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Please give now at www.JWCIgiving.org or call the office of development at 310-315-6111, Monday through Friday, 9:00 a.m. to 5:00 p.m.
INSIDE
5
Letter from the Chairman of the Board
6
Viewpoint on Cancer
7
Beyond Our Walls
8
What’s Happening
10
Q&A with Dr. Dave S.B. Hoon
34
Memorable Events

PROFILES
22
Yippeee-ki-yay
Alice Johnson-McKinney remembers the spirit of her dear friend John Wayne.
30
A Tradition of Giving
Raised in philanthropy, Eric Borstein joins the board of trustees in order to make a difference.
32
Making Connections
Entertainment agent Jim Toth seeks to expand the Institute’s donor base.

FEATURES
16
Leaders of the Pack
Innovative clinical trial happening at Pacific Neuroscience Institute.
26
Finding Positive in the Negative
Triple negative breast cancer has been among the most difficult to treat—but new therapies are emerging.

Dave S.B. Hoon, PhD, is studying liquid biopsy.
Pacific Neuroscience Institute is paving the way for the future of neuroscience treatment and research.
Family is the top priority for new trustee Eric Borstein, but philanthropy is his second love.
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Donald L. Morton, MD
Faculty Emeritus

*Deceased*
In many of the Western movies made during my father’s era, women were often in need of protection. A few, however, were able to withstand the rigors of the Wild West and fend for themselves. They had determination, fearlessness and grit. Those attributes come to mind when reading this issue of Innovations. Our two profiles in this issue feature women who have long supported the John Wayne Cancer Institute. The story on Alice Johnson-McKinney (page 22) reminds us of the early days of the Institute and the spirit of the man who made our work possible, John Wayne. Alice and her husband, Louie, were dear friends of Duke, and Alice continues to advocate for better treatments for the disease that took the lives of Duke and others she loved.

On page 40, you can read about the late Annick Brunaud, a friend and Saint John’s patient who succumbed to cancer last May. Annick, who had pancreatic cancer, understood the great need for cancer research funding. Her bequest to the Institute will support innovative studies that advance our understanding of this challenging cancer. Annick will be long remembered for her generosity.

And the story of another admirable woman can be found on page 26. Suzanne Nelson shows us how love, support, courage and outstanding medical care can coalesce to overcome daunting odds. The wonderful Institute physicians who are caring for Suzanne are at the forefront of treatment advances that are bringing hope to so many patients.

These women have inspired us—as do the many people who work at the John Wayne Cancer Institute or who support its mission through advocacy, leadership or fundraising. We are most grateful to our large and growing network of supporters. My father laid down the gauntlet when he called for research to find cures for cancer. It wasn’t an easy mission. It took bravado. But through your perseverance—your grit—we see astonishing progress. Thank you for everything you do to support our lifesaving mission.

Patrick Wayne
Chairman
Board of Directors
The Saint John’s campus is continuing to transform itself into a world-class medical facility within a community hospital setting. This fall we officially affiliated with the Pacific Neurosciences Institute (PNI). PNI has assembled a cadre of the nation’s top neurosurgeons, neuro-oncologists and neuroscientists devoted to the comprehensive care of patients. PNI’s compassionate, expert, care-giving staff treats a wide spectrum of neurological and cranial disorders, including the brain, skull base and pituitary tumors, as well as stroke and neurovascular diseases.

One of PNI’s most noteworthy characteristics is that they also offer a wide range of clinical trials and translational research. Physicians are highly qualified to deliver leading-edge care to patients from anywhere in the world and whose challenging cases demand the highest level of expertise and innovation.

Patients have access to more than a dozen trials, and about ten more trials are in the planning stages. These trials are particularly important for neuro-patients with extremely serious types of diseases, such as glioblastoma or metastatic brain cancers from lung, breast and melanoma. Melanoma trials are coordinated with the world-renowned John Wayne Cancer Institute. We are thrilled to have such a multitude of talent here at Saint John’s.

On another topic, we are so grateful for John Wayne Cancer Institute and Saint John’s long-time supporters, donors and trustees, as well as newcomers who have taken a keen interest in our cancer programs. We’ve recently welcomed a new trustee, Jim Toth, to the Saint John’s family. Talent agent, philanthropist and significant supporter of cancer causes, he will bring a youthful energy to our Foundation board. Read more about Jim in this issue.

With utmost respect,

Marcel Loh
Chief Executive
Providence Saint John’s Health Center and John Wayne Cancer Institute

Viewpoint on Cancer

Precision Medicine Credited With Huge Strides in Cancer Treatment

Today anyone diagnosed with cancer should consider how a personalized approach to treatment may be of benefit to them. It’s becoming clear with breast cancer, lung cancer, skin and other cancers—including brain cancer—that each cancer has a different set of biomarkers (genetic and biological characteristics) that impact treatment response.

This is what’s called personalized or precision medicine. We can now analyze the tumors and understand all of the known individual biomarkers from each patient and use that information to give the right drug to the right patient at the right time.

Over the last 10 years this approach has become more accepted. It has already changed the treatment of certain diseases, like breast cancer with the HER2 mutation, lung cancer with the EGFR mutation and melanoma with BRAF mutation. These mutations now determine the first course of treatment.

Before those biomarkers were identified, patients were all treated the same. Now that we have biomarkers and drugs that target those biomarkers, it has changed the outlook for those diseases. We can no longer treat these patients without using biomarkers. It’s unacceptable. In other diseases—like colon cancer and bladder cancer—we’re finding out that biomarkers are just as important, and more markers are being discovered including immune biomarkers that predict a patient’s response to immune therapies.

We’ve entered an era where we can test for about 600 genes that cover all the known cancer mutations. We are testing for all these mutations that occur in all types of cancers—because even a small percentage of brain cancer patients, for example, will have a mutation that is usually found in another cancer such as breast cancer or in melanoma. The treatment of cancer is no longer limited to just the site of origin.

In fact, for the first time, a drug was approved based on a new biomarker called tumor mutational load, taking into account all the mutations in the tumor. This predicts response to immune therapies for any cancer with high mutational load. We are now in an era of “precision immunotherapy.”

Any cancer patient can have biomarker testing as long as there is tissue saved from the tumor so the test can be run. But in the last five years there are advances in developing blood biomarker testing because tumor cells secrete DNA into the blood. With the sensitive gene sequencing tests that we have at the John Wayne Cancer Institute, we can identify the same markers in blood that we find in the tumor tissue. This is also revolutionizing our ability to detect cancer and monitor patients without invasive biopsies.

I’ve been studying cancer for 23 years and thinking about brain tumors in particular. I am excited and positive that in the next five years we’re going to make huge strides in understanding brain tumors and improving survival for brain cancers, which is one of the worst of all cancers.

Santosh Kesari, MD, PhD
Chair, Department of Translational Neurosciences and Neurotherapeutics
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 presentations and publications.

<table>
<thead>
<tr>
<th>Research Focus</th>
<th>Authors</th>
<th>Journal/Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentinel node biopsy for melanoma</td>
<td>David S.B. Hoon, PhD, and Diego Marzese, PhD</td>
<td><em>Genomics Data</em></td>
</tr>
<tr>
<td>Management of melanoma patients with lymph node metastasis</td>
<td>Mark Faries, MD</td>
<td><em>Oncology Nursing Forum</em></td>
</tr>
<tr>
<td>Tumor immunology and treatment strategies</td>
<td>Santosh Kesari, MD, PhD</td>
<td><em>Immunotherapy</em></td>
</tr>
<tr>
<td>Caregiver burden and quality of life in patients with brain metastases</td>
<td>Melanie Goldfarb, MD</td>
<td><em>J Gastrointestinal Surgery</em></td>
</tr>
<tr>
<td>Sex-specific differences in colon cancer</td>
<td>Daniel F. Kelly, MD, Garni Barkhoudarian, MD, and Marlon G. Saria, RN, PhD</td>
<td><em>College of Surgeons</em></td>
</tr>
<tr>
<td>Tumor-associated immune suppression and immunotherapy</td>
<td>Santosh Kesari, MD, PhD, and Venkata M. Venugonda</td>
<td><em>Journal of Neuroscience</em></td>
</tr>
<tr>
<td>Early-stage melanoma and sentinel node biopsy</td>
<td>Donald L. Morton, MD</td>
<td><em>New England Journal of Medicine</em></td>
</tr>
<tr>
<td>Sentinel node biopsy for early-stage melanoma</td>
<td>David S.B. Hoon, PhD, and Diego Marzese, PhD</td>
<td><em>Oncology Nursing Forum</em></td>
</tr>
</tbody>
</table>

Over the years the John Wayne Cancer Institute has authored a series of high-profile papers regarding the utility of sentinel node biopsy for cancer—a diagnostic technique that was discovered at the Institute 25 years ago. In June the *New England Journal of Medicine* published the Institute’s latest study on sentinel node biopsy, which focused on patients with melanoma.

The study found no difference in survival rates for patients whose cancer had spread to the lymph nodes and immediately had the nodes removed compared to those who underwent regular ultrasound observation to monitor fluid draining from a tumor to the lymph nodes. The study concluded that delaying surgery while continuing observation is an acceptable option.

The late Donald L. Morton, MD, who established the institute’s melanoma program, originated a technique for determining the stage of a patient’s melanoma by identifying the sentinel nodes—the first lymph nodes into which a tumor drains. This revolutionary diagnostic technique helps surgeons determine if a tumor has spread to nearby lymph nodes—one of the most important factors in determining a patient’s prognosis.

Continuous monitoring via ultrasound tests may be a better option for patients under treatment for Stage I melanoma.

Studies of early-stage melanoma continue at the Institute, says David S.B. Hoon, MD, a specialist in molecular oncology who assisted in the most recent study.

“It’s very important to diagnose early-stage metastasis,” Dr. Hoon says. “You cure people for life. It saves excessive surgery, and it saves millions of dollars in treatment and patient morbidity.”

The study was led by Mark Faries, MD, a former researcher at the Institute who has earned national recognition for his melanoma research.
Patrick Wayne Honored by the Fashion Footwear Association of New York

Patrick Wayne, chairman of the John Wayne Cancer Institute board of directors, was honored on October 10 by the Fashion Footwear Association of New York at the organization’s 24th annual QVC FFANY Shoes on Sale gala.

Patrick received the FFANY Jodi and Jerome Fisher Humanitarian award in recognition of the Wayne family’s long commitment to fighting cancer through research at the John Wayne Cancer Institute. The evening’s other honorees were Alexandre Birman, FFANY Designer of the Year, and Zappos, Inc., FFANY Retailer of the Year.

In his remarks to the audience, Patrick praised the Institute’s warm relationship with FFANY. “When we first started our partnership with FFANY as a research beneficiary, I saw something truly special unfold,” he said. “I saw a genuine passion from its founders to make a difference in the fight against breast cancer. I saw selfless dedication from its leaders, including Dick Jacobson, Joe Moore and now Ron Fromm. I saw unbelievable generosity from FFANY’s donors and volunteers.

“Most significantly, I saw the potential of what we could accomplish together. Tonight, more than two decades later, I look back at all that has been accomplished and am hard-pressed to find words to adequately express my gratitude to FFANY and its sponsors.”

The event was held at the Ziegfeld Ballroom in New York City. The QVC Shoe Sale, which raises money for breast cancer research, was held on October 12. Now in its 24th year, QVC presents “FFANY Shoes on Sale” is the largest fundraising event of the shoe industry and has donated more than $50 million to fund “First-Step” research at nine of the nation’s leading research organizations. During the month of October, donated footwear is sold on live television through QVC and at the annual New York City charity gala event in a special designer shoe salon.

“FFANY is proud to award these special honorees at the QVC presents FFANY Shoes on Sale gala,” says Ron Fromm, president and CEO of FFANY. “Their leadership and commitment to the footwear industry and breast cancer research is invaluable.”
Specimen Repository Upgrade is Complete

The specimen and data repository at the John Wayne Cancer Institute is a valuable resource to researchers around the world. Now, thanks to generous donor support, the specimen repository has been significantly upgraded to assure greater safety for the more than 1.8 million frozen specimens it contains. The upgrade was completed in August.

The tissue and blood specimens and their associated patient data have been collected since 1971. The repository maintains diagnosis, treatment and outcome history data on research participants treated at Providence Saint John’s Health Center. The specimens and clinical database are used for studies on prognosis, recurrence and tumor biology.

As cancer treatment has become more focused on genetic and molecular biomarkers, the specimens have proved to be an invaluable research resource for understanding the biological basis of cancer. In accordance with the National Cancer Institute’s Resource Sharing Policy, the Institute is committed to making specimens available to qualified outside researchers for use in major collaborative studies around the world.

The Institute’s board of directors approved the upgrade to the repository last year. The system climate control, electrical and liquid nitrogen systems were upgraded, and 70 chest freezers were replaced with 65 state-of-the-art upright Panasonic freezers.

The upgrade was supported by many generous Institute supporters including a $500,000 gift from the Ahmanson Foundation.

WHAT’S HAPPENING
Please mark your calendars for these upcoming events:

Health Center Anniversary Exhibit An exhibit depicting Providence Saint John’s Health Center’s 75 years will be on display at the Santa Monica History Museum through January 27, 2018. The museum is open Tuesdays and Thursdays, noon to 8 p.m., and Wednesdays, Fridays and Saturdays, 10 a.m. to 5 p.m. General admission for adults is $10 and $5 for seniors and students. Veterans, active-duty military, children 12 and under and Santa Monica History Museum members are admitted free of charge.

The Sean Hunter Research in Action Walk will be held on February 25, 2018. Please contact Mary Byrnes for more information.

The Benefactors Appreciation Reception will be held in March 2018. Please contact Tess Csiszar for more information.

The Odyssey Ball, sponsored by the John Wayne Cancer Institute Auxiliary, will be held June 9, 2018. For more information, please contact Leslie Jones.

ABCs Mother’s Day Luncheon will be held in May 2018. Please contact Leslie Jones for more information.

For more information on any of the events, please call 310-315-6111.
The John Wayne Cancer Institute has launched exciting new research projects, formed new collaborations and hired new faculty in recent years. No one has a more comprehensive perspective on the Institute’s growth than Dave S.B. Hoon, PhD, professor and director of translational molecular medicine, director of scientific intelligence and director of the genomics sequencing center at the Institute.

Dr. Hoon joined colleagues Donald L. Morton, MD, and Armando E. Giuliano, MD, in launching the Institute in 1991. He has enjoyed a long and productive career and is responsible for many noteworthy accomplishments in genetics and molecular medicine. We asked Dr. Hoon for his thoughts on the Institute’s growth and an update on the activities in his division, the Department of Translational Molecular Medicine.
Explain your work in blood biomarkers. What are the latest developments?

Our studies on blood biomarkers involve isolating circulating tumor cells (CTC) and molecularly characterizing these cells from a few milliliters of blood in order to detect cancer very early or to monitor a cancer patient’s progress and response to treatment. We’re very active in this field. It’s also called blood biopsy. It’s a technique I helped pioneer when I started at the Institute, and it’s now the hottest topic out there. We’re working with a company called Clearbridge BioMedics, Singapore. We just completed a big study and are planning a trial here to validate our work with melanoma. We also take blood and use next-generation sequencing to identify circulating tumor cell-free DNA and micro-RNA. This can be used for the urological cancers: prostate, bladder and kidney cancer. The program has escalated rapidly with the emergence of a genitourinary program at the Institute under Dr. Tim Wilson. I am also on the executive board of Cancer-ID, a multi-institute European cooperative focusing on molecular blood biomarkers validation in solid tumors. This is supported by a European Cooperative Grant and Bayer Pharmaceuticals.

Why did you develop a bioinformatics team in your department?

Genomic bioinformatics involves compiling and analyzing large amounts of data on cancer genetics and molecular information with cancer demographics. It’s about more than just looking at numbers or test results. You also have to understand the data from genetic sequencing (looking at a patient’s tumor DNA and RNA) and how to relate it to a biological specimen and figure out its clinical relevance. You have to put everything together. In my department, Dr. Matthew Salomon, assistant professor, a bioinformatics expert, can mine from all the databases and determine if a particular gene or condition is relevant to a patient’s disease. This approach saves a huge amount of time and money. Bioinformatics is now a significant part of modern-day translational medicine. We have retooled the informatics IT infrastructure for us to be more competitive in the field under the guidance of Dr. Salomon.

You have extensive international research relationships. Why is this collaboration so important?

I’ve trained more than 70 postdocs (MD/PhDs) from many cancer centers around the world. We continue to build these collaborations, and we help each other in different ways. This year, I’m a visiting professor in the neurosurgery tumor program at Fudan University in Shanghai. It’s the largest neurosurgery program of its type in the world. We see so many different types of primary brain tumors there. We have launched some really good studies with Fudan University on rare brain tumors. It’s quite unique. We also have a major publication coming out soon with a research group called the Genome Institute of Singapore on a circulating DNA marker for breast cancer. In addition, I am a member of the Adelson Medical Research Foundation. Being part of that program allows us to exchange specimens and assays and share common interests. For example, we work with Technion—Israel Institute of Technology in Haifa, Israel, on ubiquitin with the Nobel Prize winner Aaron Ciechanover. Ubiquitins are molecules that can play key roles in cancer development. We have collaborations with the University of Tel Aviv on DNA damage-repair genes and brain metastasis. The Department of Translational Molecular Medicine is about global oncology. These long-term collaborations bring us global recognition. These centers’ investigators don’t collaborate with just anyone. They have to trust you and your science. We have nurtured these relationships in our department over the years, and it has paid off. Our publication track record demonstrates the level of translation research we have produced with our global partners.
The words “integrative medicine” mean different things to different people. In the world at large, the term is often associated with the trendy yet frequently pseudoscientific “alternative health” scene. But the application of evidence-supported integrative medicine is growing within the mainstream medical community.

At the John Wayne Cancer Institute, integrative medicine is being used to help prevent cancer, assist patients during treatment and reduce the risk of recurrence.

Steven A. Vasilev, MD, medical director of integrative gynecologic oncology and medical director, integrative medicine, at Providence Saint John’s Health Center and the John Wayne Cancer Institute, authored the book Cancer Cureology: Integrative Natural Anti-Cancer Answers—The Science and Truth.

“Integrative medicine is a combination of mainstream medicine with the best of what Mother Nature has to offer, and that really just means practicing good, holistic medicine rather than pill pushing for every problem.”

Integrative medicine in oncology is primarily about identifying the connections between cancer and lifestyle factors such as diet and exercise, he says. Diet and exercise may have much greater potential to either prevent cancer or improve the effectiveness of treatments than previously understood.

“There’s lots of epidemiological data on the cancer-reducing effects of certain diets like the Mediterranean diet, which is primarily a whole-food, plant-based diet with fish included,” he says. “And through nutrigenetics and nutrigenomics, it’s possible that soon we’ll be able to prescribe anti-cancer diets designed for individual patients.”

For patients who have cancer or are at high risk for cancer, a ketogenic diet goes even further by starving cancer cells of the sugar they need to reproduce. Ketogenic diets do this by cutting out grains, sugars and fruits in favor of high levels of healthy fats like olive oil and avocados, along with proteins and green vegetables.

“In my experience, the people...
**DO’S**

- Do work with a nutritionist to make dietary changes, which can have a significant effect on a wide range of health issues.
- For exercise advice, do see a personal trainer or physical therapist specially trained in working with cancer survivors.
- Do speak with your doctor about alternatives to pharmaceutical medications, including cannabis-derived products like CBD, which can provide medical benefits without the high of marijuana.
- Do take advantage of mind-body activities you can do at home such as yoga, tai chi and acupressure.

**DON’TS**

- Don’t fall for alternative health practitioners promising unbelievable results, especially if they come with a high price tag.
- Don’t go directly to the most extreme integrative therapies, like ketogenic diets or vitamin C infusions, without trying simpler options first.

Herbal treatments and dietary supplements may also provide certain benefits with fewer side effects than the pharmacological options. “For patients who are already getting a treatment like chemotherapy, glutamine may help with neuropathy, and melatonin works well for many people who are having trouble sleeping,” Dr. Vasilev says. “However, for most vitamins, I recommend looking at the food you’re eating rather than supplements—nutrition is really the way to go.”

Diet is a vital part of integrative medicine, but it’s not the whole story. There is also mounting evidence about the benefits of regular exercise in reducing cancer risk. “There is compelling data that specific types of exercise are also anti-cancer,” Dr. Vasilev says. “Specifically, interval or burst training seems to be the best way to do yourself some good.”

And for patients who are undergoing the physically and mentally exhausting cancer treatment process, activities like tai chi or yoga can improve quality of life through stress reduction.

Integrative medicine also takes into consideration people’s daily exposure to toxins in the environment. “We’re exposed to about 65,000 toxins per year, both through our food and through the air,” Dr. Vasilev explains. “Some toxins can act as hormones, and that can have a big effect—especially in female cancers.” That said, he warns people to be wary of most detoxification or cancer treatment solutions offered by alternative health practitioners.

“Unfortunately, we’re still living in a situation where lots of alternative practitioners muddy the waters about what is good integrative medicine and what is pseudoscience, and there are a lot of people out there pushing kinder, gentler ways to get rid of cancer,” Dr. Vasilev says. “If it sounds too good to be true—especially if it’s also expensive—it’s probably a rip-off.”
Welcome to the New Fellows

The John Wayne Cancer Institute is proud to welcome the 2017–2018 class of the Complex General Surgical Oncology Fellows. Fellowship participants are surgeons who have completed their training and residencies. They come to the Institute for a one- or two-year fellowship to further enhance their training in surgical oncology. The nationally accredited program is one of the most admired in the world, and the Institute draws an impressive number of highly qualified applicants. Many of our fellows go on to become leaders at prestigious medical centers and in academia. We are inspired by these young surgeons and proud to have them working side-by-side with our faculty.

The Capital Group Awards Grant

The John Wayne Cancer Institute has been awarded a general operating grant from Capital Group’s Charitable Giving Program Contributions Committee. Capital Group associates Mark Baker, an Institute board member, and Sheron Johnston, a Saint John’s Health Center Foundation Brain Trust Committee member, submitted the application that led to the award. The Capital Group ranks among the world’s oldest and largest investment management organizations, with $1.5 trillion in assets under management. Each year Capital Group associates personally support more than 3,000 nonprofit organizations through donations and volunteer work. In turn, Capital Group and its charitable foundation augment that support with funding in the form of grants and matching gifts. The Institute is deeply grateful to Mark, Sheron and Capital Group for their support of our mission to find cures for cancer.
Leanders Made Here
As a fellow-turned-faculty member, Dr. Trevan Fischer aims to finish what he started.

Written by Sandi Draper

Trevan D. Fischer, MD, grew up in rural southwest Oklahoma in a farming family he describes as quite self-sufficient. “We raised cattle and grew wheat, so I always knew I would be doing something with my hands,” he says.

One of his grandmothers had minor surgery when he was 3 or 4. Even at that age, he was fascinated by the bandage changes and carefully observed each one. “Granny told me she knew ever since that I would be in health care.”

And so he is. Dr. Fischer has joined the faculty of the John Wayne Cancer Institute at Providence Saint John’s Health Center as an assistant professor of surgical oncology. Upon completion of the Institute’s Complex Surgical Oncology Fellowship program in 2017, he was offered a position as the program’s assistant director as well as a faculty post. “They couldn’t get rid of me,” he jokes.

The transition was seamless because during the second year of the fellowship Dr. Fischer was one of two doctors selected as administrative chiefs in the program. “We held meetings with program directors, developed relationships with hospital administration and nursing staff,” he explains. That experience made him a natural for his current position.

During his fellowship Dr. Fischer was named the Ruth and Martin H. Weil fellow, an honor that has led to a lasting friendship with his benefactor. “Ruth Weil is our honorary fellow. She has been volunteering in the cancer center as long as the cancer center has been there. Every Tuesday morning she bakes some delicious cake or sweets. She visits patients and also knits hats for the neonatal intensive care unit. She is a very special woman who has given time and money to cancer research. I was honored to be a ‘Ruthy’ fellow” says Dr. Fischer, who still has lunch or dinner with Ruth regularly.

Prior to the fellowship, Dr. Fischer attended the University of Oklahoma College of Medicine in Oklahoma City and did his internship and residency at the University of Florida department of surgery in Gainesville.

He found many reasons to continue his career at the John Wayne Cancer Institute. “I wanted to continue what I started here; I hope to grow the fellowship. Also the fellowship history matched my clinical interests, and I hope to further advance Dr. Morton’s legacy.” (The late oncologist Donald L. Morton, MD, has legendary status for breaking barriers in cancer research and treatment at the Institute. He was chief of the melanoma program and co-director of the fellowship program.)

The fellowship program accepts four surgeons each year who have completed their training and residencies, inviting them to gain specialized knowledge and skills in surgical oncology. The Institute’s nationally accredited program is one of the most prestigious in the world.

Dr. Fischer plans to use his surgical and analytical expertise to deal with complex cancer cases.

“I hope to practice innovative surgical techniques, use new drugs and treatment protocols and stay on the cutting edge of cancer care,” he explains. “The Institute has always been very forward-thinking in its approach to new and better ways and collaborative multidisciplinary treatment. I also want to maintain stability in the fellowship and grow the program.”

Dr. Fischer’s research focus during his general surgery residency was on the liver—treating pancreatitis and looking at ways to make hepatocellular cancer more vulnerable to chemotherapy. But he has since shifted his clinical focus to melanoma, sarcoma and breast cancer.

“One of the nice things about the surgical oncology fellowship is that we get broadly trained in almost all solid tumors so we can be broad in our practice, or we can focus and find a niche to practice in,” he says.

When not wearing his white coat, Dr. Fischer can be found at the beach. “I’ve become a fan of beach volleyball since moving to Southern California. It is a great way to make friends and exercise. I always wear sunscreen.”

He and his husband of three years, Lance Radford, enjoy quality time hosting and attending dinners with friends. Lance is a math teacher in the area, and the couple hopes to someday adopt a child.

Dr. Trevan Fischer, Ruth Weil and Dr. Fischer’s husband, Lance Radford
I have a world of confidence in my doctors. I couldn’t be in better hands.”

—RUSTY DOMS, a Pacific Neuroscience Institute patient who is enrolled in a novel clinical trial for glioblastoma brain cancer
In late September physicians and researchers gathered at the Loews Santa Monica Beach Hotel to hear presentations on the latest innovations in neuroscience, including research related to brain tumors, stroke, movement disorders and other neurological conditions. Pacific Neuroscience Institute (PNI) sponsored the symposium, and faculty members provided many of the presentations.

The two-day symposium was a milestone in the already prestigious journey of PNI, which was founded in 2015. Located at Providence Saint John’s Health Center—and more recently at Providence Little Company of Mary Medical Center in Torrance—PNI has attracted some of the top neuroscientists, neuro-oncologists and neurosurgeons on the West Coast and provides care for a full spectrum of neurological conditions.

Pacific Neuroscience Institute is devoted to the comprehensive care of patients with a wide spectrum of neurological and cranial disorders including brain, skull base and pituitary tumors; stroke and related neurovascular diseases; adult hydrocephalus; vision, hearing and sinonasal disorders; as well as facial pain syndromes and movement disorders. The institute aims to deliver advanced care not only to the Southern California community but also to patients from around the world whose challenging cases demand the highest level of expertise and

“By affiliating our medical group with Providence, we greatly strengthen our ability to provide comprehensive, compassionate patient care.”

WRITTEN BY SHARI ROAN
innovation. In addition, PNI offers a wide range of clinical trials and translational research, in conjunction with the John Wayne Cancer Institute.

“We provide a unique combination of highly specialized and experienced medical professionals, leading-edge technology and a personalized, compassionate approach that puts our patients first,” says Daniel F. Kelly, MD, PNI founder and director and also the director of PNI’s Brain Tumor and Pituitary Disorders Centers and professor of neurosurgery at the John Wayne Cancer Institute.

Patients now have easy access to this world-class physician group at Providence Saint John’s Health Center. In September, the Pacific Neuroscience Institute Medical Group announced its affiliation with the Providence Saint John’s Health Clinic. Many PNI physicians are also faculty of the John Wayne Cancer Institute, which allows them to connect the latest translational research and clinical trial findings to novel patient treatment options. PNI’s partnership with Providence means that it can provide specialized neurological care to more patients.

“Our PNI physicians have a long and productive relationship with Providence Health & Services along with the John Wayne Cancer Institute. We are excited to build upon this multidisciplinary collaboration in the neurosciences,” Dr. Kelly says. “By affiliating our medical group with Providence, we greatly strengthen our ability to provide comprehensive, compassionate patient care. In the coming year, we expect our group to expand in size and scope significantly.”

Dr. Kelly’s PNI co-founders include Chester F. Griffiths, MD, a head and neck surgeon/otolaryngologist; neuro-oncologist Santosh Kesari, MD, PhD; and neuro-ophthalmologist Howard R. Krauss, MD.

**FACING CHALLENGES HEAD-ON**

No one is more familiar with PNI’s brand of compassionate and innovative care than Redmond “Rusty” Doms, 77, a longtime, cherished trustee of the Saint John’s Health Center Foundation. About a year ago Rusty became baffled when the people he was looking at—people he knew well—morphed into faces he didn’t recognize.

“I was starting to look at people, and all of a sudden their appearance would change,” he recalls. “I knew who they were, but I’d look at them and didn’t know who they were. I’d lose my train of thought. I’d get a little disoriented.”

He mentioned the strange sensations to his primary care physician at Saint John’s, who ordered a brain scan. The next day Rusty’s phone rang, and he answered to find Dr. Kelly on the phone.

“Dan Kelly said, ‘Rusty, we’ve got some bad news for you. We’ve got a real problem, and we want you and your wife to come in’,” Rusty recalls. He was diagnosed with glioblastoma, an aggressive brain cancer.

PNI and its expert neurosurgeons and neuro-oncologists proved to be the right place for Rusty’s care. Glioblastomas typically recur after surgery and chemotherapy, and innovative and investigational treatments are often needed to try to extend a patient’s life.

Dr. Kelly performed surgery in May 2016 to remove as much of Rusty’s tumor as possible, which was followed with chemotherapy and radiation therapy. Rusty also used Optune, a device worn on the head to deliver electromagnetic radiation to the tumor.

But the tumor progressed in just under a year after those initial treatments, and earlier this year Rusty became only the second person in the nation to receive an investigational therapy that features a “Trojan horse” technique to deliver a bioengineered fusion protein that specifically targets the tumor.

The Phase II trial of Medicenna Therapeutics MDNA55 is led by neurosurgeon Achal Singh Achrol, MD, who serves as principal investigator for the clinical trial in collaboration with Dr. Kesari.

Dr. Achrol is chief of the Glioma Surgery Program at PNL. Dr. Kesari is a neuro-oncologist, director of PNI’s Neuroscience Research Center, and chair of the Department of Translational Neurosciences and Neurotherapeutics at the John Wayne Cancer Institute.

“I’ve got challenges, but overall
I’m a happy patient,” Rusty says. “Dr. Kelly saved my life, and Dr. Kesari gave me a chance at a normal life.” Rusty continues to do well, and his tumor is in check.

THE PROMISE OF CLINICAL TRIALS
The Medicenna trial is an example of the opportunities available to PNI patients. PNI is one of only two sites on the West Coast that offer the treatment and is currently the leading enrollment site nationally.

“This is the purpose of the Pacific Neuroscience Institute and the John Wayne Cancer Institute,” Dr. Achrol says. “We accept even the most complex cases and specialize in advanced precision therapies not yet available at other health centers.”

Patients have access to more than a dozen clinical trials at Pacific Neuroscience Institute, and about 10 other clinical trials are in the planning stages, says Dr. Kesari. These trials are particularly important for patients with extremely challenging diseases, such as glioblastoma or metastatic brain cancers from lung, breast and melanoma.

“The standard-of-care treatments only take you so far in terms of survival,” Dr. Kesari says. “That’s why innovations and clinical trials are the only way to make a difference and improve the outcomes for these deadly diseases. We offer patients hope. That’s really what clinical trials are all about.”

Saint John’s neurosurgeons and neuro-oncologists also strive to make treatments more tolerable and precise. Dr. Kelly and Dr. Achrol, for example, are experts in minimally invasive surgery.

An advanced level of surgical and technical expertise is needed to provide the treatment Rusty received. For the administration of the investigational drug, Dr. Achrol mapped his specific tumor in 3-D using specialized computer software to determine its volume and optimal placement sites for the catheters that deliver drug to the tumor. Then, through small holes in the skull, Dr. Achrol inserted the tiny catheters into the tumor along the planned trajectories to deliver the bioengineered fusion protein, using a technique called “convection-enhanced delivery.”

The bioengineered fusion protein, called MDNA55, binds to specific cell receptors, called IL4 receptors, that are only found on tumor cells—not normal brain tissue. Once attached to those cells, the protein delivers its payload: a toxin that is absorbed and kills the cells while leaving surrounding healthy tissue unharmed. While chemotherapy only kills cancer cells that are dividing, the toxin kills both dividing and quiet—or slow-growing—cancer cells, thus increasing the odds that more of the cancer will be destroyed.

“While it’s technologically challenging, the concept itself is relatively straightforward in that you want to get the drug to every tumor cell,” Dr. Achrol says. “There are only a select number of high-volume treatment centers that can offer this clinical trial.”

It’s fitting that Saint John’s and John Wayne Cancer Institute physicians are leading the trial enrollment, because the treatment grew from research pioneered in...
through many hours to get as much drug as possible into the entire tumor area, and we monitor it in real time in the MRI machine.”

The concept of engineering a toxic payload to be delivered to the tumor without affecting the surrounding tissue can be applied to other types of cancers, Dr. Achrol says.

“I have a world of confidence in my doctors,” Rusty says. “I couldn’t be in better hands. I think the team brought together through PNI is truly world-class, and Saint John’s is lucky to partner with them.”

**TREATMENT OF VASCULAR MALFORMATIONS IN THE BRAIN**

In addition to his role as chief of the glioma surgery program, Dr. Achrol is Pacific Neuroscience Institute’s director of neurovascular surgery. Dr. Achrol trained under a pioneering neurosurgeon at Stanford University—Gary Steinberg, MD—who is an international authority on treating a rare condition called Moyamoya disease with a procedure called brain bypass. Recently Dr. Achrol performed the first brain bypass procedure at Saint John’s to treat a case of Moyamoya disease.

Joanna Torres, 32, was diagnosed with the disease in Guam, where she resides, after experiencing mini-strokes and numbness in her face. She traveled more than 6,000 miles to Saint John’s to receive this highly specialized treatment.

Moyamoya is a condition that causes progressive blockage of blood flow through the major blood vessels that carry blood to the brain. As blood flow to the brain is decreased, patients are at risk of suffering a stroke.

Dr. Achrol has specific expertise in the treatment for this disease, which involves taking a blood vessel from the scalp and grafting it to the area in the brain at risk for stroke, bypassing the blocked vessels in the neck.

“It’s a meticulous dissection that takes place over the course of several hours using a microscope,” Dr. Achrol says.

Joanna had blockages on both sides of the brain and underwent two surgeries to bypass both sides. She is now back home and healthy. “I feel really great,” she says. “I walked out of that first consult, and I knew I needed to be here. I knew I made the best choice.”

The Pacific Neuroscience Institute makes it possible for patients to receive highly complex specialty neurosurgery care in the community, Dr. Achrol says. “I was at Stanford for over 11 years. You see so many Moyamoya cases there it becomes routine. But it is tremendously satisfying to come to a new facility and develop these same leading-edge technologies and to have people come here for their care.”

**STATE-OF-THE-ART STROKE CARE AND RESEARCH**

Saint John’s neurologists and neurosurgeons are often able to use minimally invasive procedures to treat strokes, aneurysms and vascular malformations. Additional pioneering neuroscience research is underway at Saint John’s including a Phase II clinical trial led by Dr. Achrol and Dr. Kesari focusing on helping patients overcome motor deficits, such as paralysis and slurred speech, long after a stroke.

"We offer patients hope. That’s really what clinical trials are all about."

The study involves minimally invasive surgery to inject stem cells into the brains of patients who have some lasting dysfunction—such as the inability to move an arm or leg—six months to 7.5 years after experiencing an ischemic stroke. The adult stem cells, known as mesenchymal stem cells, are engineered to express specific nerve growth factors. Based on prior human studies at Stanford University after the cells are injected in the brain they appear to reactivate neural pathways in the brain that were turned off as a result of the stroke.

Saint John’s is one of only seven comprehensive centers around the country to offer this advanced clinical trial. “The Phase I study at Stanford was a safety study and not designed to test efficacy,” Dr. Achrol says. “However, there were patients unable to move their arms years out from a stroke who were able to lift their arms again after treatment. There were some exciting results that make us hopeful about this new therapy, and that’s why we are participating in offering the Phase II clinical trial here to our patients.”

**PERSONALIZED NEUROLOGICAL CARE**

PNI also offers a movement disorder program headed by two highly regarded and experienced physicians: neurologist Melita Petrossian, MD, and restorative neurosurgeon Jean-Philippe Langevin, MD. The
multidisciplinary practice offers a team-based approach and is aimed at treatment of such conditions as Parkinson’s disease, dystonia and essential tremor. Treatments include botulinum toxin injections (Botox®) for cervical dystonia and deep brain stimulation (DBS) surgery for Parkinson’s disease and essential tremor.

A range of additional subspecialties fall under the PNI umbrella, including care for pituitary disorders; eye, ear and skull base disorders; facial pain syndromes; and adult hydrocephalus.

While technical innovation and expertise are crucial to success, considerable thought and planning goes into compassionate patient care and strong support for the family and caregivers. Marlon Saria, PhD, RN, directs PNI’s Center for Quality and Outcomes Research and performs studies on how to advance the care of patients and their caregivers through data-informed interventions. Dr. Saria’s publications highlight the physical and psychological burdens of caregivers of patients with brain metastasis and how cognitive dysfunction in these patients influences caregiver resiliency and coping.

PNI’s founders always sought to create an institute that was “big enough to make a difference and small enough to stay connected to our patients and our vision,” Dr. Kelly says. “We are excited that PNI can provide comprehensive leading-edge neuroscience care for patients across Southern California, as well as nationally and internationally. With our outstanding team of clinicians and researchers as well as support and collaboration from our Providence partners and the John Wayne Cancer Institute, PNI is focused on delivering personalized precision care today while innovating for tomorrow.”

PATIENT IMAGE (HEAD)
- Sophisticated imaging is used to “map” the tumor in 3-D and plan the procedure.
- Using the image-based computational data, small holes are made in the skull and tiny catheters are inserted into the tumor.
- The bio-engineered fusion protein called MDNA55 is delivered into the tumor using a “Trojan Horse” method.

TUMOR
- MDNA55 Trojan horse can only bind to specific receptors on the surface of cells, called IL-4 receptors. These receptors are not found on normal tissue but are common in many types of cancer, including glioblastoma.
- Once attached to those cells, the MDNA55 protein delivers a payload into the cytoplasm (the inside of the cell), an exotoxin that is absorbed by the cells.
- The exotoxin kills the cells.

For more information on supporting programs at Pacific Neuroscience Institute, please contact Cookie Galanti, development director of Saint John’s Health Center Foundation, at 310-829-8424.
Most of us recall John Wayne as an American icon and a top box-office draw. Alice Johnson-McKinney remembers him as a dear friend, business partner and fellow rancher who raised cattle with her late husband, Louie Johnson. She also remembers him as a guy who once tumbled into her indoor pool.

Today Alice holds dear both her memories of John Wayne and her support of the John Wayne Cancer Institute. In doing so, she honors John and Louie, who survived 11 years with oral cancer. Once the Institute was formed, Louie refused to be treated anywhere else—traveling from his home in Stanfield, Arizona, to Santa Monica.

Cotton brought “Duke”—as John was known to friends—and Louie together in the late 1950s, and their deep friendship continued until Duke’s death from stomach cancer in 1979. The two men became acquainted after the actor purchased a cotton acreage near the Johnsons in Arizona.

Leaving for months to make a movie wasn’t conducive to profitable farming, so the two men formed a partnership—the Red River Land Company—and Louie agreed to manage Duke’s land. Soon Louie was producing a bumper crop of cotton for both families.

The budding friendship was cemented when the government restricted how much cotton could be grown. The pair turned to cattle—an even more profitable business—and developed a line of prize-winning purebred Herefords. Their cattle brand was 26 Bar Ranch.

Alice recalls a party after a cattle auction when Duke was among many guests gathered around her indoor pool. When the phone rang, Alice called across the pool: “Duke, it’s for you.” He turned, took a step toward her and toppled—boots and all—into the pool. Another guest quipped, “Hey, Duke, at least we know you can’t walk on water!”

Duke was the butt of Louie’s practical jokes. Prior to a new movie role, Duke often spent about two weeks at a time at the Johnsons’ ranch, where Alice would cook healthy meals to help him slim down. Both men hated buttermilk, but Louie made Alice insist that buttermilk was a key component of a certain recipe.

Louie appreciated the care he received there so much that he refused to be treated anywhere else. For years, we had an air evacuation team under contract to take us to the Institute in case we couldn’t drive there.”
healthy diet. For days, both men would choke down the detested buttermilk, just so Louie could laugh later about pulling one over on Duke.

For years, the Waynes and the Johnsons would make mini-vacations out of traveling to Southern California for annual cancer screenings. Exams would be scheduled for mornings so the couples could enjoy afternoon horse races at Del Mar.

One year they coaxed nurses into telling Duke he would have to miss the races because his colonoscopy had to be repeated and that he also needed a brain scan. Duke’s temper flared, and he demanded to see the doctor. When Alice and Louie could no longer control their laughter, they let Duke in on the joke.

Alice has always been a woman who takes life’s lemons and makes lemonade. Early in her marriage, she planned to enroll in college to fill the long hours Louie spent working their ranch, farm and feed lot. Louie wasn’t keen on the idea. So she devoted herself to fixing up and flipping houses.

Later, her college-age stepson shipped her textbooks, and Alice taught herself all she needed to know to get a general contractor’s license. She then formed a construction company and worked for 10 years as a contractor until Louie’s health began to fail.

Comfortable with all phases of construction, Alice worked on the expansion of her own home, including the addition of a bathroom to complete the guest suite that Duke considered his own. “I have redone every room in my Arizona home,” Alice says, “but friends and family protest every time I mention redecorating..."
Duke’s bedroom because they want it left as it is. Everybody wants to sleep in Duke’s room.”

Louie and Alice met Donald L. Morton, MD, the co-founder of the John Wayne Cancer Institute, two weeks before Duke died. Louie later sought Dr. Morton’s care when he was diagnosed with cancer and was a recipient of Dr. Morton’s pioneering immuno-therapy vaccine. According to Alice, the Institute and Saint John’s Health Center staff went out of their way to accommodate their frequent visits. When Louie was in intensive care, she slept in his room. When he was well enough to return to Arizona, staff taught Alice the necessary medical procedures necessary to care for him at home.

“Louie appreciated the care he received there so much that he refused to be treated anywhere else,” she says. “For years, we had an air evacuation team under contract to take us to the Institute in case we couldn’t drive there.”

Alice was also treated for cancer by Dr. Morton. He performed surgery to remove colon cancer more than five years ago.

“Alice McKinney is characteristic of the many donors we have at the John Wayne Cancer Institute—constant and steadfast,” says Mike Avila, vice president of development at the John Wayne Cancer Institute. “When we talk about donors that have built the Institute into the place it is today, Alice McKinney is one of the first individuals who comes to mind.”

In February Alice lost her second husband, Verne McKinney, to cancer. Today she spends some time at her home in Montana, but the beloved Arizona ranch, where she continues to farm, is her main residence. And her allegiance to the Institute is unwavering. Alice still travels to the John Wayne Cancer Institute for annual screenings and checkups.

Like Louie, Alice wouldn’t have it any other way.
Suzanne Nelson has regained her health after entering a clinical trial on a drug to treat triple-negative breast cancer.
It’s a long journey from finding a small, 1-centimeter breast lump to having an advanced case of the most challenging form of breast cancer. Suzanne Nelson has gone down that road, and the fact that today she is healthy and in remission from cancer speaks to the equally amazing journey doctors and researchers have made over the last decade in treating triple-negative breast cancer.

Triple-negative breast cancer affects about 10% to 15% of breast cancer patients. It’s called triple-negative because it lacks three types of cell types, called receptors, known to promote most types of breast cancers: the hormone receptors for estrogen, progesterone and HER2. While there are receptor-targeting medications for other forms of breast cancer, there is currently no such targeted therapy for triple-negative.

Triple-negative breast cancer is typically a more aggressive type of cancer, and until recently doctors had far fewer weapons to treat the disease. “If you have triple-negative, your options for treatment are limited,” says Dave S.B. Hoon, PhD, professor and director of translational molecular medicine, chief of scientific intelligence and director of the genomics sequencing center at the Institute. “This type of breast cancer also has a high propensity to metastasize to the brain. It can be a very aggressive disease and difficult to control once cancer has spread to distant organ sites. This is why it gets more attention.”

But the outlook for patients with triple negative is changing, thanks to doctors like Steven J. O’Day, MD, director of immuno-oncology and director of clinical research at the John Wayne Cancer Institute, and researchers like Dr. Hoon.

Suzanne was first diagnosed with breast cancer in 2006. The small lump was treated at a different Los Angeles hospital with surgery and radiation. Her oncologist at the time gave her an excellent prognosis and left the decision of chemotherapy up to Suzanne, who passed on it. But two years later she was diagnosed with stage IV metastatic breast cancer. The disease had spread to her spine.

Tests showed she was not considered triple-negative, and she began a 10-year struggle of remissions and recurrences, transferring her care to a Saint John’s oncologist in 2010. With the support of her husband, Eric, three grown daughters and her church, Suzanne, 54, had always battled on.

Recently, however, Suzanne’s type of cancer and diagnosis changed to triple-negative. She underwent radiation and chemotherapy, but earlier this year scans showed the cancer had spread to her spine and sacrum as well as several areas throughout her pelvis and an adrenal gland. She left her job in human resources and went on permanent disability, spending her days napping on her lounger in her Culver City home with barely enough strength to eat. “I was a mess,” she says.

Fortunately, she learned of a Phase II clinical trial offered at Providence Saint John’s Health Center that was testing a standard immunotherapy drug, pembrolizumab (Keytruda), in combination with an investigational drug, Imprime PGG, for triple-negative breast cancer. On February 22 she arrived at Saint John’s with a renewed optimism.

Finding the POSITIVE

Innovation is the key to helping women with triple-negative breast cancer.

WRITTEN BY LAUREL DIGANGI
PHOTOGRAPHED BY LAUREN PRESSEY

“Now we aim to focus drugs on a patient’s specific genomic makeup. Previously, you just treated everyone the same.”
“I wore a mouse nose and ears and announced, ‘I’m a lab rat reporting for duty!’”

Under the care of Dr. O’Day, she received an infusion of Imprime PGG and an infusion of pembrolizumab. What Suzanne may not have realized was that far from being a lab rat, entering a clinical trial likely gives many patients the best possible chance of extending their survival time.

Five weeks later, after receiving four treatments of the combined therapy, Suzanne was scheduled for a biopsy of a tumor on her adrenal gland, where the cancer had also spread. But during a scan to determine the tumor’s placement, she noticed that the surgical team seemed perplexed.

“They kept scurrying about,” she says, “asking me questions and triple-checking my wristband to make sure they had the right patient.” Finally someone told her, “We can’t find anything to biopsy.” Overwhelmed with emotion, Suzanne began to cry. “I couldn’t believe it,” she says. “The drugs were already working!”

The Imprime PGG trial

Unlike chemotherapy and radiation, which kill cancer cells as well as healthy cells, immunotherapy uses the body’s own immune system to fight the disease. There are several different approaches to immunotherapy. Intravenous drugs called “checkpoint inhibitors,” such as pembrolizumab, pump up the body’s natural immune system by activating its disease-fighting T-cells.

“These therapies create a very active T-cell that can seek and destroy cancer that previously was hidden, either because the T-cell was exhausted and not able to attack the cancer or it wasn’t activated enough,” says Dr. O’Day.

Dr. O’Day is a principal investigator for the Imprime PGG trial and is chairman of its steering committee. He was also clinical investigator in the development of pembrolizumab and other immunotherapies that have shown great success for some other cancer types. He has been a principal investigator for more than 100 clinical trials, including several large, international Phase III studies. Recognized as one of the world’s leading melanoma specialists, on March 25 he was awarded “The Duke” Special Service Award by the John Wayne Cancer Institute Auxiliary.

Typically only a small percentage of triple-negative breast cancer patients respond to standard immunotherapy. According to Dr. O’Day, the key to Suzanne’s remission was the investigational drug Imprime PGG used in combination with pembrolizumab.

Unlike other immunotherapy drugs that affect T-cells directly, Imprime initially activates the body’s innate immune system, which has a cascading effect in activating T-cells,” says Dr. O’Day. “Preclinical models and early clinical data suggest this would be very effective as a combination and allow more patients to benefit from immunotherapy.”

In addition, Dr. O’Day notes that Suzanne had a biomarker that had been identified for Imprimer PGG. A biomarker is a biological or genetic characteristic of the patient that can help doctors know if a particular drug will work or be ineffective. “This will help us better predict responses to the drug and select patients who would benefit most from this therapy,” he says.

Unlike chemotherapy, immunotherapy medications are not toxic and typically do not have the same harsh side effects associated with chemotherapy—such as nausea, fatigue and hair loss. But immunotherapy drugs are not without risk. Dr. O’Day explains that immunotherapy’s side effects, which can be life-threatening, are the result of the immune response being activated.

“These drugs can cause inflammation at the cancer—which we like—but also at normal tissues, and these can be serious,” he says. “But when managed appropriately, patients are fine with the side effects.”

Suzanne experienced some side effects after her second infusion, including a high fever, chills and vomiting. “I was given drugs to mitigate the side effects, then went home and slept it off,” she says. “By the fourth treatment, after my body was used to the drugs, all I felt was a very slight nausea.”

Research aimed at precision medicine

Progress in treating triple-negative breast cancer is the result of a better understanding of the disease, says Dr. Hoon.

For other forms of breast cancer, medications have been discovered that target specific receptors. For example, women who have breast cancer cells that have a high number of receptors called HER2 can receive the drug Herceptin. Herceptin works by binding to the HER2 protein and interfering with its growth.

“Patients with triple-negative don’t have these hormone receptors,” Dr. Hoon says. “The standard hormonal breast cancer treatments don’t work for them. The challenge is for us to identify new drugs such as those activating the immune system.”

Recently a new class of medications called PARP inhibitors have shown some success when used with chemotherapy in patients with triple-negative. But more research is needed. Dr. Hoon has collaborated with scientists at the Genome Institute at Biopolis in Singapore to probe the mysteries of triple-negative disease.

Their research is revealing that there are also subtypes of triple-negative breast cancer with specific genetic alterations that potentially can be used to develop drugs for those targets.

“Now we focus drugs on a patient’s specific genomic makeup,” he says. “Previously, you treated everyone the same. But now, in this age of genomic medicine, you target core genetic markers, and it often works. We’re starting to subdivide these cancers.”

Some drugs that have been found to work in one type of cancer may benefit patients with a different type of cancer, depending on the patient’s genetic makeup. Physicians at progressive medical centers, like Providence Saint John’s Health Center and...
the John Wayne Cancer Institute, test patients for these biomarkers. “Checkpoint inhibitor therapy was originally for melanoma,” Dr. Hoon says. “Now it’s shown to be useful in many different cancers. We’re finding more drugs like this. By molecular classification, we can identify which cancer patients will respond and which won’t. It makes precision medicine more effective.”

**The rapidly changing world of cancer care**

Dr. O’Day encourages cancer patients to examine all their options, to seek cancer centers of excellence that have access to standard immunotherapy, and to ask about breakthrough drugs and clinical trials that may apply to their particular cancers. Saint John’s is unique in being able to offer these services as a community hospital.

Suzanne urges women diagnosed with triple-negative to ask questions about recent developments in cancer treatment and clinical trials. “Don’t give up,” she says. “Look at the clinical trials. We’re on the cusp of new medicines. I’m honored to be part of this clinical trial. It’s beyond belief to think that I’ve survived long enough to be part of this, and I might be able to look forward to other milestones. I’ve seen graduations and anniversaries and grandchildren born because of this care.”

Suzanne has continued to benefit from her participation in the clinical trial. In July a biopsy revealed that the remaining tumor in her pelvis has no cancerous cells. “I do still have metastasis in some bony places,” she says, “but not as much as before treatment.”

What’s more, she has recovered her energy and is back on her feet. She is also back in the water—with the Los Angeles Pink Dragons, a competitive dragon boat team of breast cancer survivors that she joined in 2010. She says that among dragon boat paddlers—teams of 20 who paddle a boat ornately crafted to resemble a dragon—a favored maxim is, “Rowers go backwards, but paddlers move forward.”

“I’m honored to be part of this clinical trial. It’s beyond belief to think that I’ve survived long enough to be part of this, and I might be able to look forward to other milestones.”

And because Suzanne decided to participate in a clinical study and help cancer research progress, she can continue to move forward in the water—and best of all, in life.

**find out more**

For more information on how to support breast cancer research at the John Wayne Cancer Institute, please contact Mary Byrnes in the Office of Development at 310-582-7102.
Eric Borstein believes in carrying on tradition. A new member of the Saint John’s Health Center Foundation board of trustees, Eric brings his family’s legacy to both his professional life and philanthropic endeavors, adding his own deep passions to both.

For the past 22 years, Eric has been working in real estate specializing in land entitlement, acquisitions and development. For the past nine years, Eric worked alongside his dad and two brothers, Loren and Craig, at Borstein Enterprises—the real estate development and investment company founded by his father Al.

This summer Eric launched his own company, EB Urban Ventures, Inc. where he will continue focusing on real estate acquisitions,
Eric Borstein recently joined the board of trustees. Shown here with wife Valerie and children Braydon, Ari and Abby.

Eric Borstein is a successful real estate entrepreneur and a philanthropist. In addition to his professional real estate endeavors, Eric serves as the director and co-trustee of the Borstein Family Foundation. Started in 1998 by Brenda and Al, the Borstein Foundation supports the advancement of medical research and medical care. The foundation also focuses on providing educational opportunities for underserved children and to promote higher education. “I love what I do,” Eric says about his foundation role. “My biggest sense of accomplishment is being able to help those who need it most and knowing that we are making even the slightest difference by giving our support.”

Eric and the Borstein Family Foundation have given generously to the John Wayne Cancer Institute at Providence Saint John’s Health Center in support of skin cancer research. The condition runs in his family, having affected his grandmother, his parents as well as Eric himself. Being both a benefactor and a patient at the Institute, Eric has experienced both sides.

“I have seen the state-of-the-art melanoma research and care happening at the John Wayne Cancer Institute and at Saint John’s,” says Eric. “I admire how they do global work yet deliver care in a very personal, family like environment.”

Eric believes in getting involved with the organizations the foundation supports and has been active with the John Wayne Cancer Institute for the past decade, including serving on the former board of advisors. As an example, he cites the work of Steven O’Day, MD, director of immuno-oncology and clinical research. Dr. O’Day, says Eric, “is doing cutting-edge work in immunotherapy for cancer patients, and I’m excited to continue my relationship with him and the others at the Institute.”

Eric joined the Saint John’s Health Center Foundation board of trustees this summer and looks forward to his expanded role. He welcomes the opportunity to use his background in land entitlement to assist with the expansion of the Institute and Saint John’s south campus as well as help the Health Center expand its fundraising base and marketing efforts.

Eric also serves as a board member of The Rape Foundation, which serves survivors of rape and childhood sexual abuse through treatment, prevention, education and policy reform initiatives, and PS Science, which brings science education to early elementary students in Title I (low-income) schools.

By working with these organizations and Saint John’s, Eric says, “You see who the true heroes are in the world, and that these are the people who are making a real difference in people’s lives.”

Real estate and philanthropy are two of Eric’s three passions. The third is family. He and his wife, Valerie, who live in Westwood, are raising three children: daughters Abby, 10, and Ari, 8, and son Braydon, 4. His favorite activities include coaching his children’s AYSO soccer and fast-pitch softball teams, as well as traveling and sports.

And just as Eric and Valerie have embraced a commitment to philanthropy, their children seem to be taking on their parents’ philanthropic bent. Last summer their daughters wanted to raise funds for one of the foundation’s other hospital beneficiaries, so they set up a lemonade stand. Eric and Valerie matched the funds, the hospital did the same, and the girls handed in a check which went to supporting sick children. “Giving back is second nature to me,” says Eric. “I feel if you have the opportunity to help others, whether it’s by giving your time, money or both, that it’s important to do so. And I am extremely fortunate to have been given the opportunity to do just that. It’s one of the most rewarding things I do.”

“I admire how they do global work yet deliver care in a very personal, family like environment.”

“...”
Entertainment talent agent Jim Toth is bringing his considerable skills to the Saint John's Health Center Foundation board of trustees.
Jim Toth already had a soft spot in his heart for Providence Saint John’s Health Center. It was, after all, the place where he and his wife, Academy Award-winning actress Reese Witherspoon, had “an amazing experience” when they welcomed their son, Tennessee, into the world five years ago. So when a member of the Saint John’s Health Center Foundation approached him about possibly joining the board as a trustee, Jim was intrigued.

Jim’s colleague and Saint John’s Foundation trustee, Jae Goodman, introduced him to Bob Klein, president and chief executive officer of the Foundation, who told him about Saint John’s continued contributions to medicine and our community. “So I asked myself: ‘Can I add value somehow, some way?’” Jim recalls.

Recently Jim, who is one of Hollywood’s most successful talent agents, at Creative Artists Agency, became a trustee of the Foundation and made a $250,000 multi-year pledge to the John Wayne Cancer Institute. Cancer research has been a priority since Jim lost his father to lung cancer nine years ago.

“I concentrated my philanthropic efforts in that area because there isn’t a lot of focus on lung cancer. I think it’s because lung cancer is linked to smoking in many people’s minds,” says Jim. His pledge will support the research and infrastructure funds at the John Wayne Cancer Institute. Research and infrastructure are among several areas that have been designated by leadership as essential to the Institute’s growth and development.

The Institute isn’t the only benefactor of Jim’s generosity. He also established a research grant in his father’s name: the Jim Toth Sr. Laboratory for Innovative Lung Cancer Research at Johns Hopkins University’s cancer center. And he became involved in the Stand Up To Cancer movement, which is a division of Entertainment Industry Foundation.

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Jim’s connections to the entertainment industry run deep. At CAA he advises Matthew McConaughey, Robert Downey Jr., Jamie Foxx, Neil Patrick Harris and Scarlett Johansson, to name a few. He has chaired the mega-events Hollywood Stands Up and New York Stands Up for Stand Up To Cancer, which has raised more than $85 million.

“What became clear to me in doing my homework on the Saint John’s Foundation is that there is great work being done here. There’s a reason so many accomplished doctors are attracted to Saint John’s. I hadn’t realized how many medical advances were made at the hospital, and I’m looking forward to helping them do a better job telling their story,” Jim says.

“I’d like to see the hospital continue to thrive. I’d like to help see to it that cutting-edge medical research and development continues to be central to the work of Saint John’s and the Institute. I think I can make helpful introductions on behalf of Saint John’s to other larger sources of money to fuel the time and energy in research efforts,” he adds. As a start, he wants to get Saint John’s and the Institute on the radar of Stand Up To Cancer’s fundraising efforts.

Jim was born in a small town outside Pittsburgh, where he lived until he was 14 and his family moved to Whittier. He received a Bachelor of Arts degree in political science from Loyola Marymount University and worked as a financial consultant for a while.

Jim began his career in the entertainment business in the CAA mailroom when he was 25. But with tenacity, determination, talent and a congenial personality, he quickly climbed the career ladder.

“I didn’t know what I wanted to do at the time, but I gravitated toward the entertainment industry and I’ve been there 22 years,” he says.

Jim serves on the boards of Heart of Los Angeles and McConaughey’s Just Keep Livin’ Foundation. He also is a co-founder of the highly successful women’s fashion and lifestyle brand Draper James with wife Reese. “We founded the company to pay homage to my wife’s Southern roots,” he says.

The Toth family includes daughter Ava, 18, and son, Deacon, 14, in addition to 5-year-old Tennessee. Always a good sport, Jim says he spends his free time working on his “insufferable” 18-handicap golf game.
PROVIDENCE SAINT JOHN’S HEALTH CENTER 75TH ANNIVERSARY GALA CELEBRATION

Saint John’s Health Center Foundation and the Irene Dunne Guild hosted Providence Saint John’s 75th Anniversary Gala Celebration: The Future of Excellence in Personalized Healthcare on October 21, raising a record-breaking $1.4 million. The event, held at 3Labs, Culver City, commemorated Saint John’s founding and unveiled a new era of medical innovation. The event featured a special performance by Emmy-nominated actor, singer and songwriter Darren Criss and the cast of the gospel-rock ‘n’ roll musical Shout Sister Shout! Nearly 700 attendees enjoyed a gourmet dinner by the Kitchen for Exploring Foods and specialty cocktails by Ketel One Vodka. The event brought attendees back to the origins of Saint John’s with a special homage to the Santa Monica Pier with Ferris wheel rides and carnival snacks.

The 75th Anniversary Gala Celebration honored the people of Saint John’s who make the difference—a community of physicians, nurses, researchers, staff, trustees, volunteers and grateful patients—all working together to save lives. Net proceeds will benefit vital programs, services and greatest needs within distinguished areas of excellence at Saint John’s Health Center including cancer, cardiac care, maternal and child health, men’s health, neuroscience, nursing, orthopedics, thoracic surgery and urology.

Leadership support included event Diamond Chairs: Christine and Jordan Kaplan; Dominic Ornato; and Cindy and Bill Simon; Dinner Chairs: Debra and Norris Bishton; Abbott L. Brown and Jerrie Paula Brown; Stella Hall and Jim Fordyce; Martha and David Ho Family; Beth and Bob Lowe; Shelby Notkin; Donna Schweers and Tom Geiser; and Donna Tuttle and David Elmore.

This year’s honorary event committee included: Julie Andrews, Jennifer Beals, Annette Bening and Warren Beatty, Don Cheadle, Embeth Davidtz and Jason Sloane, Zooey Deschanel, Allyson Felix, David Foster, Jennifer Garner, Armie Hammer and Elizabeth Chambers, Tom Hanks and Rita Wilson, Jay Huguley and Michael Keaton.
FELLOWSHIP GRADUATION

Graduates of the John Wayne Cancer Institute Surgical Oncology Fellowship program were honored June 22 at the home of Ruth Weil. Nearly 100 people attended the annual commencement ceremony. The ceremony included remarks from Institute faculty and introduction of the graduating fellows. The graduates expressed their deep gratitude to the Institute, faculty, their families, donors and Institute administration and shared where their training will take them.
MEMORABLE EVENTS

JOHN WAYNE CANCER INSTITUTE AUXILIARY ANNUAL MEMBERSHIP LUNCHEON AND BOUTIQUE
The John Wayne Cancer Institute Auxiliary held its annual Membership Luncheon and Boutique on October 19 at the Beverly Wilshire Hotel. More than 300 people attended the festive event, enjoying a delicious lunch and shopping. More than 20 vendors sold their merchandise, helping raise funds for the Institute. Over the years, the auxiliary has raised more than $19 million for the Institute. Sheryl A. Ross, MD, was honored with the Angel Award while Paige More received the Public Service Award.

ABCs MOTHER’S DAY LUNCHEON
The celebrated Associates for Breast and Prostate Cancer Studies (ABCs) Mother’s Day Luncheon was held May 10 at the Four Seasons Hotel, Los Angeles. The event raises funds to benefit breast and prostate cancer research at the John Wayne Cancer Institute. The afternoon event, attended by 300 people, included a fashion show and luxury boutique. Actress Sharon Stone was honored with the Mother of the Year Award while the Humanitarian Award was presented to celebrity hair stylist Chaz Dean. The luncheon was hosted by actress and comedian Kym Whitley.
**PACIFIC NEUROSCIENCE SYMPOSIUM**

The 2017 Pacific Neuroscience Symposium, held September 22–23 at the Loews Santa Monica Beach Hotel, reached medical professionals throughout Southern California. Physicians, fellows, residents, nurse practitioners and nurses looking to further their knowledge in the neurosciences and neuro-oncology took advantage of this learning opportunity, and they were not disappointed. Both days were jam-packed with talks from PNI faculty experts covering advanced treatment topics across all the Centers of Excellence.

Guest speakers from specialized neurological centers in Los Angeles delivered insightful talks. Mia Miller, MD, ear surgeon at the House Clinic, described methods for hearing preservation and restoration in the treatment of acoustic neuromas. Christopher Duma, MD, medical director of the Brain Tumor Program at Hoag Memorial Hospital, Newport Beach, described the literal “leading edge” of his radiosurgery treatment methodology and vaccine trials for glioblastoma. S. Kumar Shankhala, MD, director of clinical research and co-director of sarcoma oncology at Cedars-Sinai Medical Center, described how melanoma and lung cancer oncology is changing the primary brain tumor landscape.

**IRENE DUNNE GUILD**

The 12th annual Think Pink for Women’s Wellness was held May 17 at the Upper Bel-Air Bay Club in Pacific Palisades. The event—a celebration of mothers, sisters, daughters and dear friends—was sponsored by the Irene Dunne Guild, a support group for the Health Center. A record number, 287, attended the annual event. The afternoon included presentations on health issues, a luncheon and boutique. Speakers included Sharon Weil, author of *Changeability*. 
MEMORABLE EVENTS

BOARD OF ADVOCATES SPRING LUNCHEON
The Board of Advocates gathered for their biannual luncheon on May 24 at the Luxe Sunset Boulevard Hotel. Guests enjoyed a presentation by Rebecca R. Refuerzo, executive director of the Child and Family Development Center at Providence Saint John’s Health Center, about the life-enhancing programs the center offers low-income and minority children and families on the Westside. The Board of Advocates is comprised of friends and patrons of the Health Center and Institute who serve as ambassadors in the community and encourage the support of programs deemed to be of the highest priority by Health Center and Institute leadership.

LEGACY GIVING APPRECIATION LUNCHEON
Friends for the Future and Guardians of the Future—individuals who have remembered the Health Center or Institute in their estate plans respectively—gathered for their annual luncheon at the Luxe Sunset Boulevard Hotel on September 19. Hospital president and CEO, Marcel Loh, updated guests on the Health Center and Institute, followed by Robert Klein, Foundation president and CEO, who shared news about the Foundation. Keynote speaker Dr. Howard Krauss discussed the latest advances in ophthalmology. The lunch program included a presentation by Foundation trustee Bob Shuwarger on estate-planning strategies.
LUNG CANCER: BREAKTHROUGHS IN TREATMENT AND RESEARCH
An evening devoted to updates on lung cancer treatment and research was held June 29 at the home of Jo-Ann Lautman, a lung cancer survivor and founder of OUR HOUSE Grief Support Center. Speakers included the Institute’s Robert McKenna, MD, who talked about lung cancer treatment, and Osita Onugha, MD, who spoke about artificial intelligence and shaping the future of lung cancer screening.

ADVANCES IN STROKE MEDICINE: A CAUSE FOR HOPE
An education event on advances in stroke was held August 16 at the home of Foundation trustee Mark Gibello and Kris Gibello. Jason W. Tarpley, MD, PhD, spoke about stroke care and why time is of the essence when a patient is suffering from a stroke. George P. Teitelbaum, MD, discussed promising new strategies in stroke treatment, and Achal Singh Achrol, MD, discussed advanced neurosurgery clinical trials for brain recovery after stroke.

PREMIER GIRLS FASTPITCH SOFTBALL TOURNAMENT
The John Wayne Cancer Institute was the proud recipient of donations for cancer research collected this summer at the Premier Girls Fastpitch softball tournaments in Orange County. Premier Girls Fastpitch has raised more than $250,000 for the Institute over the past five years under the stewardship of Dan Hay, president and founder of PGF.
A fashion-savvy Frenchwoman, Annick Brunaud had an outsized personality and an even larger sense of loyalty to those she cared about, say her friends Diane Carfora and Holly Toplitzky. Annick, who passed away from pancreatic cancer on May 17 at the age of 77, worked as a wealth manager at Wells Fargo and had a large network of friends in Los Angeles.

“She was very bright, gregarious and hard-working,” says Holly, who knew Annick for 20 years and worked as her business manager. “She had a unique ability to get close to people she met in different walks of life.”

Diane also met Annick more than two decades ago. “She was just a rare and special person. I don’t think anyone who met her—for five minutes or for the rest of their lives—would forget they met her. She was a tough woman in business, but she had this other side that was very funny and loyal to her friends and clients.”

As part of her estate, Annick bequeathed a gift of $250,000 to the John Wayne Cancer Institute for research directed by one of her physicians, Dr. Anton J. Bilchik, MD, PhD, professor of surgery and chief of the gastrointestinal research program.

Over the years, Dr. Bilchik treated Annick for pancreatic cancer. Typically people live six to 12 months after being diagnosed with pancreatic cancer, but Annick lived more than three years with excellent quality of life after Dr. Bilchik performed a type of surgery called a Whipple procedure. During her years of treatment and checkups, she formed a close and trusting relationship with her medical team, never failing to praise Dr. Bilchik to her friends. She also bonded with Sean A. Fischer, MD, a medical oncologist and hematologist at Providence Saint John’s Health Center, says Holly.

The estate gift means that Dr. Bilchik can proceed with research to better understand why pancreatic cancer is difficult to detect and resistant to many standard treatments. Dr. Bilchik is considered one of the country’s leading specialists in surgical oncology and has long been listed as one of “America’s Top Surgeons” and in the top 1% of physicians by US News World News and Report.

“Annick will be missed,” Dr. Bilchik says. “She was a bigger-than-life character and very generous. Her support will go a long way to help us with our research and treatment. But we need to do more to extend lives even further.”

“Such gifts have tremendous impact and multiple advantages,” says Andy Trilling, vice president of principal gifts at the Saint John’s Health Center Foundation. “Annick was as sharp financially as she was thoughtful and philanthropic.” As a professional wealth manager, Annick knew that leaving the IRA portion of her estate to charity avoids a “double tax” of up to 75 percent if left to heirs and friends.

Annick knew how much her gift would be appreciated, says Holly. “When she was going through her last round of care, they didn’t have drugs specifically for what she needed. It was Annick’s hope that, with this money, Dr. Bilchik could research pancreatic cancer treatments and that doctors would someday develop new effective therapies. Her words were: ‘Pay it forward.’”

Our experienced staff can work with you and your financial advisors to prepare personalized, confidential information and customized illustrations without any commitment. Please contact Andy Trilling, vice president of principal gifts, at 310-449-5246.
Would you like to support the John Wayne Cancer Institute and receive income for life?

Secure Your Future & Help Put an End to Cancer with a Charitable Gift Annuity:

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*American Council of Charitable Gift Annuity Rates as of November, 2017. Effective rate will vary based on your income tax bracket. Minimum age: 65

- Fund a gift with as little as $10,000 in cash or securities
- Receive an immediate charitable tax deduction
- Receive additional potential savings in capital gains tax if you fund with appreciated assets
- Receive timely, fixed payments for you and/or your spouse’s lifetimes
- Support lifesaving cancer research!

Please call Andy Trilling, Vice President of Principal Gifts at (310) 449-5246 or email Andy.Trilling@StJohns.org for more information and a personalized illustration with no obligation.

You can also visit www.SaintJohnsFoundation.PlanMyLegacy.org as a resource for your overall charitable estate planning.
PROFILE: Jim Toth
Agent Jim Toth brings star power to the board.

PROFILE: Alice Johnson-McKinney
Alice Johnson-McKinney's ranch is a special place.

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