it would have to go through the sentinel node. If that node was clear, there was no need to remove all of the other lymph nodes. Today Dr. Hansen is a real-life superwoman. She’s mom to son, Luke, 9, and daughter, Maggie, 6. Soccer games and Irish dancing are her children’s passions. “I’m a single parent, so it’s busy. But it’s great!”

She’s in equally great demand from patients, students and colleagues. Dr. Hansen is a national leader in breast cancer treatment and research at Northwestern, where she has been for 10 years. She is director of the Lynn Sage Comprehensive Breast Center at Memorial’s Prentice Women’s Hospital and a professor of surgery at Northwestern University’s Feinberg School of Medicine.

“Dr. Hansen exemplifies what we attempt to do at the John Wayne Cancer Institute, which is to train physicians who will become leaders in oncology at institutions around the world,” says Mark B. Faries, MD, director of the Complex General Surgical Oncology Fellowship, director of the Donald L. Morton, MD, Melanoma Research Program and director of therapeutic immunology at the Institute. “She worked very hard to develop a broad range of clinical, research and leadership skills.”

It’s clear that Dr. Hansen loves to teach and mentor others, and she’s now in a position to do so as director of the Society of Surgical Oncology’s Breast Fellowship at the Sage Center as well as guiding young surgical residents and medical students towards a career in surgical oncology.

“At the Institute, I learned a lot from everyone—from the nurses to the clinical trial researchers. There is a very personal connection between the breast cancer team and the patients,” Dr. Hansen says. “That collaboration is very important, and I’ve tried to bring that close personal relationship to a large institution like Northwestern. I love what I do and I am so grateful that I had the opportunity to train and work at the John Wayne Cancer Institute with such wonderful teachers and mentors.”
Dedication and Enthusiasm Characterize the New Post-Doc Fellows

The Institute is delighted to welcome four new post-doctoral fellows to our research laboratories. These individuals are experienced researchers and clinicians who have joined our faculty for additional studies in the areas of molecular oncology, surgical oncology or translational immunology.

SELENA LIN, PHD
Dr. Selena Lin recently graduated from Drexel University College of Medicine in Philadelphia, Pennsylvania, with a PhD in microbiology and immunology. She was attracted to the John Wayne Cancer Institute to study the early detection of cancer using circulating cell-free DNA and circulating tumor cells.

“I find studies of circulating tumor DNA and circulating tumor cells to be cutting-edge and fascinating,” she explains. “I want to learn some of these techniques because they provide a better way to study cancer.”

Dr. Lin has experience developing urine-based DNA assays for early detection of liver cancer. She will use those skills to explore the potential clinical utility of circulating tumor cells and cell-free circulating tumor DNA that can be detected in the blood (a liquid biopsy) in people with melanoma, lung or prostate cancers. These liquid biopsies could be used in the clinic as a screening test for early detection of cancer, disease management and/or monitoring for cancer recurrence.

“This not only saves lives, by providing early detection of cancer, but reduces health care costs with a cost-effective method to screen or frequently monitor patients,” she says.

Dr. Lin says she became interested in cancer research while working as an intern at the biotech company Genentech. “I found the impact their work had on cancer patients was extremely satisfying and rewarding,” she says. “Since then, I have been involved in cancer research for more than eight years. Cancer is a deadly disease and there is a need for research to find solutions.”

XIAOWEN WANG, MD
Dr. Xiaowen Wang is a neurosurgeon who comes to the Institute from Huashan Hospital of Fudan University in Shanghai, China, where he worked on clinical and translational research on glioma. The hospital is home to one of the largest brain surgery centers in the world, performing about 15,000 brain surgeries each year.

At the Institute, Dr. Wang will work in the department of molecular oncology. Huashan Hospital of Fudan University has a long-standing collaboration with Dave S.B. Hoon, PhD, director of molecular oncology, chief of scientific intelligence and director of the genomics sequencing center.

The collaboration, says Dr. Wang, “allows neurosurgeons to learn translational research techniques in molecular oncology under Dr. Hoon’s mentorship. I chose this program after learning about the outstanding success of my neurosurgeon colleagues who had participated in the program and were able to publish their work in top peer-reviewed journals.”

Dr. Wang will study the underlying molecular mechanisms in different types of glioma—brain cancers that are difficult to treat. The studies are aimed at unraveling some of the mysteries of the disease, knowledge that could contribute to early diagnosis and lead to targeted therapies. The causes of cancer have long fascinated Dr. Wang.

“I am very interested in the genomic and epigenetic variations present in cancer,” he says. “As a neurosurgeon, I can only excise the brain tumor, knowing that will not be a cure.” In his spare time, Dr. Wang, who is currently a PhD candidate, is working in the anatomy lab to learn minimally invasive techniques to remove brain tumors.
JULIANA NOGUTI, DDS, PHD

Dr. Juliana Noguti has broad research interests that, over the years of her training, drew her into a quest to better understand the very origins of cancer at the cellular level. Dr. Noguti, who was born in Florianópolis, Brazil, graduated with a degree in dental science and completed a residency in oral medicine at the Heliopolis Hospital—one of the biggest public hospitals specializing in cancer in Sao Paulo, Brazil—in 2008. Leaving her career as faculty at the University of South Santa Catarina (Universidade do Sul de Santa Catarina), she dedicated her efforts to pursue further training in research, driven by the desire to make a bigger difference. In 2010 she completed a master’s degree in oral pathology and in 2014, a PhD focused in oral cancer. She performed additional research at the University of Wisconsin and the Ostrow School of Dentistry from the University of Southern California.

“I chose John Wayne Cancer Institute because this research facility emphasizes the development of novel treatments and training a new generation of scientists in order to investigate cancer beyond the laboratory bench,” she says. “The ability to do laboratory work, cell culture, preclinical and clinical trials are a perfect combination to establish consolidated results that could be used for treatment as well as resources for other scientists around the world.”

At the Institute, Dr. Noguti will study mechanisms involved in antitumor activity of immune cells in order to provide a better understanding of the role of innate and adaptive immune response in cancer. Identifying these signposts may lead to new strategies and therapies to fight cancer.

“A large number of genetic and epigenetic changes are required to drive normal cells toward malignancy, and the immune response is also involved during the carcinogenesis process,” she explains. “The key to understanding these changes, the immune response and how the malignant transformation happens in tissue have been the most fascinating challenges. Despite new treatments and approaches, we still don’t know the answers to many questions for this disease. I have chosen this path in order to make a difference and be part of something important that could help people around the world.”

JAVIER OROZCO, MD

Dr. Javier Orozco has a long-standing interest in breast cancer and is pursuing the highest levels of training. He was born in San Rafael, a small city in Mendoza, Argentina. He attended medical school at the National University of Cuyo, Argentina, and completed an obstetrics and gynecology residency followed by a specialization in medical oncology. He also obtained a master’s degree in molecular oncology at the Centro Nacional de Investigaciones Oncológicas in Madrid, Spain, and has worked as a breast surgeon and breast oncologist.

At the Institute, Dr. Orozco will assist in research aimed at solving the puzzle of medication resistance.

“We know that breast cancer is an extremely heterogeneous disease and comprises several subtypes, with different therapeutic options,” he explains. “One of my objectives is to try to help in the understanding of why treatments sometimes stop working due to resistance to medications. In order to accomplish this, we are working with an interdisciplinary group of researchers including surgeons, pathologists, oncologists, molecular biologists and bioinformaticians. This combination of diverse skill sets has enormously impacted our understanding of resistance mechanisms.”

Dr. Orozco says he was attracted to the Institute’s sophisticated molecular oncology department.

“The molecular oncology department combines strong research with a clear translational impact, which will allow me to grow as a researcher and better understand the molecular basis of cancer,” he says. “I believe that research is a key pillar in the fight against cancer. Today more than ever before, advances in cancer research directly affect decisions about treatment, and we are starting to see a huge impact on the survival of our patients. It’s a privilege and pleasure to work under the mentorship of leaders in breast cancer research at such an esteemed center.”
Fellows Share Research Findings

The Institute’s talented fellows engage in cutting-edge cancer research under the direction of the Institute faculty. This research targets their interest areas and addresses key questions in disease prevention, diagnostics, treatment and the biology of cancer.

BRADLEY C. BANDERA, MD — Dr. Bandera presented a study in April on disparities in endocrine risk reduction among young women with a type of breast cancer called lobular carcinoma in situ. The paper was presented at a meeting of the American Society of Breast Surgeons in Dallas.

TREVAN D. FISCHER, MD — Dr. Fischer reported on disparities in amputation rates for nonmetastatic soft-tissue sarcomas in extremities at the 2016 meeting of the Society of Surgical Oncology in March in Boston.

DEVIN C. FLAHERTY, DO, PHD — Dr. Flaherty, co-chief administrative fellow in surgical oncology, is the first author on a manuscript accepted for publication in the Journal of the American College of Surgeons. The study details the clinical impact specific immune markers have on colon cancer recurrence.

KELLY T. HUYNH, MD — Dr. Huynh reported on the efficacy of laparoscopic adrenalectomy for adrenocortical carcinoma, a rare and challenging disease, at the 2016 meeting of the Pacific Coast Surgical Association. Dr. Huynh has also presented an oral presentation at the Society of Surgical Oncology in Boston analyzing the effects of radiation on retroperitoneal sarcoma.

MARIS S. JONES, MD — Dr. Jones, a first-year surgical oncology fellow, presented her study of second primary melanoma at the January meeting of the American College of Surgeons. The study emphasizes the importance of lifelong skin surveillance and follow-up for patients with an initial melanoma diagnosis. Dr. Jones won the Physician-in-Training Cancer Research Paper Prize for this work, which means the submission will be entered into the national competition for a possible opportunity to present at the American College of Surgeons national meeting.

BRIANA J. LAU, MD — Dr. Lau, co-chief administrative fellow, is coauthor of a study on surgical approaches to remove the liver or part of the liver, published in October in the journal American Surgeon.

DAVID Y. LEE, MD — A study by Dr. Lee, the Harold McAlister Charitable Foundation fellow, was selected for the Colorectal Cancer Research Scholar Award, presented in March at the 2016 Society of Surgical Oncology meeting. The award recognizes excellence in translational research focusing on the molecular biology of colorectal cancer. Dr. Lee’s study addresses treatment disparities in adolescents and young adults with rectal cancer.

MATTHEW P. SALOMON, PHD — Dr. Salomon is a coauthor on a recently published study describing the dynamics of early tumor growth, calling the theory a “big bang” model of human colorectal tumor growth. The study was published in Nature Genetics.

WALAVAN SIVAKUMAR, MD — Dr. Sivakumar, neurosurgery fellow, is a coauthor of a book chapter on the surgical management of meningiomas. He was also a coauthor of a poster presented in February at the 26th Annual North American Skull Base Society Meeting in Scottsdale, Arizona.

AMY VOCI, DO — Dr. Voci, the John Wayne Cancer Institute Auxiliary breast fellow, presented a clinical guidelines study regarding breast conservation surgery at the January meeting of the American College of Surgeons in Santa Barbara.

Two Surgical Oncology Fellows Join Guatemala Mission

Surgical oncology fellows Briana J. Lau, MD, and Devin C. Flaherty, DO, PhD, were among a group of 32 health care professionals from Providence Health & Services who traveled to Guatemala in February to provide surgical services to the residents of a remote village.

Dr. Lau and Dr. Flaherty, who serve as co-chief administrative fellows at the Institute, spent a week in the village of Retalhuleu to perform general surgeries such as gallbladder removal and hernia repairs. Without these occasional visits by physician groups, the villagers lack access to medical care.

“The patients were very humble and very grateful,” Dr. Lau says. “Our patients were farmers, mechanics, working-class people. What impacted me was that these health problems prohibited them from working.”

The health care team included several professionals from Saint John’s Health Center, Providence Saint Joseph Medical Center and Providence ministries in Oregon. The village had a small hospital, and the team was able to convert the emergency room into a triage area. They also had access to three operating rooms.

The conditions would be considered rudimentary compared to U.S. hospitals. Anesthetic gases had to be vented through a tube that extended outside, and the doors of the OR had to be kept tightly shut to keep out flies. Still, the operations were safe and effective, Dr. Lau says.

“I feel we did the operations with the same quality or standards we have here,” she says. “We were a group of 32 people who really hadn’t worked together before — most of us were strangers — but we were able to seamlessly work together to change the lives of these people.”
Catherine A. Brown’s career path has been oriented toward one goal. “I’d like to say, when I put my head on the pillow at night, that I’m working toward the greater good of the world” she says. “It’s about making a larger contribution to society.”

Catherine’s long career working for health care nonprofit organizations led her last year to join the Newport Beach-based John Wayne Cancer Foundation. As president of the organization, she’s turning her attention to strengthening the Foundation’s ties to national cancer organizations and expanding the footprint of John Wayne’s legacy in the cancer fight.

“There are so many opportunities for collaboration in the cancer field,” Catherine says. “I think collaboration between national cancer-related organizations is the key to finding the cure. John Wayne’s name and legacy is a movement, allowing people to join him in the fight against cancer. If people come together under the name of John Wayne, I think we can do great things. It’s all about carrying his legacy forward.”

Founded in 1985, the John Wayne Cancer Foundation was created in honor of The Duke after his family promised to use his name to continue his fight against cancer. The John Wayne Cancer Foundation’s mission is to bring courage, strength and grit to the fight against cancer through research, education, awareness and support. The John Wayne Cancer Foundation is a founder and major supporter of the John Wayne Cancer Institute.

As president, Catherine is charged with implementing key strategies to increase the John Wayne Cancer Foundation’s presence both nationally and internationally. Trained as a nurse, she has worked in the health care nonprofit sector for more than 35 years, most recently as vice president of the Pacific West Region for the Leukemia & Lymphoma Society. She graduated from Hunter College, City University of New York, with a degree in nursing and also holds a master’s degree from the University of Pennsylvania and the Wharton School of Business.

Under her leadership, the foundation has established a grant program to help fund the research of the more than 160 physicians and researchers who are graduates of the Institute’s prestigious Surgical Oncology Fellowship Program.

The foundation also has a large skin cancer prevention and awareness campaign, called Block the Blaze, that is aimed at educating young people on skin cancer prevention. The foundation collaborates with organizations like the United States Lifesaving Association to reach about 50,000 youths each year. Recently Summer Sanders, an Olympic gold medalist in swimming and melanoma survivor, became the national spokesperson for the program.

The foundation is also launching several new fundraising campaigns this year, including the Show Your Grit campaign, which will launch on May 26—John Wayne’s birthday—and will conclude on Father’s Day, June 19. Show Your Grit participants are invited to don cowboy hats and post photos in honor of someone they know who has fought or is fighting cancer to the campaign hashtag and tag friends to do the same. For every photo posted, sponsors will contribute to the foundation.

“We feel fortunate to have Cathy as the president of the John Wayne Cancer Foundation, and her leadership has been instrumental in the establishment of new partnerships, national awareness and fundraising initiatives,” says Ethan Wayne, chairman of the John Wayne Cancer Foundation. “She is committed to John Wayne’s fight against cancer and to the expansion of our programs and our grant-making. Through her leadership, we will be able to advance cancer research, education, awareness and support.”

When Catherine isn’t traveling to promote the foundation’s programs and initiatives, she loves to take in the theater, watch football and travel. True to her roots as a nurse, she remains keenly interested in medicine and health care and keeps abreast of the latest scientific news. Cancer research is at a pivotal time, Catherine notes, with advances in immunotherapy and molecular therapies improving the survival rates for many types of cancers.

“It’s so exciting to be at the John Wayne Cancer Foundation at this particular time to help move forward the legacy of John Wayne,” she says. “I feel incredibly honored I was selected and privileged to have the opportunity to do it.”
KNOWLEDGE IS POWER

Genetic counseling and testing can arm you with information to fight cancer.

WRITTEN BY LINDA MARSA | PHOTOGRAPHED BY LAUREN PRESSEY
Mandy Waldorf Graham felt she had been stalked by cancer since her early adolescence. Her mother was obsessed by it because all the women in her family—her mother, grandmother and aunts—were stricken with the dreaded disease by the time they hit age 50. Then when Mandy was in college, her older sister was diagnosed with a cancer of unknown origin and died less than 11 months later at age 32.

“I had this looming fear,” says the 38-year-old Los Angeles-based advertising executive. “And my mother expected that any day she would find out she had cancer too.”

But Mandy pushed her worries into the back of her mind because she didn’t think there was anything she could do about it. She didn’t become more proactive until after the birth of her third child 1½ years ago, when she went to see a new gynecologist. Given her family history, the doctor suggested that she get tested for the presence of genetic mutations that would greatly heighten her risks for developing cancer.

The test did, in fact, reveal precisely what she feared: She was positive for BRCA2, a mutant gene that indicated she had an 85% chance of developing breast cancer, and her odds for ovarian and pancreatic cancer were also much higher.

“All of a sudden everything got very serious,” says Mandy, who subsequently underwent a battery of tests, including an MRI and an ultrasound of her ovaries, to make sure she didn’t already have cancer. “Although the test results confirmed my fears, the result itself was a relief. It was no longer an irrational or mysterious fear; it was grounded in truth. Now my doctors and insurance company would take me seriously if anything suspicious popped up. That is not what happened when my sister started feeling sick and consulted with doctors. It took much too long before someone took her seriously enough to consider cancer at age 31.”

Mandy was referred to Richard Frieder, MD, an assistant professor of clinical cancer genetics and a specialist in cancer risk assessment at the John Wayne Cancer Institute and a physician at Saint John’s Health Center, who outlined her options. They ranged from simply doing intensive surveillance in order to detect any possible cancers at their earliest stages to the more aggressive steps of mastectomies with breast implants and reconstruction along with removal of her ovaries and fallopian tubes so the cancers wouldn’t have a place to take root.

Taking preventive measures can greatly reduce risk. Removing the ovaries and tubes along with hormone replacement can curb the 45% lifetime risk of ovarian cancer down to less than 2%. Using modern cosmetic techniques to perform preventive mastectomy brings the breast cancer odds down to less than 5%. Both surgeries represent life-changing and lifesaving care for women with these high-risk genes.

“Although the test results confirmed my fears, the result itself was a relief. It was no longer an irrational or mysterious fear; it was grounded in truth.”

—Mandy Waldorf Graham
Mandy did some intensive research on her own so she could make an informed decision. Based on that, she decided to go ahead with a bilateral mastectomy because she felt that breast cancer was more of a threat. She chose to put off the ovarian surgery for a few years.

“The mastectomy seemed like a good first step,” says Mandy, who underwent the surgery along with breast reconstruction earlier this year. “It feels a little weird, and it has changed my body forever. But I need to take care of myself—for myself and for my family.”

Since then other family members have been tested, and one of her brothers and his oldest daughter, who’s 21, both have the BRCA mutation. “Getting the test is the simple part. But what happens when you see the results is when it becomes more difficult.”

We’ve all known families who have cancer, where it seems like it strikes one generation after another. It may even be true in our own families. But how do we know when there truly is a family history of cancers which indicates that these malignancies are inherited and caused by mutations in our DNA, or when they’re just a product of the environment, bad luck and unknown causes?

“Most breast cancers are found in women without known risk factors, though both personal and family histories may make a woman more susceptible,” says Dr. Frieder. “About 10% of breast cancers are related to BRCA and other ‘broken’ inherited genes, which are then influenced by environmental triggers and may even be increased or decreased by other genetic mutations.”

In general, up to 20% of all cancers may have an identifiable hereditary susceptibility, and both high-risk as well as low-risk men and women can be helped by preventive care, risk reduction and cancer prevention.

“Testing enables people to take control, maximize their wellness and oftentimes changes their destinies. This isn’t bad news, but a gift.”

—Dr. Richard Frieder

KNOW YOUR RISK
Genetic counseling can help you figure out or evaluate your general cancer risk: low, medium or high. Testing will provide you with more specific information.

- **Low or sporadic risk** means that someone doesn’t have any of the obvious risk factors, but cancer can still strike.

- **Medium—or familial or personal—risk** is someone with a family or personal history of risk factors.

- **High risk** means that a patient has one or more of the errant genes, like BRCA1 and BRCA2, which are strongly linked to cancers.

Finding out you have a genetic predisposition but that most of that cancer is preventable is good news.”

**WHO SHOULD GET TESTED**
People are candidates for genetic testing for cancer if there is a strong family history of cancer. That’s why it’s important to talk to family members to find out what type of cancers relatives had and at what ages they were diagnosed and subsequently died.

In about 10 of the most common cancers, genetics seem to play a role, including breast, pancreatic,
women. If there is a high incidence of these cancer pairings or people in your family get different types of cancers, that may also be a tip-off.

Certain endocrine cancers, such as neuroendocrine tumors, also have a high genetic component. Surgery is not the only option to prevent a late-stage cancer diagnosis. In some cases, preventive medications can be taken or individuals can be screened or followed closely by their doctors. In fact, for those who have the BRCA mutation, insurers must pay for annual breast MRIs.

Even if you already have cancer, these tests can help. “Understanding that someone has a genetic predisposition will change their management and treatment plan, as well as possibly prevent a second cancer,” says Dr. Frieder.

Positive genetic tests may also open the option of using a highly effective new chemotherapy, such as Lynparza, which works specifically on BRCA-positive ovarian cancers by focusing the attack on these molecular flaws. It may change the way radiation is used or suggest that more invasive surgery would be better.

WHAT TESTS ARE AVAILABLE

The good news is that there is multi-panel testing for hereditary cancer susceptibility, which can identify an array of errant genes that have been linked to cancer (see box).

But now there’s been an explosion in genetic testing, which has greatly increased access. Moreover, costs have dropped dramatically from a high of $4,000 for BRCA tests to a more palatable $475 for up to 19 genes. Under the guidelines of the Affordable Care Act, insurers have to pay for these tests when a family history indicates it’s appropriate.

If you’re concerned, see a genetic specialist. There is a shortage of genetic counselors—nationwide, there are only about 500. But Saint John’s Health Center has specialists on staff to help you evaluate your risks. The Cancer Prevention Clinic at the Margie Petersen Breast Center at Saint John’s can also help people understand their risks and provide them with resources.

A FOCUS ON PREVENTING PANCREATIC AND GI CANCERS

Genetic testing doesn’t just help people who are at high risk for breast and ovarian cancer. The progress in genetic testing has been significant enough that experts at the John Wayne Cancer Institute hope to launch a program next year aimed at testing for pancreatic and hereditary colorectal cancers.

The program is being developed by Ora Gordon, MD, professor of genetics at the John Wayne Cancer Institute and director of medical genetics and integrative medicine at the Roy and Patricia Disney Cancer Center in the Providence Medical Institute in Burbank, and Anton J. Bilchik, MD, PhD, chief of medicine and chief of the John Wayne Cancer Institute’s gastrointestinal research program. A multidisciplinary prevention program for individuals at high risk for these diseases could save lives, Dr. Gordon says.

“Pancreatic cancer remains a cancer that is often very late-stage when detected, but early-stage pancreatic cancer is curable, just like early-stage breast cancer,” she says. “We want to identify people who may be at risk in advance of any symptoms and try to optimize prevention.”

A significant proportion of pancreatic cancer cases are hereditary, and genetic testing can assess for 13 gene mutations linked to the disease. Individuals deemed at high risk could undergo tests such as endoscopic ultrasound or upper GI exams to monitor the health of the pancreas. Not smoking and adopting a healthy diet might also minimize risk.

Testing for people at higher risk for colorectal cancer aims at detecting the gene mutations that cause Lynch syndrome and other forms of hereditary colon cancer. Lynch syndrome is the most common cause of hereditary colon cancer and puts individuals at risk for colon cancer, gynecological cancers and pancreatic cancer. People with Lynch syndrome should undergo colonoscopy more frequently. Doctors might also recommend aspirin therapy and lifestyle modifications to lower the risk of tumors, Dr. Gordon says.

The Institute and Saint John’s Health Center are ideal places to offer sophisticated genetic testing because of the availability of specialized imaging technologies, top-rated surgeons and cancer clinical trials available to patients with challenging types of cancer.

“I think what we’re coming to understand is that 15% to 20% of all common cancers have a significant hereditary component, and that has changed the way we evaluate people,” Dr. Gordon adds. “Family history is important, but there are people who don’t know their history. Finding new tools to evaluate these people is really going to change the game.”


**Gifts Reinforce the Surgical Oncology Fellowship Program**

Surgeons who are specially trained in the intricacies and challenges of removing cancer are among the most highly prized in their profession. The John Wayne Cancer Institute’s Surgical Oncology Fellowship Program provides doctors with the skills that elevate them to the role of experts and leaders in the field. Two philanthropic donations have kick-started a campaign to support this important program into the future.

### Tarble Foundation

A $1 million gift in 2015 from the Tarble Foundation established the Surgical Oncology Fellowship Program endowment at the John Wayne Cancer Institute.

The accredited Surgical Oncology Fellowship Program, which is one of the country’s largest and longest-running, helps fulfill the Institute’s mission of training the next generation of cancer surgeons. The program is led by Mark B. Faries, MD, who is also a professor of surgery, director of the Donald L. Morton, MD, melanoma research program and director of therapeutic immunology. Long considered one of the nation’s most elite surgical oncology training programs, it continues to set the standard for multidisciplinary training.

The program consists of a two-year senior clinical fellowship in surgical oncology, with an optional third year in basic science research. The multi-campus program covers technical operative skills in cancer surgery, multidisciplinary aspects of clinical surgical oncology, skills to become an academic clinical scientist, clinical translational research that links patient care and laboratory studies, and laboratory basic science research that can be applied to the clinic. Physicians selected for the program are encouraged to discover new surgical and nonsurgical cancer treatments and strategies. They leave the Institute with the skills and training necessary to establish their own laboratories and research programs.

“A gift to the John Wayne Cancer Institute surgical oncology fellowship endowment will result in future generations of fellows having careers that make a substantial impact in the fight against cancer,” says Jan Tarble, director of the Tarble Foundation.

The program’s success is reflected by the many graduates who have become department chairs or division chiefs of surgical oncology at institutions around the country. The 160 graduates of the program have emerged as leaders in surgical oncology. More than 80% have become university professors, deans or department chairs. The Institute’s program was among the first in the nation to be accredited, in 2013, by the Accreditation Council for Graduate Medical Education in complex general surgical oncology.

The Institute faculty is deeply grateful to the Tarble Foundation for the gift and for recognizing the importance of a robust Surgical Oncology Fellowship Program, says Dr. Faries, who is a 2004 graduate of the Institute’s fellowship program.

“The Tarble Foundation’s generosity means that we can continue to train talented surgeons in the most innovative and complex surgical methods,” he says. “Educating the next generation of oncology surgeons ensures that the work we do at the Institute has a continuing influence around the world.”

The Tarble family has been a loyal friend to Saint John’s Health Center for more than 60 years. The family’s foundation has made numerous charitable donations to Saint John’s including naming the Health Center’s beautiful Tarble Atrium after Pat and Newt Tarble. In 2012, the Tarble Foundation received the Spirit of Saint John’s Award, and the family’s legacy with the hospital lives on through their daughter, Jan who leads the foundation.
In her 25 years of volunteering in the cancer clinic, Ruth Weil has had lots of time to get to know some very special physicians: the surgical oncology fellows who spend a year or two at the John Wayne Cancer Institute for advanced training. Perhaps no one appreciates these brilliant young doctors better than Ruth, who is also a long-time Institute benefactor.

“These doctors are our future,” she says. “They are already board-certified surgeons and can go anywhere. But they come here to learn advanced surgical oncology and do research. I see them interact with their patients all the time, and they are wonderful.”

Ruth’s appreciation of the renowned Surgical Oncology Fellowship Program has inspired her to make a gift of $1.5 million to endow the Ruth and Martin H. Weil fellow. “We are incredibly proud of the program and are so grateful to Ruth and all our generous donors who make this important part of our mission possible. The fellowship program is one of the Institute’s highest priorities,” says Anton J. Bilchik, MD, PhD, chief of medicine and chief of the gastrointestinal research program. “Support for the fellowship program rests entirely on private philanthropy. I can’t think of any better investment to ensure that we continue to cure more cases of cancer.”

Ruth is only too familiar with the toll exacted by cancer. Her husband, her daughter and a brother all passed away from cancer, and Ruth was treated for breast cancer at Saint John’s Health Center in 2001. She describes the feeling she gets while working at the John Wayne Cancer Center, where she greets and supports patients, as “a volunteer high.” Recently while helping in the clinic, a woman came running up to her shouting “Ruthie, Ruthie!” “She hugged me and said, “Thank you, thank you!” I suddenly remembered that this woman had surgery recently,” Ruth explains. “She didn’t want to have the surgery, so the doctors sent me in to talk to her and I convinced her to have it. She told me, ‘You saved my life.’ That’s why I volunteer.”

Having been a patient and caregiver, Ruth is attuned to the struggles families endure. “I tell patients the mind is an incredible tool. You’ve got to use it to persevere,” she says.

Ruth grew up in a small mining town in Pennsylvania and majored in English literature and science at Penn State University. She moved to Los Angeles as an adult and ran the business management department at Weil & Co, a CPA firm.

Besides volunteering at the cancer clinic, Ruth knits caps and booties for newborns at Saint John’s and is a past president of the John Wayne Cancer Institute Auxiliary. She also hosts the annual fellowship graduation ceremony at her home each spring. Ruth’s devotion and support made her a natural selection for the first-ever Dr. Donald L. Morton Legend Award, which recognizes an individual who has made a significant impact in support of the Institute. “Ruth’s dedication to the Institute has long inspired us,” says Patrick Wayne, chairman of the Institute board of directors. “Her generosity and warm spirit lifts us up and motivates us to keep up the fight against cancer.” The award was presented to Ruth in April at the annual John Wayne Cancer Institute Auxiliary Odyssey Ball.

“Donald Morton was a world-renowned doctor who was known for founding the fellowship program,” Ruth says. “I want to carry this on. The fellows are our future. They’re going to go out and discover and teach. This is a program people need to step up and support.”
As head of FFANY, Ron Fromm helps steer funding for cancer research.
The fact that the Fashion Footwear Association of New York—or FFANY—finances hard-to-fund, first-step research on breast cancer gives its CEO and president, Ron Fromm, great satisfaction. Add to that the fact that the organization’s annual QVC Presents “FFANY Shoes on Sale” fundraiser has netted close to $50 million for breast cancer research, and Fromm’s excitement is infectious.

When he describes how enlightening it is to meet with researchers at the John Wayne Cancer Institute at Saint John’s Health Center—one of only nine centers across the country to receive funding from FFANY—it’s clear why he loves this effort.

“The ‘FFANY Shoes on Sale’ event brings together competing wholesalers and retailers for a fabulous cause,” says Ron, 65, who took over leadership of the association from Joe Moore (who was at the helm for two decades) after retiring as head of the Brown Shoe Co. in 2013. “We intuitively understood the connection between women, footwear and breast cancer. We thought it was a win-win for everyone in the industry, and it has proven to be so.”

Rapidly changing fashion trends keep the industry vibrant and the opportunity to compete wide open. Plus, he quips, “One of the great things about being in the footwear industry is that you can always have a conversation—particularly if there are women around.”

Though Ron gets a thrill from perusing the 80,000 to 100,000 pairs of shoes displayed each year for Shoes on Sale and assembling the celebrity talent for the gala, life is not all shoes for him. His other passions are his family life—wife, Cheri; two grown daughters; three grandchildren and another on the way—skiing and sailing.

Home is St. Louis, Missouri, and work is in New York City. The family skis and sails together wherever they can. During the summer, you can catch Ron down by Chelsea Piers in New York waiting for a good breeze.

Surrounded by women in his family life and as customers for his shoes, Ron has, throughout his career, championed inclusion and diversity. He brought one of the few women leaders in the business to St. Louis as his successor at Brown Shoe Co.—a 136-year-old global footwear company now re-branded as Caleres.

“My business acumen is evident in his pride about how first-step seed funds donated by FFANY members have helped make possible such advances as the sentinel node biopsy for breast cancer. The technique discovered by the late Donald L. Morton, MD, co-founder of the John Wayne Cancer Institute, allows surgeons to pinpoint breast cancer’s path and avoid unnecessary removal of lymph nodes. “They’re the hardest dollars to raise, but promising fundamental research can lead to larger grants,” Ron says. “Over the last decade, for every dollar that we’ve raised at our ‘FFANY Shoes on Sale’ event, we’ve been able to see $5 to $6 raised by National Institutes of Health grants and private foundations to continue the work.”

Ron, who has been a FFANY member for two decades, continues: “There are so many bellwether marks of progress we’ve made against breast cancer, it makes me very excited and proud of the work that everyone does at FFANY and the research centers. It’s a great thing to be part of.”
Molecular Oncology

Scientists probe the mysteries of cancer to defeat it.

Imagine Sherlock Holmes with his inquisitive mind and ever-ready magnifying glass, painstakingly scouring a crime scene for the tiniest shred of evidence that will provide insights into a mystery. That’s a useful metaphor for the men and women who work in the molecular oncology department at the John Wayne Cancer Institute.

Instead of specifically focusing on cancers of various organs, such as the lung, breast or brain, molecular oncology scientists study the molecular genetics of cancer at its nanoscale—the DNA and RNA. They identify common genes involved in the development of cancers and study the epigenetic events that turn these genes on and off and influence tumor growth.

This is an interdisciplinary field that was once considered “basic science”—a study of the more arcane aspects of a disease. But over the past two decades, the field has sprung to life as new molecular tools and knowledge have become available, yielding insights that rapidly change practice.

In the Institute’s molecular oncology department, the team led by Dave S.B. Hoon, PhD, embraces the notion of translational medicine: moving the information they glean into clinical practice as quickly as possible. Dr. Hoon was an early advocate of molecular oncology, encouraged by the Institute’s cofounder, Donald L. Morton, MD, to bring cutting-edge translational oncology to the Institute.

“We started this in 1991. Working with Don Morton, we decided we needed a better way to assess cancer patients,” says Dr. Hoon, professor and director of molecular oncology, chief of scientific intelligence and director of the sequencing center at the John Wayne Cancer Institute.

The early studies focused on capturing and studying circulating tumor cells and cell-free DNA in the blood, a concept Dr. Hoon helped pioneer. He also worked with Dr. Morton to study tumor cells that migrate from a tumor to nearby draining lymph nodes, such as the sentinel lymph node, to better diagnose the disease using molecular techniques and determine the patient’s best course for treatment and prognosis.

Molecular oncology studies help to explain why cancer in some people is more aggressive than in others, why treatments work in some people and not others and why certain patients become resistant to cancer drugs.

“Resistance to modern drug therapy is a big problem,” Dr. Hoon says. “None of the major cancer therapies can prolong life over a long period of time or are effective in every patient. In recent years we’ve begun to look at molecular mechanisms which evolve during therapy that lead to resistance: what causes it and can we reverse it. That is where molecular oncology and translational medicine really come to fruition.”

Molecular studies are now used to “personalize cancer therapy.” A patient’s own genetic and epigenetic makeup can, in some cases, suggest whether a particular therapy will work or be ineffective.

“Only some patients’ tumors will respond to various therapies,” he explains. “Those who won’t respond should be getting other treatments immediately. We want to determine, molecularly, which drugs will work effectively alone or in combination in individual patients’ tumors. Usually single therapies do not work efficiently. More often now we use targeted, combination therapies.”
Patients with a gene called IRAK1 have more breast cancers that are likely to spread aggressively and acquire resistance to paclitaxel, a drug often used to treat metastatic breast cancer.

**Resistance to Therapy**

Research to understand why some patients respond to therapy and others do not is beginning to influence treatment. Department of molecular oncology researchers recently collaborated on a breast cancer study with Genome Institute, Biopolis, in Singapore, showing that patients with a gene called IRAK1 have more breast cancers that are likely to spread aggressively and acquire resistance to paclitaxel, a drug often used to treat metastatic breast cancer. The over-expression of this gene is found more commonly in patients with estrogen receptor negative disease, such as triple-negative breast cancer. The findings from the study, published in December in the prestigious journal *Nature Communications*, found that a derivative of the plant ginseng can modify IRAK1 expression and induces more sensitivity to paclitaxel.

**Cancer Blood Biomarker Detector**

The molecular oncology department, in partnership with a medical device biotech company, is developing a unique medical device that uses a guide wire to capture circulating tumor cells in patients’ blood. The device, pioneered at the Institute in the mid-2000s, is aimed at improving earlier diagnosis of cancer and recurrence. The detection of circulating tumor cells also allows physicians to assess the genetic makeup of tumor cells spreading in blood in order to target and monitor treatments more effectively.

The Institute has six patents on the technology and has licensed it to a startup biotech company. Data on more than 1,000 patients in Europe indicate that the device, which screens 1 to 1.5 liters of blood in 30 minutes, is able to isolate a sufficient number of circulating tumor cells without removal of even a drop of the patient’s blood. It was recently approved for testing in the United States. This is a game-changer in the field of cancer diagnosis.

The molecular oncology department is setting up a clinical trial with Institute faculty Timothy G. Wilson, MD, and Jennifer Linehan, MD, to study the efficacy of the technology in prostate cancer patients before and after robotic surgery. Dr. Hoon is also an executive board member and investigator of the European Medical Multicenter Translational program in cancer blood-marker clinical trials called Cancer-ID. Last year the group was awarded about $20 million for a five-year program.

The approach of using the guide wire to monitor cancer patients’ blood for molecular biomarkers is also being applied to cardiovascular diseases in collaboration with Bayer Pharmaceutical. Dr. Hoon is also working with colleagues in Singapore to assess a microfluidic chip that allows separation of tumor cells from normal blood cells in less than one hour. The approach aims to permit rapid molecular identification of a small number of circulating tumor cells in any cancer type.
Ubiquitin

Ubiquitin, molecules found in all human tissues, can change the way proteins function and survive. It is the master mechanism which controls the fate of a protein in the cell. In cancer, that means ubiquitin can affect cell death or division, DNA repair and dysregulation of cancer cell growth to promote survival.

Today research on ubiquitin continues to generate important information on new cancer treatment approaches. In 2013 Dr. Hoon joined collaborators—including Aaron Ciechanover, MD, of the Technion-Israel Institute of Technology in Haifa, Israel, who won the Nobel Prize for discovering ubiquitin—to study the molecules. The department of molecular oncology has a strong joint program with the ubiquitin group scientists in Israel through the Adelson Medical Research Foundation. Recently the studies have been successful in melanoma and glioblastoma. The studies have defined potential novel discoveries of how tumors progress.

Neuro-Oncology

Dr. Hoon is working with Daniel F. Kelly, MD, professor of neuroscience and neurosurgery at the Institute and director of the Brain Tumor Center and Pituitary Disorders Program, to better understand the molecular aspects of various benign brain diseases including pituitary adenomas, Cushing’s disease and acromegaly. The diseases can be as life-threatening and deadly as cancer because the pituitary is a master hormone regulator of the body. By gleaning the molecular underpinnings of these disease processes, the doctors hope to better understand how these diseases are activated and identify potential targets for therapies to improve outcomes.

One study identified immune-related molecules in glioblastoma tumors that promote tumor progression, leading to a study of a brain tumor vaccine that blocks these cancer immune-promoting mechanisms.

Studies on immunotherapy by the molecular oncology group at the John Wayne Cancer Institute
Molecular Oncology Research
Long Supported by the ABCs

In 1990, a group of dedicated philanthropists in Los Angeles banded together and decided to try to make a difference in cancer research. The Associates for Breast and Prostate Cancer Studies (ABCs) was born and has provided unwavering support to the John Wayne Cancer Institute for the past quarter-century. The all-volunteer support group has raised more than $15 million to fund groundbreaking research projects and equipment. The group holds two signature events each year: a Mother’s Day luncheon and boutique, and “The Talk of the Town” Gala.

The ABCs organization was officially established by Marjorie and Marty Roth; Jackie and Stan Feurer, MD; Elaine and Jack Lerman; and Cynthia and Hal Gershman. These couples had originally been associated with the Eddie Cantor Charitable Foundation and were supporting a variety of causes. They decided to devote all their charitable efforts to eradicating cancer and unanimously chose to support progressive and innovative breast cancer research at the John Wayne Cancer Institute. Later, the group added prostate cancer to their list of fundraising objectives.

“This group of men and women has stood by us all these years, offering their hard work, ideas and friendship,” says Patrick Wayne, chairman of the Institute’s board of directors. “They never seem to tire of the effort and, instead, approach each fundraising project with enthusiasm.”

Each June, the group presents a check to the Institute and honors members of the ABCs who have passed away during the previous year. “We’ve become very close over the years, like a second family,” says Gloria Gebbia, the ABCs president for the past 17 years and a member for 18 years.

Gloria, a former movie producer, and her husband John have been the backbone of the group for many years. After she joined the ABCs, she was promptly recruited to help create a public service announcement and assist with the annual gala because of her background in the entertainment industry. When Marty Roth passed away, the group “handed me the book and said, ‘You’re the only one who can do the show,’” Gloria recalls. She took over the reins of the gala and has never looked back.

Members of the group are steadfast in their support to each other, she says.

“If I call and say we need volunteers, they all come. I never really get a ‘no.’ Everybody wants to give of themselves. We have such great friendships.”

Today the ABCs organization is comprised of close to 200 men and women who reside mainly in the Los Angeles Westside area. Many are highly successful professionals in a variety of fields, including the entertainment industry. ABCs members regularly communicate with the Institute and carefully consider their funding projects.

The group has helped support many fruitful research initiatives, including:
- Research to identify new ways to detect and diagnose breast and prostate cancer early through highly sensitive blood tests
- The sentinel node biopsy technique
- Research to develop immunological approaches to breast cancer vaccines
- Studies aimed at helping breast and prostate cancer patients overcome drug resistance
- Designing the next generation of nanotherapy—developing novel agents for targeting cancer without harming normal cells

“Major breakthroughs in cancer research are made possible because of private support,” says Anton J. Bilchik, MD, PhD, professor of surgery, chief of medicine and chief of the gastrointestinal research program. “The ABCs have truly impacted our ability to carry out novel research and develop promising new therapies.”

Many members of the ABCs have been touched by cancer, Gloria notes. But they’ve rallied past periods of discouragement and are witness to significant progress today.

“We’ve worked so hard,” she says. “It’s wonderful when you can see people who have had cancer and they’re doing so well.”

The John Wayne Cancer Institute and Saint John’s community mourns the passings of Jack and Elaine Lerman. Jack and Elaine were among a group of philanthropists who co-founded the Associates for Breast and Prostate Cancer Studies (ABCs), which has raised more than $15 million for the Institute since it began more than 25 years ago. Jack, the chairman emeritus of the group, passed away on November 10, 2015, at the age of 88. His lovely wife Elaine passed away on March 3.

Jack was one of the group’s staunchest supporters along with Elaine. “Jack will be deeply missed,” says Gloria Gebbia, president of the ABCs. “Every time we had an event, he was always there bright and early to help. Jack and Elaine were founding members and took great pride in the organization.” Elaine was always at Jack’s side, helping him greet guests at ABCs events.

Elaine was a member of the John Wayne Cancer Institute Auxiliary for 30 years and was the director of the auxiliary’s Sunshine Tribute gift fund. Jack and Elaine were widely admired for their loving partnership and support for each other. Their generosity and friendship will be deeply missed.

find out more

For more information about the ABCs, please call Grant Associates at 323-304-4400.
Spreading Her Wings

Beti Ward, the queen of air cargo, keeps a keen eye on cancer research.

WRITTEN BY SANDI DRAPER
PHOTOGRAPHED BY LAUREN PRESSEY

Beti Ward travels to Hawaii once a month, but don’t look for her lounging on the beach with an umbrella drink in hand. More likely she’ll be up to her elbows in work as chief executive of Pacific Air Cargo, a company she formed in 2000 after “retiring” from the air cargo business just two years earlier.

Retirement didn’t go as planned. In 1998 Beti sold her previous air cargo company, which flew goods between the mainland and Hawaii. She signed a non-compete clause and held financing for the new owner, who quickly went bankrupt. Though she was owed millions, Beti offered to forgive the debt if she was released from the non-compete clause. She was back in business.

But as she stood before her first meeting of Pacific Air Cargo personnel, Beti got a distinctly chilly reception from the 12 male faces staring back. That was when she first realized there was a gender difference.

“I had to learn to reason with and talk to the very male element of my business—and when not to talk at all,” she recalls. So before the next meeting, she read Men Are From...
decided I didn’t have time to devote to it, so I stopped. I was only doing it to prove something to others, which I came to realize was not necessary,” Beti says. She adds with a laugh: “Besides, when I ride in the cabin, I can enjoy a glass of wine.”

Four employees from her original air cargo company remained with her when she started Pacific Air Cargo. They’re now been with her for more than 20 years.

“The loyalty of these employees is what helps keep me successful,” says Beti, now in her early 70s. When working, she stays in either her Los Angeles or Honolulu condo, but home is Incline Village, Nevada, on the edge of Lake Tahoe. “I just love the mountains and the lake and get there as often as I can.”

Retiring again is not on her radar. “I have bad knees. I can’t play tennis. I can’t go skiing. I suck at golf.” Might as well work, she quips.

The loyalty Beti values in her employees is a trait she gives to causes she supports. Since 2005 she has been a steadfast friend of the John Wayne Cancer Institute, making regular philanthropic gifts.

While at Saint John’s Health Center for a routine mammogram, she read an informational brochure about the Institute and became intrigued by the specimen repository while touring the facility. The tissue bank holds decades of tissue and blood samples from cancer patients for use in research.

“They have thousands of samples—from years ago even—that they still study, which was very interesting,” Beti says. The repository was started in 1971, long before most in the medical field realized that such tissue would be useful in the study of the genetics of cancer.

Beti also was “a big fan of John Wayne” and attended the Institute’s annual Benefactors Dinner where she met Patrick Wayne and several of the Institute’s doctors. “They were all so wonderful, excited and devoted that I put the Institute on my list of annual giving,” she explains. Her donations benefit research into brain cancer, which claimed her mother’s life in 1999.

Beti applies the same high standards to philanthropy that she applies to her business, says Tanja Janfruechte, Pacific Air Cargo’s corporate vice president, who has worked for Beti for 22 years. “Beti is very particular about the organizations she supports and donates to,” Tanja says. “She does quite a bit of research to ensure the money is indeed going where it’s supposed to be going.”

Tanja describes Beti as a woman with an eye toward detail. “Beti is very smart, but what has never changed all these years—and still impresses me today as it did 20+ years ago—is how fair she is with business,” Tanja says.

Pacific Air Cargo has been named Pacific Business News’ top female-owned business—based on revenue—four times. In 2015 the business did $51 million in business, shipping 80 million pounds of freight.

Mentoring is also important to Beti. “Tanja is my right-hand person,” she says. “She started with me right out of college, and now she’s vice president of the company. Our mentoring mission is to bring people up to speed with their bosses. In fact I have a rule among the staff that no one can take a day off until they have trained another employee to handle their position.”

She brought her three children into her business years ago on the ground level. Beti never told anyone they were her children; they had to work their way up. Her daughters, Carolyn Poe and Tabitha Carnow, are currently raising families. Her son, Gary Poe, is CEO of Aloha Contract Services, which Beti bought from the now defunct Aloha Airlines in 2008.

At a time when fuel prices were skyrocketing, Beti saw an opportunity to diversify into a non-fuel-driven industry. “It was my last impulse purchase,” she jokes. The purchase saved nearly 600 counter, baggage and behind-the-scenes airport jobs that would have been lost with Aloha Airlines’ demise.

Whether in business or in giving, Beti is always forward-thinking. “I have the Institute in my will as well,” she says. “I’m sure there’s a cure for cancer out there somewhere. We know the cause and effect. A cure can’t be far behind.”
The Men Behind the Microscopes

Pathologists play a vital role in cancer diagnosis and research.

WRITTEN BY SHARI ROAN
PHOTOGRAPHED BY SCOTT GILBERT

They work mostly out of sight, in the quiet of a laboratory—surrounded by microscopes, test tubes, glass slides and computers. Some patients never meet a pathologist and most are hard-pressed to explain what a pathologist does.

But the cancer pathologists on staff at the John Wayne Cancer Institute are not behind-the-scenes guys. David L. Krasne, MD, and John R. Jallas, MD, PhD, are Saint John’s Health Center pathologists who provide critical support for cancer diagnosis and research at the Institute, along with other members of the Saint John’s pathology unit.

“In surgical oncology, we are only as good as our pathologists are,” says Anton J. Bilchik, MD, PhD, professor of surgery and the
Dr. John Jalas (left) and Dr. David Krasne assist Institute researchers.

We’re the disease sleuths—the diagnosticians. The subsequent treatment and prognosis is based on the pathology report. So we have to get the right answers.”

In their roles at the Institute, Dr. Krasne and Dr. Jalas support the research team by providing tissue samples for studies and participating in various research projects. Dr. Jalas is currently working with Dr. Bilchik on immunoprofiling of colon cancer and the cancer staging system.

“Basically we’re trying to look at how the body is reacting to the cancer,” he says. “Based on that, we can work to predict how patients will do. Maybe some patients who get chemotherapy don’t need it. That’s very exciting research.”

Dr. Krasne is currently collaborating with surgical oncology fellow Kelly T. Huynh, MD, on research to determine if a certain type of melanoma may not require a sentinel node biopsy to see if the cancer has spread beyond the primary tumor.

Both Dr. Jalas and Dr. Krasne, and the entire pathology team at Saint John’s also teach the surgical oncology fellows. The fellows are urged to look beyond the cancer pathology report. “The principle we instill in them is that they need to know who the pathologist is and have a familiarity with their work; it has to be someone they can talk to and trust,” Dr. Krasne says.

Today cancer diagnosis and treatment is increasingly based on assessing the genetic underpinnings of the tumor. Gene sequencing technology can tell oncologists things about a tumor that can’t be seen with a microscope.

“Part of what we do hasn’t changed in 150 years: processing tissue, making slides and looking at it with a microscope,” Dr. Jalas notes. “But now we’re moving to next-generation sequencing. With sequencing information, we’ll be able to say this particular cancer will respond best to this particular drug.”

Yet neither Dr. Krasne nor Dr. Jalas expects to have their expertise replaced any time soon. “There is still immense value from the information you get from looking at something under a microscope, and most diseases and cancers are still defined by their microscopic appearance,” says Dr. Krasne.

We depend on them to help develop therapeutic strategies. We’re very fortunate to have pathologists who are talented, accessible and work in a very collaborative way.”

However, both Dr. Krasne and Dr. Jalas say they too are the lucky ones. Dr. Krasne, a professor of pathology at the Institute and medical director of the pathology department and clinical laboratory at Saint John’s, worked with Institute researchers in the 1990s to help develop the sentinel node biopsy techniques for breast cancer staging, techniques now used as standard care around the world.

“The reason we collaborate well with the Institute is because most of us on the pathology team have an academic background,” says Dr. Krasne, who joined the Institute in 1990. “Everyone is from one of the top pathology training programs in the country.”

Dr. Jalas, who joined the Health Center more than five years ago after completing a fellowship in surgical pathology at the University of California, San Francisco, was searching for a place where he could perform clinical services and research.

“It’s a very unique set-up here,” says Dr. Jalas, who is an assistant professor of pathology at the Institute. “It’s wonderful for someone like me because of my research background.”

In their work at the Health Center, Dr. Krasne and Dr. Jalas are part of a group of pathologists who examine blood and tissue samples for a variety of both cancerous and noncancerous conditions. “We’re the disease sleuths—the diagnosticians. The subsequent treatment and prognosis is based on the pathology report. So we have to get the right answers,” Dr. Jalas says.

In his years at the helm, Dr. Krasne has created a department that prides itself in accurate work focused expertise in many areas including neuropathology, diseases of the blood and lymph nodes, breast, gastrointestinal system, urologic oncology, gynecologic pathology, cutaneous and melanocytic tumors of the skin, cytologic diagnosis and others. “We work as a team. Our aggregate knowledge and experience is applied to every patient,” Dr. Krasne says.

In their roles at the Institute, Dr. Krasne and Dr. Jalas support the research team by providing tissue samples for studies and participating in various research projects. Dr. Jalas is currently working with Dr. Bilchik on immunoprofiling of colon cancer and the cancer staging system.

“Basically we’re trying to look at how the body is reacting to the cancer,” he says. “Based on that, we can work to predict how patients will do. Maybe some patients who get chemotherapy don’t need it. That’s very exciting research.”

Dr. Krasne is currently collaborating with surgical
Leading the Way in Lung Cancer Surgery

With an innovative style, Dr. Robert McKenna Jr. fits right in at the Institute.

The John Wayne Cancer Institute expanded its expertise in the treatment of lung cancer when internationally acclaimed thoracic surgeon Robert McKenna Jr., MD, moved his practice to Saint John’s Health Center in November 2015. Dr. McKenna, professor and chair of thoracic surgery, is an expert in the surgical treatment of lung cancer and emphysema. He spent the previous 19 years with Cedars-Sinai Medical Center.

“The Institute is bringing in new experts and more surgeons, and the researchers here are really outstanding.”
he says. “It’s very exciting.”

Originally from New York, but raised in Southern California, Dr. McKenna comes from a family devoted to medicine. His father, the late Robert McKenna Sr., was a surgical oncologist and former president of the prestigious American Cancer Society. His mother was a neonatal intensive care nurse.

And his wife, Kathy McKenna, is a former intensive care unit nurse who has worked alongside Dr. McKenna as his office manager for 20 years. They have three children together, all working in the medical field.

The defining feature of Dr. McKenna’s career has been the development and implementation of a cutting-edge surgical technique called video-assisted thoracic surgery (VATS) for patients with lung cancer and emphysema.

“In the past, lung surgery would require an eight- to 10-inch incision to open the chest cavity,” he says, explaining that VATS only requires a small incision, through which the surgeon can place a small camera and surgical tools to remove parts of the lungs.

Some surgeons originally thought VATS was only suitable for simple surgeries, like biopsies. Few thought the technique could be used to remove entire lobes.

“At the time, people thought it was not possible to perform a successful cancer operation that way,” he says.

He proved the naysayers wrong. Dr. McKenna performed the world’s first VATS lung cancer procedure in 1992 and went on to write the definitive book on the subject, Atlas of Minimally Invasive Thoracic Surgery. Today he’s performed more than 3,000 VATS lung cancer operations—more than any other thoracic surgeon in the world. The surgery reduces pain and shortens the patient’s recovery time while minimizing risks associated with more invasive surgery.

“I would not have done minimally invasive lung cancer surgery if I didn’t think it was a safe operation,” he says. “And 24 years later, there is now a huge amount of data that shows VATS is better for patients and some evidence that survival rates are better as well.”

Along with treating patients, Dr. McKenna also gives talks all over the world to medical professionals—some interested, some skeptical—about using VATS. He also teaches the procedure through education programs locally, nationally, and internationally.

“My next trip is to Germany,” he says. “That is one of the countries that has been resistant to this technique.”

Along with continuing to improve the surgical treatment options for early-stage lung cancer patients, Dr. McKenna is excited about research at the Institute under the direction of Dave S.B. Hoon, PhD. “Dr. Hoon is a real leader who has studied how to find cancer cells in the bloodstream for more than 30 years,” he says. “We are working on blood tests to look for lung cancer cells.” Earlier detection of lung cancer would be a major advancement since many tumors are not detected until the disease has spread.

Dr. McKenna points to promising targeted drug treatments, such as erlotinib (Tarceva). “Some patients have a protein called an epidermal growth factor receptor (EGFR) on the surface of the lung cancer cells,” he says. Erlotinib can block these EGFRs, preventing the cells from growing or multiplying.

Another promising area of research is genetic testing of patients’ tumors. One mutation he looks for is called ALK. For those that have it, a targeted therapy called crizotinib (Xalkori) shows promise. “I have a patient who had extensive lung cancer that had spread from head to toe,” he says. “He had the ALK mutation and used the therapy, and nine years later he has no cancer and he is doing great.”

Perhaps most promising, however, is the improvement of screening programs to help catch lung cancer in the early stages. People at high risk of the disease (ages 55 and older with 30 years of smoking) can undergo low-dose CT screening, which may discover tumors long before symptoms emerge and at a time when the lung cancer is much more curable. Saint John’s offers low-dose radiation and low-cost lung cancer screening.

“There is now a huge amount of data that shows VATS is better for patients and some evidence that survival rates are better as well.”

“With no early warning systems, many people are diagnosed with advanced-stage disease and do not survive lung cancer,” Dr. McKenna says. “Screening with CT scans is well-documented to reduce mortality rates from lung cancer.”

“Screening with CT scans is well-documented to reduce mortality rates from lung cancer.”
JOHN WAYNE CANCER INSTITUTE AUXILIARY ODYSSEY BALL

“The Duke” Special Service Award was presented to John Wayne Cancer Institute oncologist Mark B. Faries, MD, at the 31st annual John Wayne Cancer Institute Auxiliary Odyssey Ball held on April 9 at the Four Seasons Beverly Wilshire Hotel. Dr. Faries is director of the Surgical Oncology Fellowship Program, director of the Donald L. Morton, MD, Melanoma Research Program and director of therapeutic immunology at the Institute.

“Dr. Faries embodies the most important attributes of great physicians: medical expertise, a driving curiosity and a compassionate connection to his patients,” said Steven J. O’Day, MD, professor of medical oncology, director of immuno-oncology and director of clinical research at the Institute.

Lorraine and Danielle Morton, wife and daughter of the late Donald L. Morton, MD, presented the inaugural “Dr. Donald L. Morton Legend Award” to philanthropist Ruth Weil. Ruth, a John Wayne Cancer Institute Auxiliary board member and hospital volunteer, was a friend and early supporter of Dr. Morton’s work.

The event, which attracted more than 450 guests, benefits the Institute and is organized by the John Wayne Cancer Institute Auxiliary led by president Anita Swift and co-chairs Martha Harper, Colleen Pennell, Elizabeth Rawjee, Jessica Royer and Shirley Lipstone. KTLA-TV anchor Kaj Goldberg hosted the “Cowboys and Legends” themed gala, which featured music and dancing to the Morgan Leigh Band.

The event helped raise more than $750,000 to benefit the John Wayne Cancer Institute including a generous sponsorship of $100,000 from Dr. Miriam and Sheldon Adelson. A highlight of the evening was a surprise announcement of a $1.5 million gift from Ruth Weil to endow the Ruth and Martin H. Weil Surgical Oncology Fellow at the Institute.
MEMORABLE EVENTS

(From left) Diane Feldman, Sue Hochberg, Ilene Eisenberg, Roberta Novick, Ruth Weil, Shirley Lipstone, Lois Rosen and Jackie Banchik

Ruth Weil and Dr. Mark Faries

Roseann Patterson and Bill Patterson

Melanie Wayne and Melinda Wayne Muñoz

Colleen Pennell and Jessica Royer

Hillary Fogelson and Adam Fogelson

Jennifer Cook, Pat Sullivan, Joyce Green and Julia Forth

Marc Ezralow, Riley Ezralow and Gayle Ezralow

(From left) Mary Linn, Dr. George Faries, Nicole Faries, Anna Faries, Nick Faries, James Faries and Dr. Mark Faries

Joanna Crane, Jonathon Fischer, Christine Avanti Fischer and Norma Bilchik

Roscann Patterson and Bill Patterson

(SPRING 2016, INNOVATIONS 35)
ASSOCIATES FOR BREAST AND PROSTATE CANCER STUDIES ANNUAL “THE TALK OF THE TOWN” GALA

The Associates for Breast and Prostate Cancer Studies (ABCs) recognized individuals who have made a difference in the fight against cancer at its annual “The Talk of the Town” Gala on November 21, 2015, at the Beverly Hilton Hotel. This year’s honorees include actress Rene Russo, who received the Spirit of Entertainment Award, and cardiac surgeon Richard F. Wright, MD, who was recognized with the Spirit of Hope Award. Singer Pat Benatar headlined the evening’s entertainment. “The Talk of the Town” Gala attracted more than 800 guests and included dinner, dancing, guest performances, a boutique and auction. Proceeds provide critical funds for the John Wayne Cancer Institute's innovative breast and prostate cancer research programs.
1. Neil Giraldo, Pat Benatar, Gloria Gebbia and John Gebbia
2. Dr. Maggie DiNome and Gerard DiNome
3. Anthony Anderson
4. Robert Cohen and Beverly Cohen
5. Carlton Gebbia and David Gebbia
6. Roseann Patterson and Bill Patterson
7. Gloria Gebbia, Dr. Richard Wright and Rene Russo
8. Michael Wayne, John Gebbia, Gloria Gebbia and Patrick Wayne
9. Marty Greenberg and Lisa Greenberg
10. Shel Bachrach and Cathy Bachrach
11. Seymour Rosenblum and Sheri Rosenblum
12. Stanley Black and Joan Ashton
JOHN WAYNE CANCER INSTITUTE BENEFACCTORS DINNER

The Institute’s generous donors and supporters were recognized on December 6, 2015, at a festive dinner at the Four Seasons LA. The annual Benefactors Dinner allows the Institute faculty and leadership to personally thank the donors who have helped us carry out our mission by supporting cancer research at the highest levels of giving. Attendees enjoyed an evening with the Wayne family, while members of the Institute faculty and fellows shared research highlights and updates on Institute projects.
JOHN WAYNE CANCER INSTITUTE AUXILIARY ANNUAL MEMBERSHIP LUNCHEON AND BOUTIQUE

The John Wayne Cancer Institute Auxiliary Annual Membership Luncheon and Boutique was held on October 22, 2015, at the Beverly Wilshire. Nearly 300 guests enjoyed boutique shopping from more than 20 vendors who donated a portion of their proceeds to the Institute. Hillary Fogelson, a grateful patient, three-time melanoma survivor, author and advocate presented the Angel Award to Dr. Delphine J. Lee. The auxiliary’s Public Service Award was presented to the Ford Warriors in Pink by Michael Wayne. Melanie Wayne, auxiliary treasurer and chief financial officer, and daughter of John Wayne, presented a check on behalf of the auxiliary in the amount of $1,470,787. The event was co-chaired by Katie Lewis and Marisol Zarco while Gerard DiNome served as emcee.

CARITAS GALA

The annual Caritas Gala, held on October 24, 2015, at the Beverly Wilshire Hotel, raised more than $650,000 for Saint John’s Health Center. The event recognized individuals who display exceptional compassion and service to their communities, including Wendy Goldstein, executive vice president and head of urban A&R at Republic Records; trustee Peter Mullin and his wife, philanthropist Merle Mullin; and trustee Bruce Meyer and his wife, community leader Raylene Meyer. The gala, which drew more than 475 guests, was co-hosted by the Saint John’s Health Foundation board of trustees and the Irene Dunne Guild.
CATHY CLASSIC
The Cathy Classic was held November 14, 2015, at the Kissimmee Bay Country Club in Kissimmee, Florida. Sponsored by the Hasselberger Family in memory of David’s sister, Cathy, the event benefits melanoma research. The Institute is a beneficiary of the annual event.

MARTIN M. COLLINS GOLF TOURNAMENT
The urologic oncology and prostate program at the John Wayne Cancer Institute was the beneficiary of the 10th annual Martin M. Collins Golf Tournament, February 22, at Canyon Gate Country Club. The event, which raised more than $80,000, is held in honor of Dr. Timothy G. Wilson and in memory of Martin M. Collins. The tournament is organized by Brian Collins, Keith Underwood and Andy Anderson.

QVC PRESENTS “FFANY SHOES ON SALE”
The annual QVC Presents “FFANY Shoes on Sale” was held October 19, 2015, at the Waldorf Astoria in New York City. For more than 20 years, the Fashion Footwear Association of New York event has sold thousands of shoes at half the manufacturers’ suggested retail price to raise funds for breast cancer research and education. The John Wayne Cancer Institute was one of nine beneficiaries of the 2015 event.

Dr. David Krasne, Dr. Mark Kelly and Dr. Timothy Wilson
Brian Collins
Michael Connors III, Patrick Wayne and Michael Connors
PROFILE: Beti Ward
An Institute supporter with an eye for business. page 28

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