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Junbao Yang, PhD
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Venkata M. Yenugonda, PhD
Associate Professor of Translational Neuro-Oncology and Neurotherapeutics

Donald L. Morton, MD
Faculty Emeritus*

*Deceased

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Robert Elashoff, PhD
Biostatistics

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Adjunct Associate Professor of Dermatology

INNOVATIONS, FALL 2016

4
Strategic organizations find ways to evolve and become even more productive and influential. Today we can look at the John Wayne Cancer Institute and see several changes underway. With the assistance of Saint John’s Health Center Foundation, we have taken a significant step forward in securing our future by expanding our board of directors from five to 13.

This development marks a turning point in the Institute’s history. Our partners at the Foundation created a nominating committee and reviewed more than two dozen well-qualified board candidates. From that list, 13 were chosen based on their commitment, resources, energy and vision to take the John Wayne Cancer Institute into the future. The board members are joined by four special advisors. In this issue of Innovations, you can read about each new board member, and you’ll see why I’m so pleased to have them join our team.

I want to sincerely thank the Foundation board and staff for leading us in this important step in the Institute’s governance. We couldn’t have done it without you.

Strategic organizations also form tight partnerships, and we at the Institute embrace our flourishing relationship with Providence Saint John’s Health Center. Increasingly the Institute, Health Center and Foundation are working together to drive improvements on our campus. For example:

- Several Foundation trustees now sit on the Institute board.
- As chief executive of both the Health Center and Institute, Marcel Loh helps unite our agendas. Marcel was honored for his commitment to the Institute this month at the Associates for Breast and Prostate Cancer Studies’ (ABCs) annual “The Talk of the Town” Gala.
- Several Foundation trustees have begun hosting dinners where Institute doctors meet influential members of the community, explain their research and seek philanthropic support for their innovative and vital work.

These kinds of developments would not be possible without the large community of friends and supporters who believe in our cause. You, our donors, are essential to our mission and provide the core support to make our dream of a world without cancer a reality.

Patrick Wayne
Chairman
Board of Directors
Recently I saw a patient who had the highest prostate-specific antigen (PSA) score I’d ever seen. A PSA test is a blood test that can suggest the presence of cancer. This gentleman had probably never had a PSA test before, and it appears he has advanced prostate cancer.

In 2012 the U.S. Preventive Services Task Force (USPSTF)—a panel of experts that issues recommendations regarding preventive health screenings—advised against routine PSA screening of healthy men. Critics of PSA screening say it leads to the detection of small, or localized, cancers and that too many men are over-treated for these small cancers. But screening also detects advanced and metastatic prostate cancer. As fewer men follow the recommendations and skip PSA screenings, we can expect to see more cases of prostate cancer detected at later stages.

This is a significant issue. Prostate cancer is the second-leading cause of cancer death in U.S. men. Moreover, a recent study showed cases of metastatic prostate cancer have risen over the past decade. Prostate cancer is a serious disease because it impacts urinary, kidney and sexual function in men.

However, because of the USPSTF recommendation, we’ve stopped screening men. We’re going back to where we were in the early 1990s and sticking our heads in the sand. PSA is not a perfect test, but it’s the best single test we have to detect prostate cancer. Beyond PSA, new kinds of blood tests and MRI imaging are helping us identify which men truly need a biopsy and how to make the biopsies more accurate. In addition, we are now using sophisticated genetic testing to decide which men really need treatment once they are diagnosed.

It’s important for men to understand they should be screened and for doctors to better fine-tune screening and utilize appropriate treatments for prostate cancer. Treatment needs to be tailored to each individual. Men who have a family history of prostate cancer or who are of African-American descent need to be screened for the first time at age 40 and every year or two after that. Other men should be screened beginning at age 50 with additional screening every one or two years.

Talk to your doctor about PSA screening. If you have prostate cancer, you can be cured and lead a perfectly normal life.

Utilizing PSA testing for prostate cancer detection
Precision Medicine Turns A Corner
WRITTEN BY SHARI ROAN

For many decades, cancers have been described—and even treated—according to the type of organ from which the cancer arises, such as lung, breast or brain. But increasingly doctors are looking at genetic information to determine how to best treat their patients and increase the chances for long-term survival.

That concept has led to a new term in cancer care: precision medicine. Precision medicine means that doctors look at the biological processes that have gone awry and led to the growth of cancer in a specific person, such as gene mutations. Then they prescribe treatments that will target, or fix, that abnormal mechanism.

Santosh Kesari, MD, PhD, refers to precision medicine as “giving the right drugs to the right people at the right time for the right problem.” Precision medicine is here to stay, says Dr. Kesari, professor of neurosciences and chair of the department of translational neuro-oncology and neurotherapeutics at the John Wayne Cancer Institute.

Earlier this year, the Food and Drug Administration released draft guidelines to oversee genetic testing for cancer treatment. The FDA’s draft is part of President Barack Obama’s Precision Medicine Initiative aimed at improving medical treatments by probing each individual’s genetic, biological, environmental and lifestyle information.

Genetic information is gleaned through gene sequencing technology, and precision medicine is only as good as the tests and the companies that perform the testing, Dr. Kesari says. “I’ve sent tumor samples to different testing companies, from the same patient, and we get different results. So there needs to be some guidance on this.”

The FDA guidelines are coming at a time when precision medicine is exploding, Dr. Kesari says. More genetic mutations linked to cancer are being discovered, and drug companies are producing new medications aimed at those mutations. These drugs are often referred to as “targeted therapy.”

In his practice, he routinely asks patients to undergo testing of the tumor to identify possible mutations. However, not every patient has access to precision medicine.

“It is the standard now to offer precision medicine,” he says. “It shouldn’t be the exception anymore. I think more doctors are offering it, but in some practices they may not be doing it as much.”

Insurance companies are increasingly agreeing to pay for genetic sequencing of the tumors. But not every patient will have an identifiable mutation. Nor are there medications to treat each mutation. The use of precision medicine is more advanced for some types of cancers, such as breast cancer and lung cancer, than in other types, Dr. Kesari adds.

“Even in diseases where it’s still quite difficult to do precision medicine, like brain tumors, we’re finding we can identify patients who will likely respond really well to certain treatments,” he says.

As more gene mutations are identified and drugs are developed, precision medicine will apply more often. Exciting research is even aimed at finding better ways to identify mutations. For example, Institute researcher Dave S.B. Hoon, PhD, is a pioneer in the field of “liquid biopsy,” which is a way to collect tiny bits of DNA that are shed from tumors and circulate in a patient’s blood. Having a blood test to identify mutations would offer many advantages over testing the actual tumor.

“In the last few years, there has been an explosion of blood-based tumor-DNA testing,” Dr. Kesari says. “We’re going to see progress with liquid biopsies.”

For more information on how to support precision medicine research, please call Michael Avila in the Office of Development at 310-829-8351.
Introducing the Institute Board of Directors

The 35th anniversary of the John Wayne Cancer Institute is marked by the expansion of the board of directors to help guide its future. These individuals have made a mark in business, philanthropy, volunteerism or in the community, and all generously give their time and talent to work with the Institute’s leadership on programs and policies that will promote excellence for years to come.
Board of Directors

MARIA O. ARECHAEDERRA
Maria Arechaederra is one of the founders of WISE & Healthy Aging in Santa Monica, a nationally known senior services center. She is credited with the establishment of one of the nation’s first adult day care centers for frail seniors and victims of Alzheimer’s disease. Now retired from WISE, Maria is a member of the Irene Dunne Guild. She also serves as a Saint John’s Health Center Foundation trustee. Maria is a founding member and past chair of the Santa Monica Third Street Promenade development board. She has received numerous awards recognizing her achievements in gerontology.

MARK BAKER
Mark Baker is vice president of global business services for Capital Group. He has more than 20 years of operational leadership experience. Prior to joining Capital Group in 1999, Mark held a variety of management roles in the hospitality industry, most recently with Four Seasons Hotels and Resorts. His experience includes leading individuals with oversight of global operational groups, yield management and pricing, business integration and change management. Mark, who has a master’s degree in business administration from Pepperdine University, serves as a finance module advisor to Pepperdine University’s president and the Key Executives MBA program.

NORRIS J. BISHTON JR.
Norris Bishton Jr. is president and owner of the NOARUS Auto Group, which includes Toyota Place, Marina del Rey Toyota, Airport Marina Ford and Airport Marina Honda. He is also a partner in the law firm Bishton • Gubernick, general counsel to two other large auto groups and a trial lawyer specializing in business related litigation. Norris is a member of several boards, including Saint John’s Health Center Foundation and the board of trustees of the NPR Foundation. He has served on the board of directors of the Southern California Toyota Dealers Advertising Association since 1988. Norris is a graduate of the University of Notre Dame and the Notre Dame Law School.

MARC EZRALOW
Marc Ezralow is president of the Ezralow Company and is actively involved in all aspects of the company’s real estate portfolio and in numerous companies such as financial services, technology, media and natural gas. He worked as an agent in the film industry and started his own production company, Revolution Multi-Media. Marc is a Saint John’s Health Center Foundation trustee, sits on a number of advisory boards and is currently on the board of the Brentwood School. He was featured in the Los Angeles Business Journal as one of the Top 20 “Angel” investors in Los Angeles. He is a graduate of Pepperdine University.

MARK B. FARIES, MD
Dr. Mark Faries is professor of surgery, 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 John Wayne Cancer Institute. He established a Food and Drug Administration-certified cellular immunotherapy lab at the Institute and was the first surgeon in California to perform minimally invasive inguinal lymph node dissections. He has overseen clinical trials involving more than 6,000 patients around the world and has published more than 150 manuscripts, abstracts and book chapters.

SEAN FISCHER, MD
Dr. Sean Fischer is a member of Providence Santa Monica Hematology-Oncology. He completed his internal medicine internship at Medical College of Pennsylvania/Hahnemann University and residency at University of Medicine and Dentistry of New Jersey/Robert Wood Johnson School of Medicine. He completed his hematology and medical oncology fellowship at Georgetown University. He is board-certified in internal medicine, medical oncology and hematology, and his practice is focused on malignant and benign hematology and medical oncology. He has participated in clinical research and published articles in the fields of hemophilia, primary brain tumors and lung cancer and has been named to the Best Doctors in America and Los Angeles Super Doctors lists.

DOUGLAS M. MANCINO
Douglas Mancino is a partner in the Century City office of Seyfarth Shaw LLP and is national chair of the firm’s health law group. Doug has represented numerous types of health care and nonprofit organizations throughout the United States on tax, business and financial matters. He serves on the board of advisors for the Center for Philanthropy and Public Policy of the Price School of Public Policy at USC and is also on the board of advisors for the National Center on Philanthropy and the Law at the NYU School of Law. He is co-author of the treatises Taxation of Exception Organizations and Taxation of Hospitals and Health Care Organizations.

DOMINIC J. ORNATO
Dominic Ornato graduated from St. Peter’s College in 1960 and United States Coast Guard Operations System Center (USCG) in 1961. He was commissioned in the USCG and served 4½ years. Dominic was co-owner of the Levitt/Kristan Company Insurance Brokers, co-president of Arthur J. Gallagher Insurance Brokers and treasurer and partner of Budget Rent-A-Car Mountain States. In addition to being a member of the Saint John’s Health Center Foundation board of trustees, Dominic is also on the board of Catholic Big Brothers Big Sisters and is a former trustee and treasurer of the Los Angeles Zoo and Botanical Gardens.

CAROLE SCHWARTZ
Carole Schwartz is a member of Schwartz-Mei Group, a private investment management firm located in Santa Monica. She spent her professional career as a tax consultant/real estate tax partner with Arthur Andersen and KPMG LLP, respectively, until her retirement from KPMG in 2002. During her professional career Carole has served on many not-for-profit boards including several hospital boards in Florida and Colorado. She currently serves as a national trustee for National Jewish Hospital in Denver and is also a Saint John’s Health Center Foundation trustee.
Special Advisors to the Board of Directors

**TONY ALAMO, MD**
Dr. Tony Alamo is founder of the Alamo Medical Clinic, a multi primary-care provider group, in Las Vegas, Nevada, and currently serves as chairman of the Nevada Gaming Commission. Prior to that, he served on the Nevada State Athletic Commission as its chairman. He also worked as a licensed ringside physician and was the chairman of the commission's medical advisory board in 2000. He earned his undergraduate degree in chemistry from the University of Nevada, Las Vegas, and his medical degree from the USC Keck School of Medicine. With specialized training in tactical trauma/medicine, Dr. Alamo has volunteered as a tactical physician for the Las Vegas Metropolitan Police Department-SWAT bureau for more than 18 years.

**CATHERINE A. BROWN, RN**
Catherine Brown is president of the John Wayne Cancer Foundation (JWCF). She has more than 30 years of experience in strategic governance, organizational development and fundraising. Prior to joining JWCF, she served as vice president of the Pacific West region for the Leukemia & Lymphoma Society. Before that she held many prestigious titles including executive vice president of ConferenceDirect, president of the Children Affected by AIDS Foundation, vice president of the American Association of Critical-Care Nurses as well as vice president at Anthony J. Jannetti, Inc. Cathy holds a bachelor’s degree in nursing from Hunter College, City University of New York, and a master’s degree in nursing from the University of Pennsylvania and the Wharton School of Business.

**ROBERT O. KLEIN**
Robert Klein oversees the overall management of Saint John’s Health Center Foundation and the John Wayne Cancer Institute’s philanthropic development efforts. Bob played college football at the University of Southern California and was a first-round pick in the 1969 National Football League draft by his hometown Los Angeles Rams. He spent 11 years in the NFL. Bob’s professional career with Saint John’s spans 23 years. Prior to joining Saint John’s, he worked in real estate development and corporate finance. He received a master’s degree in business administration from the University of Southern California with an emphasis in real estate.

**STEVEN J. O’DAY, MD**
Dr. Steven O’Day is professor of medical oncology and director of immuno-oncology and clinical research at the John Wayne Cancer Institute. Dr. O’Day is a board-certified medical oncologist specializing in melanoma and is an active clinical researcher. Trained at Johns Hopkins and Harvard, he also studied medical ethics at Oxford University. Dr. O’Day has been at the forefront of new drug development and immunotherapies for melanoma and other cancers for more than two decades. He has been a principal investigator for more than 100 clinical trials, including several large, international Phase III studies. He lectures extensively worldwide and has published more than 200 scientific articles, abstracts and reviews in prestigious peer-reviewed journals.
When a group of determined women come together behind a cause they believe in, it’s a good bet that the result is going to be extraordinary. So it is with the John Wayne Cancer Institute Auxiliary, which since its founding in 1982 has raised nearly $20 million to fund groundbreaking research, vital new laboratory equipment and the nationally recognized Surgical Oncology Fellowship Program.

The 35th anniversary of the Institute is a reminder of the auxiliary’s long history of dedication and support. Back in the early 1980s, the late Sandy Cohen and Noreen Nelson—both former patients of Institute cofounder Donald L. Morton, MD—invited 14 women for lunch, and the auxiliary was born. Today it’s 800 strong, with a board of 40 that includes the daughters of Sandy and Noreen.

“We’re so lucky to still have so many of our board members from that first board,” says Anita Swift, the eldest grandchild of John Wayne and a member of the board for the past 16 years. Anita is now in her third two-year term as auxiliary president. “We’re pretty proud of the fact that we’ve been around for so long.”

Each April more than 500 people attend the auxiliary’s biggest fundraiser, the Odyssey Ball. The event raised $750,000 this spring and $1 million last year. At each Odyssey Ball, the auxiliary honors and celebrates members of our community and their efforts in the fight against cancer with “The Duke” Special Service Award. Dr. Anton J. Bilchik, Kirk Douglas, Dr. Mark B. Faries, Larry Hagman and Dr. Lawrence D. Piro are among the previous honorees.

Another award—the “True Grit” Humanitarian Award—is presented each year to an individual who embodies the American values characteristic of John Wayne. The first went to former First Lady Nancy Reagan; other honorees include Larry King, the Mandela family and Alana Stewart of the Farrah Fawcett Foundation. Earlier this year, the auxiliary presented the first annual Dr. Donald L. Morton Legend Award to longtime member Ruth Weil for her steadfast support of cancer research.

The auxiliary also hosts educational meetings at private homes, book signings and other events to raise money and educate the public on the Institute’s work. They’ll continue to support research, equipment and postgraduate training for physicians, Anita says. And in the future, she sees the auxiliary stepping up its efforts to educate and spread the word through an increased social media presence and additional small educational evenings.

Anita credits the commitment of the auxiliary’s members with its success—women like Sheri Rosenblum, a 25-year board member and recipient of this year’s Angel Award, and Ruth Weil, who volunteers every Tuesday at the hospital. Countless other women on the board and in the general membership never hesitate to help.

“Our women walk the walk, and they talk the talk,” Anita says. “They understand our mission—they want to find a cure for cancer as much as our doctors do.”

**Save the Date**

The 32nd Odyssey Ball, benefiting the John Wayne Cancer Institute, will be held in March 25, 2017. This signature event of the John Wayne Cancer Institute Auxiliary recognizes individuals who have made extraordinary contributions in the fight against cancer and have demonstrated their humanitarian spirit within the community.
The Institute Welcomes New Faculty Members
The John Wayne Cancer Institute faculty is delighted to announce the addition of seven new scientists to our growing organization.

ACHAL SINGH ACHROL, MD, ASSISTANT PROFESSOR OF NEUROSCIENCE AND NEUROSURGERY
Dr. Achal Achrol is an academic neurosurgeon who is committed to leading translational research programs that advance treatment options for patients suffering from brain tumors, stroke, intracranial aneurysms and vascular malformations. He has expertise in computer-assisted minimally invasive keyhole and microvascular neurosurgery, using advanced neuro-imaging and stereotactic navigation techniques to safely reach even the most difficult tumors and brain lesions.

His new roles include directing neurovascular surgery and neurocritical care at the Pacific Neuroscience Institute and serving as chief of the glioma surgery program at the John Wayne Cancer Institute.

“The physician scientists at Saint John’s, the John Wayne Cancer Institute and Pacific Neuroscience Institute stand out to me as world-renowned leaders in our field, with extensive track records publishing medical literature that defines new standards of care and pushes innovative new techniques in precision therapy,” Dr. Achrol says.

Dr. Achrol received his medical degree from Stanford University, where he also completed his neurosurgical residency and fellowship training. At the Institute he will focus on personalized treatments and precision therapy clinical trials. “From the Providence Saint John’s motto ‘Know me, care for me, ease my way,’ it is clear that the people who choose to practice medicine here answer the call of every person they are privileged to serve,” he says. “I see in the environment here an unwavering commitment to providing a connected experience of care built on a foundation of clinical and research excellence.”

IVAN BABIC, PHD, ASSISTANT PROFESSOR OF TRANSLATIONAL NEURO-ONCOLOGY AND NEUROTHERAPEUTICS
Dr. Ivan Babic was born near the city of Split on the Dalmatian coast of Croatia and received his doctoral degree in biochemistry and cancer biology from the University of Calgary in Alberta, Canada. He then moved to Los Angeles for post-doctoral training at the University of California, Los Angeles, focusing on the link between oncogenic signaling and reprogramming of cancer cell metabolism. Dr. Babic will continue this line of research at the Institute.

“Prior to graduate studies, my initial training was in biomedical research with a focus on immunology,” he says. “Sequencing of the human genome was a turning point in both personalized medicine and biomedical research. This piqued my interest in pursuing a career in cancer research. This has been a dynamic, fast-paced area of patient-centered research and has resulted in significant progress in our understanding of how cancer initiates. I am interested in translating this knowledge into development of novel therapeutics.”

At the Institute, he is studying key molecules that cancer cells become dependent on for altered metabolism. Understanding the role of molecules that regulate tumor metabolism could lead to new targets for drugs. “The environment at the Institute provides extensive collaborations between researchers and clinicians,” he says. “This is very important for both focusing my research efforts and for translating the research to help aid and direct cancer treatment.”

When not pursuing his research goals, Dr. Babic spends time with his wife, 14-year-old son and twin 11-year-old son and daughter. They enjoy surfing and hiking as well as skiing when they visit family in Calgary.

MARK JOSEPH KELLY, MD, ASSISTANT PROFESSOR OF UROLOGIC ONCOLOGY
Dr. Mark Kelly has been treating urological cancers for almost three decades and has trained with some of the people he considers to be the “great minds” of urology. Born and educated in New York, Dr. Kelly moved to Los Angeles early in his career and worked under the esteemed urologic oncologists, Stanley Brosman, MD, and Jon Kaswick, MD, at Kaiser Permanente Los Angeles Medical Center. In 1990 Dr. Kelly joined Saint John’s, where he was privileged to work with Institute cofounder Donald L. Morton, MD.

“I became acquainted with Dr. Donald Morton as a young urologist, and over the years we developed a very warm and close professional relationship,” he says. “In his later years, when he trusted me to become his own urologist, I knew I was blessed in some way.”

The Institute is now fortunate to have Timothy Wilson, MD, on staff at Saint John’s and the Institute. “I consider the arrival of Dr. Tim Wilson to Providence Saint John’s as one of the greatest acquisitions that I have witnessed at our hospital.”

Dr. Kelly’s research and practice focus on carefully tailoring prostate cancer screening and treatment for each individual. “While we have become very good at curing men with localized cancer and better at prolonging the life of men with advanced cancer, we can do much, much better at determining who needs to be treated and what treatment is best for that man. Balancing effective cancer therapy with a treatment that preserves a man’s sexual and bladder function to a higher degree than we currently can drives my ambition.”
ANNA LEUNG, MD, ASSISTANT PROFESSOR OF SURGERY
Dr. Anna Leung is rejoining the Institute, in a sense. From 2011 to 2013 she was a fellow in the Surgical Oncology Fellowship Program, serving as co-chief administrative fellow during her last year. “I had excellent training at the Institute, and I want to continue to help train future oncology surgeons,” she says.

She earned her medical degree from Virginia Commonwealth University, Medical College of Virginia Hospitals, and was a general surgical resident at the Medical College of Virginia. After her fellowship at the Institute, Dr. Leung served as an assistant professor of surgery in the division of general surgery and surgical oncology at Penn State Milton S. Hershey Medical Center, Penn State College of Medicine.

Dr. Leung, who is on the faculty at Kaiser Permanente Los Angeles Medical Center, specializes in breast cancer. At the Institute, she is studying ways to predict a patient’s response to tamoxifen therapy, a medication that can help reduce the risk of recurrence. “I feel that all cancer patients have a story to tell, and I want to help them continue to tell their stories,” she says.

MATTHEW SALOMON, PHD, ASSISTANT PROFESSOR OF TRANSLATIONAL MOLECULAR MEDICINE
Dr. Matthew Salomon was born in California and is now back where he began—near the rolling waves of the Pacific. The Los Angeles native and avid surfer received a doctoral degree in biology from the University of Florida before returning home to serve as a postdoctoral researcher at the University of Southern California for three years in the department of molecular and computational biology. He was also a postdoctoral scholar for one year in the department of preventative medicine division of biostatistics at USC before spending one year at the Institute as a senior postdoctoral research fellow.

“When I joined the department of translational molecular medicine, I immediately was provided the opportunity to work at the cutting edge of genomics while simultaneously furthering our knowledge of cancer,” he says. “Working at the John Wayne Cancer Institute allows me to marry my interest in cancer genomics to world-class patient care.”

At the Institute, Dr. Salomon will focus on using his statistical and computer science skills to analyze large amounts of data on cancer genetics. Sophisticated tools to compile and analyze data are needed as researchers continue to uncover genetic and biological information.

JUNBAO YANG, PHD, ASSISTANT PROFESSOR OF TRANSLATIONAL IMMUNOLOGY
Dr. Junbao Yang approaches his scientific work with the perspective of someone who grew up in rural China where care was very limited. Today his goals are to improve cancer treatments through the exploration of the body’s natural immune-fighting mechanisms.

“The future of cancer treatment lies in immunotherapy,” he says. “Immune cells are cancer specific, self-directed, self-renewed and have memory to prevent the recurrence. The challenge is how to find them.”

Dr. Yang was educated in China and received a medical degree from Shanghai Medical College Fudan University, before moving to Canada to earn a doctoral degree from the University of Saskatchewan, Saskatoon. His research now focuses on targeted tumor immunotherapy. Immunotherapies that help the immune system function properly in order to fight off cancer have emerged as a promising approach to the disease. Dr. Yang is looking at T cells, the immune system’s cells that kill cancer. He wants to identify protein targets on tumors that are recognized by tumor-specific T cells.

“In the era of cancer immunotherapy, the John Wayne Cancer Institute provides an outstanding opportunity for immunologists like me to apply our expertise in developing a cure for cancer.”

VENKATA MAHIDHAR YENUGONDA, PHD, ASSOCIATE PROFESSOR OF TRANSLATIONAL NEURO-ONCOLOGY AND NEUROTHERAPEUTICS
Dr. Venkata Yenugonda shares a common frustration among cancer researchers: Each individual’s cancer is unique; however, treatments for cancer are generally one-size-fits-all. Increasingly cancer therapies are becoming more personalized and targeted to the patient’s unique biology. Dr. Yenogonda’s research aims to advance this critical imperative in cancer research.

He was born in India and received his doctoral degree in medicinal chemistry from Indian Institute of Chemical Technology. He has completed postdoctoral training at the Lombardi Comprehensive Cancer Center, Center for Drug Discovery at Georgetown University Medical Center.

“There is a growing need to understand cancer biology in depth and come up with technologies and emerging biomarkers to personalize cancer therapy,” he says. “I was so fortunate to get into my first postdoctoral training in cancer nanotechnology where I developed novel tumor-targeted drug delivery formulations that improve efficacy and reduce the side effects of chemotherapeutic drugs.”

His research now is aimed at developing new anti-cancer drugs and nanotechnology-based drug formulations, including finding brain cancer and neurodegenerative disease medications that cross the blood-brain barrier.
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.

Santosh Kesari, MD, PhD, is coauthor of a Phase I trial on a new treatment—a virus-drug combo called vocimagene amiretrorepvec and 5-fluorocytosine—for people with recurrent, high-grade glioma, a type of brain cancer. The small study, published in the journal *Science Translational Medicine*, showed the treatment was well-tolerated and almost doubled the life expectancy of patients. Dr. Kesari is also coauthor of a report published online in May in the journal *Clinical Cancer Research* that described a pilot study on liquid biopsies, an innovative new approach to collect genetic material from blood samples.

Steven J. O’Day, MD, is a coauthor on a Phase II study that was recently presented at the annual meeting of the American Society of Clinical Oncology and is scheduled for publication in the *Journal for Immunotherapy of Cancer*. This study evaluated a sequencing strategy for delivering the medications vemurafenib and ipilimumab in patients with a type of melanoma called BRAF-mutated melanoma. Dr. O’Day is also a coauthor on a study accepted for publication in the *European Journal of Cancer* that examines health-related quality of life in patients who are part of an international Phase II trial of the drug pembrolizumab versus investigator-choice chemotherapy for advanced melanoma.

Anton J. Bilchik, MD, PhD, is coauthor of a technique paper on postoperative pain management for laparoscopic gall bladder removal published online in June in the journal *Surgical Endoscopy*. Dr. Bilchik is also coauthor of a paper with Dr. Melanie Goldfarb and other researchers on patterns and outcomes of colorectal cancer in adolescents and young adults. That paper was published online in May in the *Journal of Surgical Research*.

Melanie Goldfarb, MD, is the lead author of two new reports on cancer in young adults. One study, published in the journal *Thyroid*, examines quality-of-life issues in adolescents and young adults with thyroid cancer. A data analysis of adolescents and young adults with colorectal cancer was recently accepted for publication in the *Journal of Surgical Research*. Dr. Briana Lau, a former Institute surgical oncology fellow, is a coauthor with Dr. Goldfarb on a study of secondary thyroid cancer in this age group. The study appeared online in April in the *Journal of Adolescent and Young Adult Oncology*.

Mark B. Faries, MD, is coauthor of a report published in July in the *Journal of the American College of Surgeons* on sentinel lymph node biopsies. The report clarified which patients with melanoma should undergo complete lymph node dissection. The study found that patients with a positive sentinel node biopsy who had complete lymph node dissection had improved survival rates and lower recurrence of cancer in the lymph nodes.

Gami Barkhoudarian, MD, is the lead author of an article examining the molecular processes occurring as a result of concussive brain injury. The study appears in the journal *Clinical Cancer Research* on the utility of using circulating tumor DNA as a cancer biomarker. He is also the author of a chapter in an upcoming publication that's considered a major reference textbook for clinical chemistry, entitled *Tietz Textbook Clinical Chemistry and Molecular Diagnostics, 6th Ed.* The chapter describes circulating tumor cells and circulating tumor DNA as a real-time liquid biopsy approach.

Dave S.B. Hoon, PhD, is a coauthor of a report in the journal *Clinical Chemistry* on the use of using circulating tumor DNA as a cancer biomarker. He is also the author of a chapter in an upcoming publication that's considered a major reference textbook for clinical chemistry, entitled *Tietz Textbook Clinical Chemistry and Molecular Diagnostics, 6th Ed.* The chapter describes circulating tumor cells and circulating tumor DNA as a real-time liquid biopsy approach.

Robert J. McKenna Jr., MD, served as The Gerald and Elaine Schuster Distinguished Lecturer in Thoracic Surgery in April at Brigham and Women’s Hospital in Boston. Dr. McKenna spoke on providing cost-effective hospital care of lung surgery patients, an area he has studied.
Ahmanson Foundation Gift Supports Specimen Repository

The specimen repository housed at the John Wayne Cancer Institute is a priceless resource for cancer research worldwide. A recent gift from The Ahmanson Foundation will help ensure the modernization and expansion of this unique laboratory.

The Ahmanson Foundation’s $500,000 gift recently facilitated the purchase of new freezers to store more than 1.6 million vials of serum and tissue. The new freezers are more energy- and space-efficient and are designed with state-of-the-art safeguards to ensure around-the-clock protection of these irreplaceable samples.

Used by researchers in studies on both prognostic and diagnostic biomarkers in cancer, genetic and molecular analysis of the tissue has allowed research to better match a patient’s disease with personalized treatments. The medical information regarding each of the patients who have donated specimens has also been carefully maintained. Knowledge of how the patients fared allows researchers to analyze biological markers or genetic patterns.

In accordance with the National Cancer Institute’s (NCI) Resource Sharing Policy, the Institute is committed to making specimens available to qualified outside researchers for use in major collaborative studies across the globe.

The Ahmanson Foundation is a highly regarded philanthropic foundation based in Los Angeles and is a long-time supporter of the Institute and Providence Saint John’s Health Center.

“Gifts like this help us to maintain John Wayne’s legacy,” 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. “The repository is a treasure and allows our scientists to pursue innovative research that is difficult or impossible to do anywhere else. We are extremely grateful to The Ahmanson Foundation and other philanthropic individuals who understand the importance of supporting the repository. This is an investment in the future of cancer research.”

Marcel Loh Honored at Gala

Marcel Loh, chief executive of Saint John’s Health Center and John Wayne Cancer Institute, was honored with the Spirit of Hope Award on November 19 at the ABC’s “The Talk of the Town” Gala for his role in the advancement of cancer research and treatment. The gala is produced each year by the Associates for Breast and Prostate Cancer Studies (ABCs) as a fundraiser for the Institute and to recognize and celebrate individuals who have made a significant difference in the fight against cancer.

Marcel, who assumed leadership of Saint John’s and the Institute in 2014, was honored for his leadership in growing the Institute. The gala, held at The Beverly Hilton, attracted more than 600 guests who enjoyed dinner, dancing and a special performance by The Bangles. Actress and best-selling author Dame Joan Collins and actress Sharon Stone were also honored at the event.

World Cancer Congress Travel Grants Awarded

Several alumni of the John Wayne Cancer Institute’s Surgical Oncology Fellowship Program and other Institute faculty members received travel grants from the John Wayne Cancer Foundation to attend the World Cancer Congress, which was held recently in Paris. The John Wayne Cancer Foundation created the travel grants to encourage faculty and former fellows to interact with colleagues around the world, sharing ideas and building partnerships that will advance research and help find cures.

Grants were awarded to Preya Ananthakrishnan, MD, Melanie Goldfarb, MD, Anna Leung, MD, Jennifer Lin, MD, Anthony Lucci, MD, and Partha Ray, MD. Each of the awardees presented research at the World Cancer Congress. In addition, Ethan Wayne, son of actor John Wayne and chairman of the John Wayne Cancer Foundation, spoke at the meeting’s executive summit on using legacy to fight cancer, such as the example provided by the late actor and his family’s commitment to the cause.
A cancer diagnosis can impact the body, the mind and the spirit. That's why the Margie Petersen Breast Center at Providence Saint John's Health Center offers not only leading-edge medical treatments and therapies but also a nurse navigator and a variety of integrative and complementary therapies designed to enhance each patient's sense of well-being.

Rebecca Crane-Okada, PhD, RN, director of the breast cancer navigation and Willow Sage Wellness programs, has been looking at how to assist women after treatment. "I've worked with breast cancer most of my 40 years in this field. I've always wanted to support women in recovery—how can they stay well and be well," she says.

Specifically, Dr. Crane-Okada—a professor of oncology at the John Wayne Cancer Institute—has been examining whether older women with breast cancer might benefit from a program she designed, along with a team of experts, that incorporates physical and dance movement together with mindfulness techniques. "We've created an intervention called mindful movement that combines the best we know about mindfulness with the best we know about dance and movement," she says.

The intervention consists of a 12-week series of two-hour classes. Music is played while the facilitator directs the participants to move in certain ways—for example, moving an arm or leg softly, slowly, firmly or quickly. Participants are urged to carry out the movements in their own style, in a way that feels right to them.

"Children have a sense of freedom and spaciousness, but as women we're taught to be proper and contained in our movements," notes Dr. Crane-Okada. "These exercises seemed to give the women back the freedom to express themselves in movement."

Interviewed about two months after completing the program, participants shared that they felt able to reconnect with carefree feelings associated with childhood or other activities that they seemed to have lost over time. They also gained an ability to concentrate on the present, slow down and turn...
PRACTICING MINDFUL MOVEMENT

- Set aside five minutes to consider mindful movement for yourself.
  » Silence your phone or computer.
  » Choose a space that is comfortable for you.
  » If you like music, choose something that engages your spirit and your body.

- Reflect on what you are about to do—this may mean expressing your intention for this time you are allowing for yourself.

- Sit or move (for example, walking). As you sit or move, focus on your breath in and out. Become aware that your body is moving with each breath, whether or not your legs are moving.

- Notice how your body feels and what wants to move. Give attention to what you are experiencing in the moment.

- Try to hold an attitude toward yourself that is nonjudgmental—if you are restless or self-conscious or find your mind wandering, simply notice and return to awareness of your breath and your body moving.

- Allow yourself to continue this mindful movement for the time you have committed.

- At the end of this time, take a deep breath and stretch; notice how you now feel.

inward. Most importantly, they reported less fear of their cancer coming back.

Just as the study participants reaped benefits from practicing mindful movement, the rest of us can too—even without being in a formal program. Mindfulness can be an abstract concept and may look different from one time to another or from one person to the next, she notes. People may feel like they lose themselves; feel a sense of peace, calm and awe; or feel an experience of greater connection with their body. Sometimes these feelings can be achieved from meditation, prayer or exercise (like a runner’s high).

Dr. Crane-Okada, in collaboration with Institute researchers Maggie DiNome, MD, and Delphine J. Lee, MD, PhD, is currently studying the relationship of mindful movement to immune function in breast cancer survivors age 50 and older. Dr. Crane-Okada directs patients who are not eligible for the study to community resources that use dance and movement therapy techniques. In addition, the Margie Petersen Breast Center partners with Cancer Support Community’s Benjamin Center in Santa Monica to offer classes in mind/body practices.

The Breast Center also offers a yoga program, developed specifically for patients undergoing breast cancer treatment and those at high risk for developing the disease. The Center’s Willow Sage Wellness Program emphasizes breast cancer prevention by offering genetic risk assessment, nutritional counseling, yoga, acupuncture and a meditation room. The program was funded by proceeds from the 2014 Power of Pink concert where Alecia Moore (P!NK) and her friends performed at the House of Blues in Hollywood. The singer has been involved in supporting the Breast Center since 2012.

“We hold our emotions—which can be painful or joyful—as well as physical trauma in our bodies,” says Dr. Crane-Okada. “Expressing them outwardly through movement can help us cope with and integrate our experiences.”

**find out more**

For more information about mindful movement research or for referral to resources in the community, please contact Dr. Crane-Okada at 310-829-8590.
Welcome to the New Fellows

The John Wayne Cancer Institute is proud to welcome the 2016–2017 Surgical Oncology Fellowship Program participants. Each year several surgeons who have completed their training and residencies embark on a one- or two-year fellowship program to further enhance their training in surgical oncology. The nationally accredited program is one of the most prestigious in the world, and these fellows represent the best and brightest. Many go on to become leaders at prestigious medical centers or in academia.

Earlier this year three of the program’s fellows were awarded oral presentations at the Western Surgical Association meeting, a prestigious national cancer conference, far exceeding expectations. Typically only a single presenter is accepted per institution. “We can take great pride in the quality of our fellows, the mentorship of our faculty and the environment that allows our fellows to do great work that is recognized nationally,” says Mark B. Faries, MD, director of the Complex General Surgical Oncology Fellowship.

(From left) Dr. Andrew Conger, neurosurgical fellow; Dr. Amanda Graff-Baker; Dr. Shrawan Gaitonde; Dr. Maris Jones, co-chief administrative fellow, the Harold McAlister Charitable Foundation fellow; Dr. Emily Ho, JWCI Auxiliary breast fellow; Dr. Daniel Nelson; Dr. Ahmed Dehal; Dr. Brooke Vuong; Dr. Bradley Bandera; Dr. Trevan Fischer, co-chief administrative fellow, the Ruth and Martin H. Weil fellow; and Dr. Michael Tyler, urologic oncology fellow
A typical day in the life of Shrawan G. Gaitonde, MD, goes something like this: The second-year surgical oncology fellow is at the hospital at daybreak to participate in “rounds”—a trip around the hospital to meet with and review the cases of the various inpatients on his rotation. He then reports to the operating room and assists in four to five operations or sometimes just one or two long, complicated cases.

In the evening, assuming his work for the day is complete, he often finds himself with one or more of the other surgical oncology fellows at the John Wayne Cancer Institute. The closely-knit group has dinner, explores the city or gathers in someone’s living room to discuss their cases.

Dr. Gaitonde, who was raised in a small town in southwest Texas, loves the camaraderie and immersion. “None of us are from the LA area,” he says of the surgical oncology fellows. “So we all uprooted and came here for the fellowship.”

They all live within about six blocks of each other near the Institute, he notes. “I would argue there is not another fellowship with trainees who spend this much time together. It’s nice to get another person’s perspective about what we’re doing.”

Dr. Gaitonde chose to enter the Surgical Oncology Fellowship Program at the John Wayne Cancer Institute because it differed, in many respects, from other programs. He graduated from Texas A&M University with his bachelor's and medical degrees and then participated in surgical training at the University of Cincinnati, where he eventually joined the faculty as a trauma and acute care surgeon.

But solely treating patients who were victims of accidents or violence wore on him. He decided to pursue a surgical oncology fellowship and set his sights on the John Wayne Cancer Institute.

“The big draw for me was that it’s not a huge institute; you’re not just another number,” he says. “There is a focus on research and promoting the most advanced cancer care. There is more of a family-oriented environment among the staff, and I appreciate that.”

Developing close relationships among his colleagues and patients is something Dr. Gaitonde values deeply. “My father is a surgeon. He does what I lovingly call ‘old-school’ medicine. He lives in a small town in Texas and has a general practice and does a little bit of everything,” he says. “Growing up, that’s what I knew medicine to be. I couldn’t go to the grocery store or movie theater and not run into someone he had taken care of. Seeing the satisfaction he got from taking care of these families and seeing their gratitude was very appealing.”

Like the other fellows, Dr. Gaitonde trains under several members of the Institute’s senior faculty. He says the spirit of cofounder Donald L. Morton, MD, is felt throughout the Institute. Values of innovation, compassion and leadership are at the core of the program.

“It means a lot to me to see how the physicians here work and to understand the legacy of Dr. Morton,” he says. “This fellowship is about really delving into cancer care and focusing on innovations and advances.”

For more information on how to support the Surgical Oncology Fellowship Program, please contact the Office of Development at 310-315-6111.
The Japan Connection: Post-Doctoral Fellows Join the Team

Each year several scientists join the Institute to perform post-doctoral fellowships in specific areas of study. These scientists come from around the world to train with the Institute's highly regarded research faculty. This year's post-doctoral fellows, who are assigned to the Institute's department of translational molecular medicine, reflect a strong connection between the Institute and their colleagues in Japan.

YUZO NAGIA, MD, PHD
Dr. Yuzo Nagia represents the strong relationship between the Institute and the University of Tokyo, department of surgical oncology. Dr. Nagia earned his medical degree there and began working as a gastrointestinal surgeon. However, after a colleague completed a post-doctorate fellowship at the Institute under Dave S.B. Hoon, PhD, Dr. Nagia was convinced he should do the same. He is the sixth surgical fellow from Tokyo University’s surgical department to work in Dr. Hoon’s lab. “I am honored to keep up a tradition of past fellows who completed a fellowship and have gone on to become very successful in their careers,” Dr. Nagia says.

Dr. Nagia has a special interest in colon cancer and colonoscopy, motivated in part because colorectal cancer is increasing in Japan. He is interested in looking for easier ways to screen for the disease, such as blood-based biomarkers. Dr. Nagia is studying a marker in blood called methylated cell free DNA that occurs early in cancer development and thus may be a suitable target to detect cancer early and monitor cancer treatment and recurrence.

“I am interested in less-invasive and easily measurable diagnostic methods for cancer patients,” he says. He is also studying changes in the molecular makeup of tumors as they grow or change, called cancer epigenomics. These epigenetic changes can be used as a potential new diagnostic tool and development of new drug therapies, he says.

Dr. Nagia is also enjoying Santa Monica and how different it is from Tokyo. But when he returns to his homeland, he looks forward to offering his patients the best possible care.

“Besides performing surgery, I want to learn more about basic cancer research and appropriate treatment strategies,” he says. “Through my work at the Institute, I also want to acquire knowledge and techniques regarding advanced translational research, which I hope will be useful in my future research and in treating my cancer patients.”

TOMOHIKO NISHI, MD, PHD
Dr. Tomohiko Nishi graduated from Keio University in Tokyo, Japan, which also has a longstanding history of collaboration with the Institute. Married and the father of two children, he is the ninth consecutive fellow from Keio University to join Dr. Hoon’s lab.

Dr. Nishi is a gastrointestinal surgeon who has focused on esophageal and gastric cancers. He notes that some patients with these types of cancer do not respond to chemotherapy or radiotherapy following surgery. His research has shown that if a particular protein that’s related to ubiquitin is found in high levels in a tumor, a patient will not respond to chemotherapy or other treatments.

“We discovered a prospective predictor of the response for patients with esophageal/gastric cancer,” he explains. “If this ubiquitin-binding protein is elevated in the tumor, the patient will not respond to chemotherapy drugs and will develop resistance to all available treatments.”

Dr. Nishi has performed more than 1,000 GI cancer surgeries and says he is heartbroken that cancers sometimes recur even when he is certain the entire primary tumor was been resected.

“Current available treatments for these cancers are insufficient,” Dr. Nishi says. “That is why I chose this career path as an academic surgeon—so I can make a difference. I have the surgical oncology skills and am now developing my translational-molecular research skills at the Institute. I am honored to work as a member of the department of translational molecular medicine.”

find out more
For more information on how to support the post-doctoral fellowship program, please contact Michael Avila in the Office of Development at 310-829-8351.
Melvin Silverstein, MD, was a 32-year-old surgeon serving in the army when he ran into Donald L. Morton, MD, at a meeting in 1972. They struck up a conversation, and Dr. Morton asked Dr. Silverstein about his career plans. “I said I wanted to be a trauma surgeon,” he explains. “He told me cancer surgery was the future. Dr. Morton had just moved to the University of California, Los Angeles, to start one of the first surgical oncology programs in America.”

Dr. Silverstein’s interest was piqued, so he went to visit Dr. Morton at UCLA and spent the day with him. Over dinner, Dr. Morton offered to make him the first-ever fellow of what would later become the John Wayne Cancer Institute’s top-ranked Surgical Oncology Fellowship Program. The Institute celebrates its 35th anniversary this year, and the fellowship program remains one of its proudest traditions. “I would come in at 6 a.m., and Dr. Morton was always there before me. I’d go home at 8 or 9 p.m., and he’d still be there.”

Their work really was revolutionary. It helped pioneer the personalized, multidisciplinary approach to cancer care that has become the standard today. “Everything Dr. Morton did was before its time; he was a great mentor and a tremendous leader,” Dr. Silverstein says. “He taught me the concept of the multidisciplinary approach with malignant melanoma, then let me start a multidisciplinary breast clinic. That fellowship was one of the greatest experiences of my life.”

Melanoma remained Dr. Morton’s primary focus for the rest of his career—he was chief of the melanoma program at the Institute he cofounded when he passed away in 2014. Dr. Silverstein found himself similarly drawn to breast cancer.

“Some breast cancer was out there, and it was being treated in a mutilating way with old-fashioned radical mastectomies,” he says. “It was clear he was doing groundbreaking work, and I wanted to be a part of it,” Dr. Silverstein says.

Dr. Silverstein has, for decades, been a renowned surgical oncologist in his own right. He currently serves as medical director of Hoag Breast Center in Newport Beach, the Gross Family Foundation Endowed Chair in Oncoplastic Breast Surgery and as clinical professor of surgery, Keck School of Medicine, University of Southern California. He’s written hundreds of scientific papers and four books on breast cancer, among a long list of other accomplishments.

He attended Dr. Morton’s fellowship from 1972 to 1975 as the first fellow, and his memories of the experience echo the early days of a revolution—young, idealistic doctors working long hours and debating ideas that their mainstream peers dismissed. “It was a very collegial atmosphere—very academic. We read papers, talked about them and about exploding fields like surgical oncology and tumor immunology,” Dr. Silverstein says. “I would come in at 6 a.m., and Dr. Morton was always there before me. I’d go home at 8 or 9 p.m., and he’d still be there.”

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“Some breast cancer was out there, and it was being treated in a mutilating way with old-fashioned radical mastectomies,” he says. “It was clear that the approach needed to change. It was not only a devastating medical problem but also an emotional and social problem.”

In 1979 Dr. Silverstein used what he learned from Dr. Morton to found The Breast Center in Van Nuys, California—the first freestanding, multidisciplinary breast center in the United States. “When I opened The Van Nuys Breast Center, I got a psychiatrist, a radiologist and plastic surgeons on the team along with medical, surgical and radiation oncologists. The entire team saw every patient,” he says. “Nobody had ever dealt with breast cancer using such an extensive multidisciplinary approach. Surgeons would just remove the breast, sew the wound together and turn the patient back out into the world.”

Good leadership—like good science—reproduces itself, growing exponentially as new people build on the teachings of those who came before. “When the Institute moved to Saint John’s, the hospital wanted to build its own breast center, so they came to Van Nuys to see what I had done,” Dr. Silverstein says. “They took the best parts of Van Nuys and improved on them.” Saint John’s is now home to the highly regarded Margie Petersen Breast Center.

Dr. Silverstein estimates he’s treated more than 7,000 patients with breast cancer and has trained 46 breast fellows. “Dr. Morton trained more than 150 fellows in his career. If each one of those fellows treats 7,000 patients, Don Morton will have affected more than 1 million patients’ lives,” Dr. Silverstein explains. Moreover, many of those fellows have gone on to train another generation of oncologic surgeons. “That’s Don Morton’s greatest gift. I know the breast fellows I’ve trained are my true legacy, and they are his legacy too.”
Life goes on

Growing numbers of cancer survivors are rewriting the book on living well.

Written by Linda Marsa
Photographed by Scott Gilbert
When Trula Marcus was diagnosed with advanced breast cancer in June 2012, the malignancy was less than 1 millimeter away from her chest wall—which means that her illness could have killed her if it spread any further. “Once it gets into your bones, there isn’t much they can do for you,” recalls the 56-year-old Venice resident who does voiceovers for commercials and video games.

Even though she dodged a bullet, her treatment was harrowing. She was on the operating table for more than 13 hours because her tumor was so large, and the follow-up chemotherapy was “agonizing” because she was allergic to toxic chemicals. “I had terrible reactions that no one is supposed to get,” she says.

What helped her cope with this grueling ordeal was the support she received from the staff at Providence Saint John’s Health Center, who did everything they could to accommodate her schedule and even made house calls if she couldn’t come in to the office. Trula also drew strength from an extensive network of “amazing” friends and family members. One friend came in twice a week to organize her life. Another, a former oncology nurse, cleaned her medical equipment, while others showed up with dinners, drove her teenage son to school or ferried her to doctors’ appointments when her husband was out of town on work-related business. Even members of her son’s football team—and their parents—swooped in to help. “Between my doctors and my network of family and friends, well, they saved my life,” says Trula, who’s now in remission and walks two miles every day with her friends along the beach.

**IMPROVING SURVIVORS’ QUALITY OF LIFE**

What Trula’s story underscores is the importance of a support network to help navigate the arduous rounds of cancer treatments and blunt their emotional impact. There are now more than 14 million Americans who are cancer survivors, up from less than 3 million when the federal government launched an ambitious campaign to better diagnose and treat cancer in 1971. And that number is expected to rise because of significant improvements in cancer treatment in recent years.

That includes the ambitious translational research happening at the John Wayne Cancer Institute, which was a trailblazer in the development of the immunotherapies that are transforming cancer medicine and allowing more patients with advanced cancers to live longer and return to their normal lives—even if they’re not technically “cured.”

But while much of the focus has been on treatments and on the new breakthrough therapies, health professionals are keenly interested in survivorship and are looking at ways to help people with cancer cope with their illness and resume life after treatment.

Saint John’s has launched a survivorship program to help patients at each stage of their recovery, thanks to a generous donation by a former patient (see page 24). The gift covers a survivorship navigator who will work with each patient from diagnosis through treatment and, afterward, help and guide the patient and family, creating an individualized comprehensive survivorship care plan which becomes a patient’s “game plan.”

Cancer survivors go through several phases, experts say. The acute phase is the initial stage, when people need help getting through their surgery and treatments. The long-term phase is after treatment is completed, when a patient is re-entering the world again. “There’s the psychological recovery,” says Marilou Terpenning, MD, adjunct professor of medical oncology and a medical oncologist at Saint John’s who championed the creation of the survivorship program. “Many patients hold their breath while going through treatment and then crash when it’s done—they get off the treadmill and just collapse.”

**LIVING WITH CHRONIC CANCER**

Experts have coined a new term, called the chronic survivorship stage, to describe people who are benefiting from the new treatments and may live with advanced cancer indefinitely. “Our approach here is that they’re managing a chronic disease,” says Melanie Goldfarb, MD, director of the endocrine tumor program at the John Wayne Cancer Institute and medical director of the new survivorship program.

“Our focus is on how patients can get on with their lives while figuring out the adjustments they need to make things easier and enjoyable. It will be different for everyone, and the program will offer individualized patient care. The real plus is that each patient will have a person they can call when they have questions or issues.”

When battling cancer, patients have to deal not only with the symptoms of their disease but the many symptoms related to chemotherapy and radiation therapy: discomfort, nausea, sleep disturbances and debilitating fatigue. There are emotional challenges as well, such as anxiety, depression, fear and uncertainty, changes in self-image and the
Cancer survivors will soon have access to more coordinated resources for their cancer care or post-cancer needs. Providence Saint John’s Health Center has launched a new survivorship program, made possible by a major gift from cancer survivor Monica Salinas, PhD.

Dr. Salinas received her care from Marilou Terpenning, MD, an oncologist at Saint John’s and adjunct professor of medical oncology at the John Wayne Cancer Institute. The survivorship program will assist survivors with a broad range of common experiences related to cancer treatment, such as emotional and psychosocial issues, financial and career challenges, side effects from treatment and the impact of cancer on family members.

Few oncologists have the time and resources to help their patients with these issues, making survivorship programs a necessity, Dr. Terpenning says. Helping survivors reclaim their lives leads to better long-term outcomes and is just the right thing to do, she adds.

“Cancer survivorship starts with the diagnosis of cancer. This is usually a terrifying and overwhelming time,” says Dr. Terpenning, who helped found the survivorship program. “There’s an intense period of fact-finding to become knowledgeable enough to feel confident in care. Patients often have large amounts of information to absorb and integrate. This gracious gift will help us further strengthen the survivorship program, which will give patients the fortitude and the resources to cope with this life-changing diagnosis.”

Dr. Salinas has a deep understanding of the needs of cancer survivors. In addition to her own experience as a patient, she is a licensed marriage and family therapist and holds a PhD in clinical psychology. She’s an expert on how culture affects behavior and access to care and says she appreciates the psychosocial challenges that cancer imposes on patients and their families.

“This gracious gift will help us further strengthen the survivorship program, which will give patients the fortitude and the resources to cope with this life-changing diagnosis.”

—Dr. Marilou Terpenning

“Until I became a cancer survivor I had no idea about the immense value that a survivorship program could provide, not only for myself as a survivor, but for my family as well,” she says. “It never occurred to me that it could have a devastating impact on anybody else. My oncologist, Dr. Marilou Terpenning, was the first person to make me aware that cancer is not merely the illness of one person. Cancer is a prolonged situation that creates an entanglement of issues for the entire family, not only psychologically, but often economically as well. I am honored to participate in a program that has so thoughtfully and specifically been designed to help patients navigate their difficult journey towards recovery.”

The survivorship program is the latest in a long list of services for patients and their families that extend beyond cancer treatment. Saint John’s offers a variety of supportive programs for cancer patients, including a dedicated surgical nurse navigator for breast cancer patients, prehabilitation, rehabilitation and lymphedema care in the performance therapy department, genetic counseling to help families understand their cancer risk and spiritual care. The survivorship navigator, a position that is made possible through Dr. Salinas’s gift, will help patients understand what programs are available for them and coordinate that care.

For more information on how to support the cancer survivorship program, please contact Jeanne Goldsmith at 310-582-7344.
ADVICE FOR COPING WITH CANCER

Oncologists hold their patients’ hands and see them through weeks or months of treatment. We asked some John Wayne Cancer Institute physicians for their best advice on coping with cancer.

Anton J. Bilchik, MD, PhD
“Try and stick to your normal routine as best you can. Exercise regularly. Continue to work and take vacations. Stop cancer—don’t let cancer stop you.”

Melanie Goldfarb, MD
“This is an individual journey, and there is no right or wrong way to go through it. Don’t ever be ashamed or feel you need to keep quiet. Empower yourself with knowledge, and don’t be afraid to ask for help or referrals to resources.”

Santosh Kesari, MD, PhD
“Knowledge is power. My advice is to understand the side effects of treatments and be proactive in symptom management. Don’t be shy in talking about all your concerns at the doctors’ visits and asking how best to proactively recognize and manage symptoms with medications or preventative strategies. Early management of side effects will avoid severe complications and hospitalizations.”

Jennifer Linehan, MD
“Fighting cancer, surviving cancer is more than just treating the disease. Every patient goes through a significant change in how he or she will view the world—forever. It is understanding your humanity and being forced to accept it. After surgery, I find myself telling my patients to try to have patience; they are only human, and the body is healing as fast as it can.”

Steven J. O’Day, MD
“Seek out excellence. The field is moving so quickly in terms of knowledge, and you need a medical team that is interacting across disciplines and sharing their expertise. You can’t underestimate how important that is. Be sure as a patient that your input is being recognized and valued. This is a collaborative process, and we want to hear what motivates patients and what their goals are. This is a vital part of treatment and recovery.”

Marilou Terpenning, MD
“Believing in yourself is extraordinarily important. Cancer patients can lose their self-confidence. But you have to believe that you can bring your life back to where it was and get on with your life. Life has dealt you a bad hand, but you can learn to play it really well.”

inability to do the routine activities of life, which can contribute to a feeling of lethargy and hopelessness. Patients will be able to work with the oncologists, nurses and social workers in the oncology practice to learn how to manage their lives, given their dramatically changed circumstances.

As part of the process, the oncology care team will give patients an idea of how long they may be out of work, treatments that may be needed and what to expect from those treatments. They will discuss whether patients may need help around the house or need someone to go shopping or make meals. A proper diet and good nutrition is important for recovery.

“But people who are made ill from treatments may not feel like standing and cooking,” says Dr. Terpenning. “They may need to tap into programs like Meals on Wheels to get prepared meals or even healthy frozen dishes.”

A special component of the new survivorship program will be focused on young adult cancer survivors (people who are under 40 years old at the time of diagnosis). Adolescents and young adults make up just under 10% of new cancer patients at Saint John’s, which is higher than the national average of 6%. These young patients encounter unique situations, barriers and problems when they confront and cope with their cancer diagnosis. They have greater difficulties in conveying their needs, anxieties and stressors, which can lead to social isolation and difficulties with adhering to treatment, Dr. Goldfarb explains.

The program will help these patients to access online and in-person support programs to prevent social isolation. It will offer resources for issues such as financial support, return to education, mental and sexual health maintenance, re-entry to the work force and family planning. The young adults will eventually have a dedicated navigator to help guide them through the survivorship process.

Anton J. Bilchik, MD, PhD
“Try and stick to your normal routine as best you can. Exercise regularly. Continue to work and take vacations. Stop cancer—don’t let cancer stop you.”

Melanie Goldfarb, MD
“This is an individual journey, and there is no right or wrong way to go through it. Don’t ever be ashamed or feel you need to keep quiet. Empower yourself with knowledge, and don’t be afraid to ask for help or referrals to resources.”

Santosh Kesari, MD, PhD
“Knowledge is power. My advice is to understand the side effects of treatments and be proactive in symptom management. Don’t be shy in talking about all your concerns at the doctors’ visits and asking how best to proactively recognize and manage symptoms with medications or preventative strategies. Early management of side effects will avoid severe complications and hospitalizations.”

Jennifer Linehan, MD
“Fighting cancer, surviving cancer is more than just treating the disease. Every patient goes through a significant change in how he or she will view the world—forever. It is understanding your humanity and being forced to accept it. After surgery, I find myself telling my patients to try to have patience; they are only human, and the body is healing as fast as it can.”

Steven J. O’Day, MD
“Seek out excellence. The field is moving so quickly in terms of knowledge, and you need a medical team that is interacting across disciplines and sharing their expertise. You can’t underestimate how important that is. Be sure as a patient that your input is being recognized and valued. This is a collaborative process, and we want to hear what motivates patients and what their goals are. This is a vital part of treatment and recovery.”

Marilou Terpenning, MD
“Believing in yourself is extraordinarily important. Cancer patients can lose their self-confidence. But you have to believe that you can bring your life back to where it was and get on with your life. Life has dealt you a bad hand, but you can learn to play it really well.”
The oncology team will also speak with patients about managing side effects and pain and will provide referrals to community resources like the Cancer Support Community, which offers support groups for patients, families and caregivers, or the American Cancer Society, which offers ‘Look Good Feel Better’ classes. “Patients should try out different things and see what works best for them,” says Dr. Goldfarb.

In fact, a growing body of research shows that integrative approaches—yoga, meditation, exercise and even social support—can make cancer treatment more tolerable and help patients cope with the issues related to treatment and the ongoing concerns as a long-term survivor. Regular exercise, acupuncture and gentle yoga practice can ease the physical discomforts of cancer treatment by alleviating tension and anxiety and increasing blood flow, which combats fatigue and can expedite healing.

Similarly, mindfulness meditation and behavioral therapy has been shown to have a positive emotional and psychological impact on cancer survivors. An intriguing 2014 Canadian study, published in the journal Cancer, took this one step further. They tested a group of 88 breast cancer survivors at an average age of 55 years old, all of whom were experiencing significant emotional distress.

One group attended eight 90-minute weekly sessions where they were given instruction in yoga and meditation and asked to practice 45 minutes of meditation and yoga at home each day. The other group participated in weekly group support classes where they were encouraged to share their emotions and seek support from the group. Both groups were asked to keep a log of their experience about what is really important in life.”

The immunotherapies are resulting in durable and long-term survival in advanced cancers, like melanoma, that were once invariably fatal.”

—Dr. Steven J. O’Day

A cancer diagnosis affects every member of the family, especially spouses and other family members who may be the primary caregivers. Family caregivers are crucial to the physical and emotional well-being of people with cancer. But the day-to-day responsibilities of caring for a sick person can be overwhelming.

Not only do caregivers coordinate the routine chores of life—meals, cleaning, driving or arranging transportation—they still need to meet the needs of other family members, which may include young children.

Caregivers can play a significant role in the patient’s outcome, and increasingly researchers want to better understand how the caregivers themselves function and cope. In recognition of this, the Institute of Medicine, which is part of the National Academy of Sciences, released a landmark report in September, “Families Caring for an Aging America,” which looks at the impact of caregiving on their health, economic security and overall well-being.

The report shines a light on the needs of family caregivers.

Alice’s sister, Rita Cornyn, 86, was diagnosed with ovarian cancer in April 2015. She underwent a long course of chemotherapy and experienced occasional setbacks that landed her in the hospital.

Alice and Rita’s three grown children quickly formed a team to see their beloved Rita through her cancer treatment. Each person gravitated toward tasks that played to their strengths, Alice says.

“We thought it was key to talk together as a family and make sure we didn’t forget something important,” she says. “We had to identify the best team of doctors along with organizing medical appointments, a medication schedule, chemo appointments, aftercare and supporting Rita in the hospital, twice, for infections. It was a
team effort that really paid off.”

Alice spent several nights each week with Rita and often just sat with her sister and watched television. “Having someone there was important for her well-being,” Alice says. “The goal was to soothe her and to let her know she was in good hands and that we were in this together. She told me once that she felt safe when I was there.”

Rita’s caregiver team set up schedules so that everyone worked in sync. The family quickly learned that it was better if two people accompanied Rita to her medical appointments. “Different people would pick up information that others missed or ask questions that needed to be answered,” Alice says.

Each caregiver left notes for the others as they shuttled in and out of Rita’s Los Angeles house. Rita’s daughter and Alice set up a computer-based medication schedule to make sure the pills were dispensed properly and refills ordered.

Part of caregiving also means recognizing one’s limits. Alice recalls her brother remarking one day that she sounded exhausted and should take a break.

“You’re also dealing with the sadness and emotional part of your relationship with the person,” she says. But Alice learned she didn’t have to have all the answers. “I had to get out of my own way. I learned to ask Rita what she needed instead of me thinking I had to be smart and figure it out.”

Little wonder caregivers often suffer from burnout. “It’s like juggling several balls in the air,” says Marlon Saria, PhD, RN, an advanced practice nurse researcher at the John Wayne Cancer Institute. “They have to take care of the patient. They have to take care of their kids. They have their own jobs. Caregivers are trying to keep everything the way it was before the diagnosis. They take care of everyone and everything but often fail to take care of themselves.”

In response to research that has shown that relentless stress can undermine the health of caregivers, a new family caregiver initiative is being developed at Saint John’s. This initiative aims to facilitate support for caregivers as part of an overall comprehensive package for cancer patients and their families. These services can include psychological counseling, support groups, referrals to community resources and help with logistics, such as consolidating appointments so that caregivers aren’t constantly ferrying patients to the hospital or doctors’ offices. The initiative will be part of the Center for Quality and Outcomes Research at the John Wayne Cancer Institute, a program that aims to design and implement interventions that will improve the quality of care for caregivers, as well as enhance the quality of life and well-being for both the family caregivers and the patients they care for.

“We will work closely with the family from diagnosis through treatment and remission or even at the end of life,” says Dr. Saria. “It’s important to remember that caregivers are survivors too, because they’re surviving the challenges and responsibilities of this disease and its treatment.”

Alice’s husband, Carlos, and other relatives kept Alice on an even keel during her year as a caregiver. “When you’re a caregiver, you have a mission and you’re so focused on it,” Alice says. “But you also have to take care of yourself.”

Rita, who is now in remission and in good health again, made things easier on her caregiver team with her own spirit of determination, Alice says. “My sister is a very strong woman. She’s very accomplished in her life and has a very strong faith and strong resolve. When she hits problems, she’s a fighter. That is a wonderful person to be a caregiver for, because she was able to partner with me and her family.”
Targeted and Integrative Treatment

Dr. Steven Vasilev brings his science, research and whole-person approach to the Institute.

WRITTEN BY SANDI DRAPER
PHOTOGRAPHED BY LAUREN PRESSEY
Women who are diagnosed with gynecologic cancers have a new ally in their corner. Steven A. Vasilev, MD, a nationally recognized gynecologic oncologist, recently joined the John Wayne Cancer Institute. Dr. Vasilev was among the country’s first surgeons to perform minimally invasive radical gynecologic laparoscopic surgery in the early 1990s and is an expert in robot-assisted minimally invasive surgery.

Gynecologic oncologists treat cancers of the female reproductive organs. The most challenging gynecologic malignancy Dr. Vasilev treats is ovarian cancer. A close second is a form of uterine cancer that is particularly lethal.

“Epithelial ovarian and uterine malignancies are relatively common,” says Dr. Vasilev, who also joined the staff of Providence Saint John’s Health Center. “But they are alarmingly lethal for two reasons. First is the lack of good screening tools for earlier diagnosis, when both cancers have higher cure rates. Second is the lack of a way to accurately determine which patients require more aggressive treatment after surgery and the ability to diagnose recurrence earlier when it is more treatable.”

As professor and director of gynecologic oncology at the Institute, Dr. Vasilev will be building a research program—which includes clinical trials—designed to answer crucial questions and translational investigation about these cancers.

“This opportunity was central to my decision to join the Institute. If it were not for the ability to offer both to my patients, I would not be here,” he says.

Many gynecologic cancer patients will develop large and widespread disease recurrence within 18 months, before conventional tools can discover it, he says. "These problems of early primary diagnosis and earlier diagnosis of recurrence go hand-in-hand, and urgent advances are required from screening to management of advanced cancer and survivorship. Fortunately such confluent advances are made possible by genomic technologies."

At the Institute, Dr. Vasilev will join a team of researchers who are exploring such gene-based technologies, including “liquid biopsies,” to improve cancer diagnosis and monitoring. Tumors shed genetic material (cell-free DNA) that can be captured in the bloodstream to alert doctors to a potential recurrence and options for precisely targeted therapy.

DNA as part of a clinical trial.

Women diagnosed with cancer will have additional genomic tests performed to see if they would benefit from newer targeted therapies (medications addressing a specific gene mutation) in addition to conventional treatments. Patients will also be monitored for their response to the treatment and for early signs of recurrence, Dr. Vasilev says.

“As part of the treatment plan, patients who are amenable will undergo an active nutrient and lifestyle modification program,” he adds. “Those who elect to do so will be compared to those who do not in terms of recurrence rates, biomarker activity and quality of life.” The results, he says, will help determine who requires aggressive chemotherapy and/or radiation therapy versus regimened lifestyle and nutrient modification as post-surgical management strategies.

Dr. Vasilev believes that nutrition and lifestyle make a big difference in some types of cancer progression. "Developing data strongly suggests that for some survivors, this is a solid strategy, inexpensive and a much gentler way to control their cancer than chemo and radiation.”

He has plenty of expertise in holistic cancer care. He is the first physician in the United States to be quadruple-board-certified in obstetrics and gynecology, gynecologic oncology and surgery, genomic-based treatments and holistic care, patients will experience the very best medicine has to offer, he says. “In this regard, Saint John’s and the John Wayne Cancer Institute will stand out as a unique magnet referral center offering a higher level of care.”

The goal is to weed out the garbage ‘alternative treatments’ that may not help or even hurt someone versus what can actually support health, reduce symptoms and possibly even extend survival.”

Cancer stem cells and circulating tumor cells “are both markers of disease presence and targets for management,” Dr. Vasilev explains. “They represent the root origin of cancer growth and need to be controlled or eliminated. They are potential targets for both medications and nutritional and lifestyle modification.”

His research objectives are to identify combinations of genes that drive cancer, based on studies of tissue specimens that could be used in liquid biopsies. He hopes to screen for cancer using cell-free DNA as part of a clinical trial.

For more information on how to support the new gynecologic oncology research program, please contact Cookie Galanti at 310-829-8423.
Carolyn Ricci directs the Avon Breast Cancer Crusade, which is part of the Avon Foundation for Women.
Making a Difference

The Avon Breast Cancer Crusade seeks to help those most in need.

WRITTEN BY TRAVIS MARSHALL
PHOTOGRAPHED BY NOAH FECKS

When Carolyn Ricci moved to New York more than a decade ago, she knew that breast cancer was an important issue for women, but she had never been involved in fundraising or advocacy to fight the disease. And she certainly didn’t expect to end up as the program director for one of the world’s largest corporate philanthropic efforts in the fight against breast cancer.

“Making a Difference”

!”

We’ve helped with everything from education and outreach to screening services and treatment activities.”

“It was really the happiest of accidents. I was moving to New York, and I found a listing for a job with the Avon Breast Cancer Crusade. I only knew it was an important place doing important work,” Carolyn says. “I grew into the job, and I got to see firsthand the difference our funding makes. Every day on the job literally saves the lives of the most vulnerable among us.”

The Avon Breast Cancer Crusade is part of the Avon Foundation for Women, a nonprofit, philanthropic organization created in 1955 by the internationally known Avon cosmetics company. The Avon Foundation is dedicated to helping women in need all over the world, specifically by eradicating breast cancer and ending domestic and gender violence.

Between 1992 and 2015, the Avon Breast Cancer Crusade raised and donated more than $800 million to breast cancer programs around the world. Much of the funding goes to supporting research at facilities like the John Wayne Cancer Institute, where researchers have received nearly $4 million from the Avon Breast Cancer Crusade.

These two-day events take place seven times a year in seven cities across the country. Participants raise a minimum of $1,800 each by walking 39.3 miles in two days. “Since the walk started in 2003, we’ve granted more than $45.7 million to organizations in Southern California alone,” Carolyn says. “In that same time frame around the whole country, it’s $590 million.”

For eight years, the Institute has been actively involved with AVON 39 as the medical sponsor for the Santa Barbara walk. “The medical professionals from the John Wayne Cancer Institute are tremendous,” Carolyn says. “You can spot them in medical tents and on the route wearing bright red shirts. They volunteer their time and expertise, helping to keep walkers healthy, hydrated and well cared for all weekend.”

“Patient navigation increases the ability of these women to overcome barriers to care and to access the services they need.”

Most of the Avon Breast Cancer Crusade’s donations come from its most popular and well-known project, AVON 39 The Walk To End Breast Cancer.

For years, the Institute has been actively involved with AVON 39 as the medical sponsor for the Santa Barbara walk. “The medical professionals from the John Wayne Cancer Institute are tremendous,” Carolyn says. “You can spot them in medical tents and on the route wearing bright red shirts. They volunteer their time and expertise, helping to keep walkers healthy, hydrated and well cared for all weekend.”

“He is particularly excited about the research being done at the Institute, with Avon’s support. “We have a long history together. Their work aligns nicely with our priorities.”

Avon’s support has touched every aspect of breast cancer research at the Institute and aided many researchers’ work toward improved treatments for breast cancer and a better understanding of the disease. “We’ve helped with everything from education and outreach to screening services and treatment activities,” Carolyn says. “And of course we partner with the Institute’s researchers.”

The Institute currently has two areas of research supported in part by grants from the Avon Foundation. Delphine J. Lee, MD, PhD, is investigating the impact that microbial colonies have on the development of breast cancer, while Dave S.B. Hoon, PhD, and Diego Marzese, PhD, are studying new therapies for metastatic breast cancer.

“It’s exciting that these funds are going toward researching areas of focus that haven’t been studied in depth before. Metastatic breast cancer is an area that especially needs our help,” Carolyn says. “Currently there are no cures for metastatic disease. The Avon Breast Cancer Crusade is investigating ways to stop metastasis, developing better treatment options and improving quality of life and outcomes for metastatic patients. These are priorities that run across all of our programs.”

To support breast cancer research at the Institute, please contact Mary Byrnes at 310-582-7102.
Olympian Summer Sanders Champions Skin Cancer Prevention

WRITTEN BY VICTORIA CLAYTON

Olympic gold medalist Summer Sanders owned the 1992 Barcelona Olympics as a 19-year-old phenom, taking home four medals in swimming. Then it was on to television—rocking a career as a host, reporter and analyst for Nickelodeon’s Figure It Out, the NBA’s Inside Stuff, and most currently CBS Sports and Good Morning America. Now Summer, who has two young children and is married to World Cup skier Erik Schlopy, is using her winning energy to bring awareness to skin cancer prevention.

Summer has teamed up with the John Wayne Cancer Foundation—the Newport Beach-based organization that raises awareness for skin cancer prevention and funds for research. The organization helps support research at the John Wayne Cancer Institute, and the two organizations work together closely to carry out John Wayne’s legacy of finding cures for cancer.

Skin cancer awareness is an issue that’s near to Summer’s heart. In 2014 at age 42, Summer had a mole removed from her calf.

“I was at the dermatologist’s office for a routine visit. Neither my doctor nor I really thought the mole was anything to be concerned about,” she says. Days later, though, she felt entirely different: Summer was told she had malignant melanoma—one of the most aggressive forms of skin cancer.

“I’m a detail-oriented, organized person. It’s the athlete in me,” she says. “But getting a cancer diagnosis felt like I was losing control.” Within the year, Summer’s doctors would find—and successfully treat—two additional melanomas. Control regained.

Summer, who grew up in Northern California, started to swim competitively at the age of 4. She says she diligently applied sunscreen during pool or beach vacations but didn’t wear sun protection at swim practices or meets, most of which were held outdoors.

“I had obviously been falsely confident. My dad’s mother is from South America. My dad and I have dark hair, skin and eyes, and my mother and brother have fair skin and blue eyes. I didn’t think I’d ever have skin cancer,” she says. She didn’t see any need to use sunscreen during her hours at the pool.

“I was in the pool all the time. I had to admit that my love for my sport had probably led to the cancer.”

Cancer Foundation’s Block the Blaze program because of its commitment to reach kids in sports.

As national spokesperson, Summer volunteers her time and mainly represents the John Wayne Cancer Foundation at skin cancer related meetings, conferences, forums and youth sporting events. Block the Blaze has a partnership with U.S.A. Swimming and the U.S.A. Swimming Foundation’s Make A Splash program, which works to prevent childhood drowning. In addition, partnerships with the U.S. Lifesaving Association (USLA), the California Surf Lifesaving Association (CSLSA), Real Watersports and other organizations, help to spread the Block the Blaze program. Summer says she appreciates that Block the Blaze vans and the instructors travel to “places where there are kids and water,” providing education and sun safety tips, hats and sunscreen.

She hopes her role as an Olympic athlete helps raise awareness of sun safety among kids, especially young athletes. “Anyone in youth outdoor sports is especially vulnerable.” And as a mom, she’s certain Block the Blaze is targeting the right person in the house.

“I have my own kids, and I know how it works,” Summer says. “When children learn something, they can’t wait to teach the whole family. My goal is to empower people to prevent skin cancer, so I have to speak directly to the kids.”
**ABCs MOTHER’S DAY LUNCHEON**

The ABCs Mother’s Day Luncheon, sponsored by the Associates for Breast and Prostate Cancer Studies (ABCs) and led by president Gloria Gebbia, was held at the Four Seasons Hotel Los Angeles in Beverly Hills on May 4. Attorney Gloria Allred and actresses Donna Mills and Lorraine Toussaint were honored with the organization’s Women of Achievement Award. Comedienne Cocoa Brown emceed the event, and Beverly Cohen and Sheri Rosenblum co-chaired. Other activities included a fashion show and boutique. Proceeds from the event benefit the John Wayne Cancer Institute, and the ABCs presented the Institute with a check on June 22.
**SURGICAL ONCOLOGY FELLOWSHIP COMMENCEMENT**

The Surgical Oncology Fellowship Program held its graduation on June 23 at the home of long-time donor Ruth Weil. The annual commencement ceremony and reception honors graduating fellows and the benefactors and donors who support the program and make it possible. The event included remarks by Patrick Wayne and Michael Wayne on the importance of the fellowship program. They also honored Ruth with a personalized doctor’s coat with her name and “honorary fellow” embroidered on it. The gift represents the Institute’s appreciation for all that Ruth does for the program. The ceremony was followed by a garden reception with drinks and hors d’oeuvres.

**IRENE DUNNE GUILD THINK PINK FOR WOMEN’S WELLNESS**

The 11th annual Irene Dunne Guild Think Pink for Women’s Wellness was held at the Upper Bel-Air Bay Club in Pacific Palisades on May 11. One of the guild’s premier events, this luncheon is held in honor of Mother’s Day and to promote women’s health awareness. Providence Saint John’s physicians and other experts offered information to attendees about programs and prevention strategies to keep women and their families healthy. Brenda McDonald is president of the guild and Melinda Casey chaired the event.
**PREMIER GIRLS FASTPITCH SOFTBALL TOURNAMENT**
The Institute was proud to participate in the Premier Girls Fastpitch (PGF) summer softball tournament that brings together girls from around the United States to compete in Orange County. The prestigious tournament is led by Dan Hay, president and chief executive officer of PGF. As part of the tournament festivities, the Institute hosted an information booth on the importance of skin cancer prevention, and Wayne family members attended the event and spoke to the teams. PGF is a long-time supporter of the Institute and has donated more than $175,000 to date.

**BREAKTHROUGHS IN MEDICAL ONCOLOGY**
An intimate and interactive meeting that focused on breakthroughs in medical oncology and “quarterbacking” cancer care was held at the home of Saint John’s Health Center Foundation trustee Mary Ellen Kanoff and her husband, Chris, on April 27. Presenters were medical oncologists Santosh Kesari, MD, PhD, Marilou Terpenning, MD, and Steven J. O’Day, MD. The doctors spoke on a variety of topics: precision medicine that uses targeted treatment based on the genetic profile of a tumor, living with cancer and life after cancer, and immuno-oncology—lifesaving treatments harnessing the immune system to fight cancer that are part of a revolution in cancer care. A second medical oncology evening was held at the home of Foundation trustee Putter Pence on June 8.
PLANNED GIVING RECOGNITION LUNCHEON

Guardians of the Future and Friends for the Future—individuals who have remembered the Institute or Health Center in their estate plans—gathered for their annual luncheon at the Luxe Sunset Boulevard Hotel on September 21. Santosh Kesari, MD, PhD, discussed the latest advances in the field of neuroscience treatment and research along with the Institute’s relationship and collaboration with the Cancer Moonshot initiative directed by Vice President Joe Biden.

FOUNDATION BLESSING AND DEDICATION

The Saint John’s Health Center Foundation celebrated its new headquarters on August 24 with a blessing, dedication and reception. The Foundation had moved off-campus following the 1994 Northridge earthquake but is now settled into new office space at 2221 Santa Monica Boulevard. The new space includes offices and conference space.

The official opening event drew a substantial turnout that included Foundation president and CEO Robert O. Klein; John Wayne Cancer Foundation president Catherine Brown; Thomas C. Geiser, Saint John’s Health Center board chair; and many trustees, physicians, researchers and administrative team members from both the Institute and Health Center. Three major support groups—the Associates for Breast and Prostate Cancer Studies (ABCs), the John Wayne Cancer Institute Auxiliary and the Irene Dunne Guild—all had members in attendance as well.
MEMORABLE EVENTS

BOARD OF ADVOCATES LUNCHEON
The bi-annual luncheon for the Board of Advocates was held on May 28 at the new Foundation office, marking the inaugural event at the new facility. Attendees heard presentations by Angela Nishio, MD, and Irena Zuanic, RN, on labor and delivery and the neonatal intensive care unit (NICU). Friends and patrons of the John Wayne Cancer Institute and Providence Saint John’s Health Center comprise the Board of Advocates. They serve as ambassadors to the community, encouraging support for projects and programs deemed to be of the highest priority by the Institute and Health Center leadership.

AVON 39 THE WALK TO END BREAST CANCER
The annual Avon Walk along the hills and coastline of Santa Barbara was held September 10 and 11. The John Wayne Cancer Institute was honored to serve as the medical sponsor for the 39-mile walk. Cheer booth volunteers encouraged the walkers. The Institute has been a beneficiary of the event for more than a decade.
Our hope for tomorrow is less pain, sadness and loss due to cancer. Based on the lessons of yesterday, we see a tomorrow brimming with possibility. At the John Wayne Cancer Institute, our past has taught us much about this guileful disease. Now we’re on the threshold of enormous advancements in prevention, diagnosis and treatment.

As we celebrate our 35th year, the Institute is deeply grateful for the philanthropic support of all our donors and friends. Your generosity funds breakthrough cancer research, sparks promising new treatments and provides inspiration to our physicians, scientists and fellows. Thank you for your partnership in our mission to eradicate cancer. You are our tomorrow.
ANNUAL GIVING

The John Wayne Cancer Institute at Providence Saint John’s Health Center is honored to recognize the following generous donors who have made an annual commitment of $250 or more between January 1, 2015, and December 31, 2015.

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“I don’t care if I never sell another ticket at the box office if it helps some other guy get a check-up and be as lucky as I was.”
~ John Wayne
ANNUAL GIVING
(continued from page 39)

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“Generosity is the most natural outward expression of an inner attitude of compassion and loving-kindness.”

– Dalai Lama XIV
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“Like humility, generosity comes from seeing that everything we have and everything we accomplish comes from God’s grace and God’s love for us.”

~ Desmond Tutu
HONOR ROLL

GUARDIANS OF THE FUTURE

The John Wayne Cancer Institute is honored to recognize the following visionary donors who have included the Institute in their estate plans as members of a special honor group, the Guardians of the Future. Members are listed permanently on the Guardians of the Future plaque in the Institute’s main lobby.

If you would like to learn more about the Guardians of the Future and benefits of charitable estate planning for you and your family, please contact Tanya Lopez, director of planned giving, at 310-582-7095.

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“Kindness in words creates confidence. Kindness in thinking creates profoundness. Kindness in giving creates love.”

— Lao Tzu
Charitable IRA Rollover

This money-saving feature is now a permanent part of the tax code and can be used to support the Institute.

WRITTEN BY JOHN FERRARI

We all understand our tax dollars fund necessary government programs and services, but isn't it nice to direct your dollars to a nonprofit cause you believe in and reduce your tax burden at the same time?

If you have an IRA, there's a simple way to donate and maximize your support for the Institute while minimizing your tax burden: an IRA charitable rollover. This charitable-giving option has been available since 2006, but it was made a permanent feature of the tax code in 2015. The IRA charitable rollover provision allows you to make a donation directly from your IRA to the Institute each year in any amount up to $100,000—tax-free once you reach the age of 70 1/2.

WHEN IS AN IRA CHARITABLE ROLLOVER THE RIGHT CHOICE?

It may be a good choice for donors who either don't rely on their IRA for income or for those who want a tax break and want to make a donation to the Institute with the least amount of fuss. Here are a few examples:

If you don’t rely on your IRA for income: John and Lisa have saved more than $1 million in their IRAs. Now that they are in their 70s, they must take annual distributions. Because they don’t need the money, they opt to receive the minimum payout, which is heavily taxed. They had planned to leave the remainder of the IRAs to the Institute, but by using the charitable rollover option, they can each transfer up to $100,000 annually directly from their IRAs to the Institute. Not only does this decrease their tax burden, it allows the Institute to advance cancer research now—and lets John and Lisa see the results of their generosity immediately.

If you want to decrease your tax burden: Each year, Marilyn donates $2,000 to the Institute. She withdraws it from her IRA and writes a check to Saint John’s Health Center Foundation, which sends her a receipt. On her tax forms, Marilyn must report the amount as taxable income and deduct it as a charitable gift—but that income pushes her into a higher tax bracket, and her increased tax burden outweighs the reduction for her charitable donation. For 2016, though, Marilyn has heard about the IRA charitable rollover option. She calls Tanya Lopez, Saint John’s Health Center Foundation director of planned giving, to get the Institute’s information and gives it to her IRA manager, along with instructions to transfer $2,000 to the Institute. That’s it—she does not report the donation anywhere on her taxes, and it does not increase her income.

Our staff can prepare personalized, confidential examples for you and work with your financial advisors. Please contact Tanya Lopez, director of planned giving, at 310-582-7095.
Your hairline may recede
BUT YOUR INCOME WON’T.

Establishing a charitable gift annuity with the John Wayne Cancer Institute at Providence Saint John’s Health Center helps make it possible for us to continue as a leader in cancer research, resulting in significant breakthroughs. It also provides you with some unique benefits:

- Lifetime income stream for you, and a loved one if you choose
- An immediate charitable tax deduction
- The flexibility to fund your annuity with cash, securities or real estate
- Fulfillment, knowing that your gift helps fund our award winning team of doctors in their effort to find a cure for cancer

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<th>Age</th>
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Call Tanya Lopez at 310-582-7095 or email Tanya.Lopez@StJohns.org to learn more.
The New Board

An enthusiastic and talented group of advisors steps up to guide the Institute.

Stay up-to-date on the latest news in cancer research by following us on Facebook:

www.facebook.com/JohnWayneCancerInstitute