The Mysterious Power of Vitamin D

We know a lot about how to reduce the risk of cancer or detect it in its earliest stages: Use sunscreen. Get enough exercise. Maintain a healthy weight. Eat a diet high in fiber, fruits, and vegetables. Seek regular cancer screenings.

Yet many Americans are still looking for that quick fix, that one pill which will drastically reduce their risk of developing cancer. Following reports of recent studies in the news, many of them may be thinking that magic pill is vitamin D. But is it?

The Facts
A number of studies have suggested that vitamin D may protect against certain cancers or improve cancer outcome in people already diagnosed with the disease. Here’s a sample:

Breast cancer: A recent study reported that women with breast cancer who were deficient in vitamin D were 94 percent more likely to experience spread of their cancer and 73 percent more likely to die than women with adequate vitamin D levels. Previous studies have

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Message from the Director

Advances in the field of oncology are occurring every day in hospitals and laboratories around the world, including the NYU Cancer Institute. Researchers are increasingly learning more about the molecular underpinnings of cancer, and translating that knowledge to clinical studies evaluating new approaches to diagnosing and treating the disease. There is a shared feeling of cautious optimism and hope among oncologists, thanks to novel scientific tools and new knowledge generated by biomedical investigators.

In response to the rapid pace of development in oncology, we’ve decided to make some changes to this newsletter. You may notice the different design, a bold new look that complements the novel tone of the content. Now, in addition to bringing you news about specific programs and events at the NYU Cancer Institute, we’re using this publication as a vehicle to comment on popular topics in cancer biology and medicine outside of our institution — issues which affect not only our own clinicians, researchers, and patients, but people all over the world.

In one of our cover stories, for example, three of our scientists describe the effects of recent federal funding cuts on their own work as well as the field of cancer research in general. In another article, our experts address the question, “Can vitamin D prevent cancer?”

We’ll also tell you about people with a passion for bettering the lives of children with cancer, report on seminars to demystify the disease, and keep you up to date on upcoming events at the NYU Cancer Institute.

We see ourselves as a cancer center with full integration. That means collaboration between our laboratory scientists and clinicians to translate the latest research findings to the clinic, where they have the potential to help patients. We are part of the world-renowned NYU Langone Medical Center, recently renamed in honor of Elaine A. Langone and NYU Board Chairman Kenneth G. Langone, whose generous gift to the medical center last spring recognizes the spirit of innovation and excellence that characterizes this institution. And we are woven into the fabric of New York City, bringing news about cancer care and screening to our neighbors in diverse communities so that they, too, can benefit from the great advances achieved in the understanding, diagnosis, and treatment of cancer.

In reflection of this forward momentum, the NYU Cancer Institute has a new mission: to discover the origins of human cancer and to use that knowledge to eradicate the personal and societal burden of cancer in our community, the nation, and the world. As we embark on a new academic year, I hope you’ll join me in seeking to achieve this goal.

William L. Carroll, MD
Julie and Edward J. Minskoff Professor of Pediatrics
Director, NYU Cancer Institute
suggested that vitamin D may reduce breast cancer risk, but the results have been inconsistent.

**Colon cancer:** Recent results from the Nurses’ Health Study and the Health Professionals Follow-Up Study showed that survival among people who had higher blood levels of vitamin D before being diagnosed with colorectal cancer was improved by 50 percent compared to patients with lower vitamin D levels.

**Prostate cancer:** The Physicians’ Health Study demonstrated that men deficient in vitamin D who later developed prostate cancer were twice as likely to have aggressive disease as men with adequate vitamin D levels. Yet other studies have failed to show a link between vitamin D and prostate cancer risk.

“Some studies indicate that there is a protective effect of vitamin D on certain cancers, but we don’t know if the association is one of cause and effect,” explains Julia Smith, MD, PhD, Clinical Assistant Professor of Medicine (Oncology) and an authority on breast cancer treatment and prevention.

**The Problem**

Many people all over the world do not have adequate levels of vitamin D in their bodies. Vitamin D insufficiency is more common among those who live farther from the equator, and therefore are a greater distance from the sun, whose ultraviolet rays trigger vitamin D production when they strike the skin; people who do not get sufficient sun exposure because they are homebound (such as frail elderly individuals); and those who don’t get enough vitamin D from vitamin-fortified foods or those natural in vitamin D, such as certain fatty fishes.

Adding to the dilemma is the fact that, unlike many other vitamins, experts have not been able to agree on a Recommended Dietary Allowance for vitamin D. The Food and Nutrition Board at the Institute of Medicine of The National Academies recommends that individuals up to age 50 consume 200 IU per day, with intake increasing to 400 IU for those ages 51 to 70 and 600 IU for people age 71 and older. Yet some authorities believe that number should be higher — as much as 1,000 to 2,000 IU daily.

Consuming too much vitamin D (generally more than 2,000 IU per day) in the form of supplements can be toxic, however, with the potential to cause nausea, vomiting, poor appetite, constipation, weakness, weight loss, and even confusion, heart rhythm disturbances, and kidney stones.

“Consuming vitamin D through supplements is very different from natural vitamin D production in the body,” says Dr. Smith. “Until the science tells us differently, it’s important to be very careful in advising people to take supplements.

For more detailed information about vitamin D, visit the Web site of the National Institutes of Health Office of Dietary Supplements to view their vitamin D fact sheet, located at http://ods.od.nih.gov/factsheets/vitamind.asp

**How to Get Enough Vitamin D**

- Incorporate foods fortified with vitamin D into your diet, such as dairy products and cereals.
- Consume foods naturally high in vitamin D, such as salmon, mackerel, and tuna.
- Try to get some sun exposure regularly, but be sensible about protecting yourself from the sun’s strongest rays by using sunscreen, participating in outdoor activities early or late in the day, and seeking shade from time to time.
- Consider taking a multivitamin.

Your healthcare professional can do a simple blood test to determine if you have sufficient vitamin D in your body, and can discuss with you whether you need supplementation.

**Bottom Line**

There is not enough evidence to justify taking high doses of vitamin D to reduce your risk of cancer, though research is ongoing to better understand the association. “Until a study is done where we actually give vitamin D to participants and show that it improves outcome, I wouldn’t encourage people to take it to prevent cancer because we don’t know if there’s a therapeutic effect or not,” says Howard Hochster, MD, Professor of Medicine and an expert on colorectal cancer care. “For now, I suggest getting some sun, eating a well-balanced diet, exercising, and leading a healthy lifestyle.”

It is important, however, to have adequate levels of vitamin D in your body. See the inset to learn how.
about finding funding can take time away from doing the research itself.”

Federal funding changes have impacted the way she recruits staff for her lab. “I have become very cautious about how we spend our money, making sure I don’t over-recruit,” Dr. Bhardwaj adds.

Hearn Jay Cho, MD, PhD, Assistant Professor of Medicine (Hematology) and Pathology, says that the way scientists apply for NIH funding has changed. For example, Dr. Cho’s research — which focuses on the biology of the blood cancer multiple myeloma — is currently supported by an NIH grant called a K01, a Mentored Research Scientist Development Award given to investigators early in their careers. It is a stepping stone to the R01 grant, which can provide up to five years of funding for independent investigation. But if you don’t get funded on your first application, you can only resubmit the grant application twice.

“The onus is on you to generate as much data as possible and try to publish a study,” says Dr. Cho. “It creates a great deal of pressure to produce as much data as you can before you go into the R01 application process,” which he says can take two to three years to complete. That pressure is intensified by the fact that investigators who don’t secure external funding after a certain period of time — usually the first three years of start-up funding — may be asked by an institution to leave, a phenomenon known in the research community as “three and out.”

Predicting a Brain Drain

The tepid funding climate is causing some investigators to jump ship from academia, seeking jobs in industry (such as pharmaceutical companies) or private practice. “If you’re seeing your mentor struggling, you may choose an alternative career, unless you’re completely driven by the science,” says Dr. Bhardwaj. “There’s potential here for a real drain.”

“If it’s hard for people with PhDs to get jobs, students in college may see that and choose a career other than academic biomedical research,” adds Dr. Cho. “I don’t know how big the brain drain is going to be, but it’s there.” He also notes that some research opportunities are available overseas, with funding for up to ten years, but they are few and far between.

Dr. Philips believes funding deficits are shifting scientific leadership to other countries. “Many European postdocs are staying in Europe, where the funding is better, to finish their training as fellows,” he explains. “Scientific leadership is passing to Europe and is likely to move to Asia.”

What’s a Scientist to Do?

Institutions like NYU support a portion of an investigator’s salary, and start-up funds can get a new laboratory off the ground. The rest is up to the scientist, who must write grant requests to secure the money needed to pay for laboratory staff and equipment. But that’s easier said than done. “There are other funding options, but nothing can sustain a laboratory like an NIH grant,” Dr. Philips asserts.

“We have to be more fastidious about looking for support from other sources,” notes Nina Bhardwaj, MD, PhD, Professor of Medicine, Pathology, and Dermatology and Director of the Tumor Vaccine Program. “I do that more now than I used to, and I’m asking the fellows in my lab to do it as well. But having to be so vigilant
Several investigators from the NYU Cancer Institute presented new research at the 44th Annual Meeting of the American Society of Clinical Oncology (ASCO), held in Chicago last June:

Pleural mesothelioma threatens an estimated 7.5 million asbestos-exposed workers in the U.S. Harvey Pass, MD, Professor of Cardiothoracic Surgery and Division Chief of Thoracic Surgery and Thoracic Oncology, and his colleagues presented data which showed that plasma levels of a protein called osteopontin (OPN) are a sensitive biomarker for pleural mesothelioma. The level of OPN in blood serum has been characterized as an early sign of pleural mesothelioma, a cancer of the chest cavity and lungs, but recent tests have shown that OPN levels in plasma are a more reliable indicator of this type of cancer.

Anna Ferrari, MD, Associate Professor of Medicine and co-leader of the Genitourinary Oncology Research Program, described a new strategy that may lead to novel therapies for prostate cancers that are resistant to hormonal therapy. The researchers reversed the hormone resistance of prostate cancer cells with a new type of agent that releases molecules that have been silenced during cancer progression. A clinical trial of these new agents will assess their ability to restore sensitivity to hormone therapy in prostate cancer patients who have become resistant.

Nina Bhardwaj, MD, PhD, Professor of Medicine, Pathology, and Dermatology and Director of the Tumor Vaccine Program, and researcher Mojca Skoberne, PhD, reported that a killed but metabolically active recombinant bacterium may provide a platform for novel melanoma vaccines. They demonstrated in laboratory studies that immune cells were called into action by tumor proteins expressed by the bacterium, suggesting that the genetically engineered bacterium may be used to bolster the immune response against a resurgence of melanoma.

Anna Pavlick, DO, Assistant Professor of Medicine and Dermatology, presented initial results from a phase I/II clinical trial investigating the safety and effectiveness of oblimersen, abraxane, and temozolomide in patients with metastatic melanoma who had never received chemotherapy. Of the 14 patients who had undergone at least one cycle of treatment, one patient had a confirmed complete response; five patients exhibited a partial response (at least a 30 percent reduction in tumor tissue) lasting longer than two 56-day treatment cycles; three had stable disease for three cycles of chemotherapy; and five experienced cancer progression after one cycle.

Freya Schnabel, MD, Professor of Surgery and Director of Breast Surgery, and her colleagues found that educational efforts significantly increased the accuracy of a woman’s perception of her breast cancer risk. The findings highlighted the need to increase women’s awareness of their actual lifetime risk of developing breast cancer and identified misconceptions about interventions that can reduce their risk.

How You Can Help

Donations to the NYU Cancer Institute can bring us closer to our goal of defeating cancer. Each gift – no matter what its size – furthers our research efforts, enhances our clinical services, and expands our community programs so that we may help more people overcome this illness. Contributions can be sent to:

NYU Cancer Institute
NYU Langone Medical Center
Office of Development
One Park Avenue, 10th Floor
New York, NY 10016

For more information, please call 212-404-3640. Donors who wish to establish gifts in honor or in memory of someone may contact Susan Ferrucci Dunn at 212-404-3510.

For online donations please visit www.nyuci.org and click on the Way To Give button.
When one meets Edward and Maya Manley at their home in Chappaqua, New York, three words spring to mind: strength, spirit, and warmth. They are attributes that are no doubt deeply ingrained in the character of these two generous individuals — attributes they needed even more in 1982, when they learned their 14-year-old daughter Cynthia had a brain tumor.

It’s a diagnosis that can send anyone into a tailspin — even more so when the afflicted person is a child. But during the six to seven months of Cynthia’s treatment for a rare cancer called a pituitary germi-noma — therapy which was directed by Jeffrey Allen, MD, Professor of Pediatrics and Neurology and Director of the Division of Neuro-Oncology at NYU — the Manleys learned very quickly that the patient is not the only one who suffers.

“The school nurse called me frequently during that first year after Cynthia’s diagnosis, telling me that one of my other children (Alan, Audrey, and Catherine) was in her office crying,” adds Maya. “The nurse suggested the family seek counseling. ‘I resisted her for a year, but she was right…we needed it,’” notes Maya, who began speaking with a psychologist twice monthly to help her and her family get through the ordeal.

Recognizing that the nonmedical needs of children with cancer and their families may not be met by conventional healthcare, the Manleys later joined with Clint Greenbaum, another parent of child with a brain tumor, to found the Making Headway Foundation. The organization is “dedicated to the care, comfort, and cure of children with brain and spinal cord tumors.”

When a child is diagnosed with such a tumor, families may struggle with anxiety and fear. The whole family needs a special kind of care and support. To meet those special needs, the Making Headway Foundation has funded a variety of initiatives. At NYU’s Stephen D. Hassenfeld Children’s Center for Cancer and Blood Disorders, for example, the Foundation has supported several staff positions — including a child life specialist, nurse clinician, clinical research manager, senior psychologist, professional clown, massage therapist, and yoga instructor — as well as efforts to make the environment in which children with brain tumors receive their care one that is bright and warm.

Through the Foundation’s Ongoing Care Program, families can receive support from therapists and other specialists when they are not at the hospital. The program features dedicated support groups for siblings, parents, and young adult survivors of brain and spinal cord tumors; individual counseling with licensed psychologists who handle the unique issues families in this situation face; and experienced educational specialists who work with parents and children to identify and address the educational difficulties stemming from the tumor, its treatment, and missed school, and who help with the transition back to school.

The Foundation recently made a very generous commitment with the intent to establish the Otto and Marguerite Manley and Making Headway Foundation Professorship in Pediatric Neuro-Oncology. The Foundation has also provided funding for medical research, symposia for healthcare professionals, training fellowships in pediatric neuro-oncology, and laboratory research with the potential to improve patient care (“translational research”) at the NYU Langone Medical Center. Thanks to their
efforts, there is now a Brain Tumor Bank featuring tumor tissue which can be analyzed by any investigator in the world to learn more about the biology of these complex cancers.

“Our goal is to make the experience of treatment for a brain or spinal cord tumor as comfortable as possible for families of these children,” says Maya, who volunteers at the Hassenfeld Center on Tuesdays and Thursdays doing arts and crafts with the children. Although most of the Foundation’s programs are located at the Hassenfeld Center, its services are available for anyone afflicted by pediatric brain tumors, regardless of where they are treated.

Today Cynthia is healthy and well, married and living in Ithaca, New York, where she is an artist who works with mentally handicapped children. She periodically sends completed crafts to Maya, who uses them as prototypes for the projects she works on with children at Hassenfeld.

Each Father’s Day, Cynthia joins her family back at home for the Foundation’s annual Family Fun Day. Hundreds of patients, survivors, friends, families, healthcare professionals, and Foundation supporters mingle with clowns and other

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**Getting a Handle on Obesity in Children with Cancer**

Doctors who treat children with cancer are witnessing a disturbing trend: many of those who survive the disease come out of treatment carrying more pounds than when they started.

“The cause of obesity after cancer treatment is not completely understood,” explains NYUCI Director William L. Carroll, MD, Julie and Edward J. Minskoff Professor of Pediatrics. “It may be due to the steroids that are part of some children’s treatment, which cause weight gain. Or it may be that during treatment, children become more sedentary.”

Moreover, children who are overweight when they begin treatment may have a worse outcome than those who start therapy at a healthy weight. According to the National Center for Health Statistics, some 17 percent of children ages 6 to 19 are overweight — triple the rate in 1980.

Dr. Carroll and colleagues from the Children’s Cancer Group published a study in the *Journal of Clinical Oncology* in May 2007 showing that children with acute lymphoblastic leukemia who were obese when they were diagnosed were 29 percent more likely than their healthy-weight counterparts to experience a relapse of their disease. Among children age 10 and over, the effect of obesity was even greater, with a 50 percent increase in the risk of relapse.

Children who are obese are also likely to experience more adverse side effects of treatment, since chemotherapy drugs tend to accumulate in fat, remaining in the body longer than they would in a child with less body fat.

Some cancer treatments may hinder flexibility or trigger muscle weakness, reducing a child’s activity level. To help combat these effects, yoga therapy is now available at NYU’s Stephen D. Hassenfeld Children’s Center for Cancer and Blood Disorders.

Investigators will continue to monitor the link between childhood cancer treatment and obesity. “In the meantime, there should be a focus on promoting healthy diet and exercise habits for everyone in the family,” Dr. Carroll concludes.
NYUCI Experts “Demystify” Myeloma

It’s a disease that some people have never heard of. Yet it strikes nearly 20,000 people in the United States each year, claiming the lives of 11,000 annually. It is the second most common cancer of the blood and blood-forming system. And because it is primarily found in individuals over age 65 — the average age at diagnosis is 67 — its incidence is likely to continue to rise as the population ages and Baby Boomers enter their retirement years.

The disease is multiple myeloma, a cancer of plasma cells — blood cells which produce infection-fighting substances called immunoglobulins. Some 60 people gathered at the NYU Cancer Institute in May to hear experts from NYU and The Leukemia & Lymphoma Society (the event’s co-sponsor) address the causes and treatment of myeloma and describe research efforts aimed at better understanding the disease.

Plasma cells reside in the bone marrow. When they become cancerous, they form the tumors that characterize multiple myeloma, and can impede the ability of the bone marrow to generate healthy, functional red and white blood cells and platelets. As a result, people with myeloma may have trouble fighting infection, may feel tired due to anemia, and may have blood clotting problems.

Chemotherapy, radiation therapy, and stem cell transplantation are most commonly used to treat myeloma. Yet sadly, even though several new drugs have been approved in recent years to slow the cancer’s growth, it remains a disease for which there is no cure.

“Myeloma is a model for contemporary cancer research,” notes Hearn Jay Cho, MD, PhD, Assistant Professor of Medicine (Hematology) and Pathology, who spoke at the seminar with Bruce Raphael, MD, Clinical Professor of Medicine (Hematology), and Meg Harrison, Patient Services Manager for The Leukemia & Lymphoma Society. “Investigators are learning a great deal in the laboratory about the biology of the disease and translating that knowledge into novel approaches with the potential to improve patient care. In fact, many of the drugs we use to treat myeloma — such as thalidomide, bortezomib, and lenalidomide — are now being explored as possible therapies for other types of cancer, based on our knowledge of how they work against myeloma.”

NYUCI researchers are investigating new therapies for multiple myeloma. For example, they discovered two proteins — CT7 and MAGE-A3 — which are commonly produced in multiple myeloma cells. They are currently developing several new treatment strategies designed to target these proteins. One is a vaccine to train a patient’s own immune system to identify and kill myeloma cells that produce high amounts of MAGE-A3. More than 75 percent of patients with myeloma that has relapsed after initial treatment express high levels of MAGE-A3.

They are also investigating the function of MAGE-A3 in myeloma cells, which may lead to the development of new drugs that will block these functions. The knowledge gleaned from these studies may also help patients with other types of cancer that overexpress MAGE-A3, such as some forms of lung cancer.

Concludes Dr. Cho, “Our goal is to improve the outcome of treatment for multiple myeloma using targeted therapies that will have greater effectiveness and fewer side effects than conventional approaches.”

The Making Headway Foundation relies largely on contributions from individuals. Want to help?
Visit their Web site at
www.makingheadway.org
or contact them at:
Making Headway Foundation
115 King Street
Chappaqua, NY 10514-3640
Telephone: 914-238-8384

Myeloma is a cancer of the plasma cells of the bone marrow.

Performers in the Manleys’ three-acre yard in a celebration of fun and promise. Kids and parents can take a dip in the pool, construct crafts, admire gardens overflowing with golden marigolds and pink begonias, or stroll through woodland paths deliberately made flat and wide enough to accommodate wheelchairs. The Foundation also hosts a yacht cruise around lower Manhattan for families each September.

“Ed and Maya Manley and the Making Headway Foundation have had a transforming impact on the children’s cancer program,” says William Carroll, MD, Chief of Pediatric Hematology/Oncology and Director of the NYU Cancer Institute. “They are partners in our efforts to integrate ‘wellness’ into the complex care we deliver. We don’t just treat the disease — we treat the child, and we include the whole family in our efforts to promote physical, emotional, and spiritual well being.”

“It gives us great satisfaction to help these families,” concluded Edward, who now runs the Foundation as a full-time volunteer. “We’ve been where they are, and we know how it is.”
Cancer Screenings Draw Record-Breaking Numbers

Three cancer screenings hosted by the NYU Cancer Institute attracted more participants than ever before.

● In February, more than 240 people participated in the head and neck cancer screening, offered by the Division of Head and Neck Surgery/Department of Otolaryngology.

● More than 250 people attended the annual skin cancer screening in May, held in recognition of Melanoma/Skin Cancer Detection & Prevention Month. The event was co-sponsored by the Ronald O. Perelman Department of Dermatology, in collaboration with the American Academy of Dermatology. Members of the public were also able to hear the latest news about melanoma prevention, early detection, and treatment at an annual lunchtime awareness seminar held in April.

● The NYU Cancer Institute and the Department of Urology, in collaboration with the Daily News, offered free PSA blood screening for prostate cancer on six days in June to men ages 40 and over. PSA is a protein that serves as a marker of prostate cancer growth. Some 765 men took part in the testing. In addition, Woodhull Medical and Mental Health Center in Brooklyn screened 255 men in two days. Woodhull has had an academic affiliation agreement with NYU School of Medicine for the past year.

Screening Guidelines

Skin cancer: Check your skin periodically. See a dermatologist if you have multiple irregularly shaped moles or a change in the size or appearance of a mole.

Prostate cancer: According to the American Cancer Society, men should have a PSA blood test and digital rectal examination starting at age 50. African American men and men with a strong family history of one or more first-degree relatives with prostate cancer at an early age should start at age 45.

T-Shirt Campaign Raises More Than $1 million for Melanoma Research at NYUCI

“Protect the Skin You’re In,” a T-shirt campaign to raise awareness of skin cancer and funding for the NYU Cancer Institute’s Interdisciplinary Melanoma Cooperative Group, has reached a milestone of $1 million in sales. The campaign began in 2006 when designer Marc Jacobs and his business partner Robert Duffy, President of Marc Jacobs International, LLC, persuaded celebrities to pose nude in tasteful photographs printed on T-shirts to warn people about the dangers of skin cancer.

Photographer Brian Bowen Smith traveled around the world to take the photos. The most recent model to sign on to the campaign was Victoria Beckham, who joined models and celebrities such as Helena Christensen, Eva Mendes, Heidi Klum, and Alison Lohman.

Mr. Duffy, who was treated for melanoma by Richard L. Shapiro, MD, Associate Professor of Surgery at the NYU School of Medicine, is committed to supporting this campaign annually. “Marc and Robert have taken very personal experiences and used their creative energies to truly impact the direction of melanoma research and care here at the NYU Cancer Institute, and we are forever grateful to them,” said Dr. Shapiro.

“The public awareness generated by the T-shirt campaign is enormous, not to mention the funds that have been raised,” added NYUCI Director William L. Carroll, MD. “The generosity of Marc Jacobs and Robert Duffy is allowing the NYU Cancer Institute to focus on research and the advancement of clinical care.”

Every hour someone dies of melanoma, but if caught early, the cure rate could be 100 percent. Melanoma is relatively easy to detect early — all it takes is a trained pair of eyes. The message is to not let embarrassment stop you from stripping down before your physician or someone you love, and use the ABCDE rule (developed and refined by physicians at the NYU Langone Medical Center) to determine if a mole could be cancerous: A for asymmetry, B for irregular border, C for color variation, D for diameter larger than a pencil eraser, and E for evolution of an existing mole. Anyone who finds a suspicious mole fitting these criteria should see a dermatologist for evaluation.

The Interdisciplinary Melanoma Cooperative Group is a multidisciplinary melanoma translational research program. Its core mission is to advance the care of people with melanoma through a coordinated approach that combines basic science, translational research, and clinical care.

T-shirts are available only in Marc Jacobs stores nationwide. Please visit www.marcjacobs.com and click under “Special Items” for locations and contact information.
Stephen J. Czech has been named to the NYU Cancer Institute Board of Directors. Mr. Czech and his wife, Jennifer, have worked to raise awareness of and increase funding to eradicate children’s cancers, specifically in the area of neuro-oncology. Mr. Czech is the Managing Member, Chief Investment Officer, and founder of SJC Capital Partners, LLC, a Stamford, Connecticut-based hedge fund.

The NYU Cancer Institute Brain Tumor Program uses the tools of modern biology to understand brain tumors and to harness that knowledge to improve patient care. Funds from a campaign headed by the Czechs will support a new pediatric neuro-oncology research laboratory at NYU.

Lori W. Fink has been named to the NYU Cancer Institute Board of Directors. Ms. Fink has been instrumental in raising significant funds through numerous NYU Langone Medical Center events as well as the Campaign for Children’s Health at NYULMC, which helped to establish the new Lawrence D. and Lori Weider Fink Children’s Ambulatory Care Center at East 32nd Street. Her commitment to the Medical Center and interest in cancer will enhance our Board and help to raise resources for and awareness of both adult and pediatric cancers. Ms. Fink has a Bachelor of Arts degree from UCLA and a Master of Science degree from the Bank Street College of Education. She has also studied photography at the International Center of Photography in New York.

The 2008 NYU Cancer Institute Gala will be held at 6 pm on October 21 at Cipriani 42nd Street and will be chaired this year by the exceptionally generous Lori and Larry Fink. This year’s Gala will honor Jennifer and Stephen Czech and Maya and Edward Manley, recognizing their leadership in fighting cancer, and in particular, their dedication to helping children and families affected by this disease. Renowned pediatric oncologist Aaron Rausen, MD, will also be honored at the Gala for his superb work in treating young patients with the highest level of compassion and expertise.

The 2008 Gala will celebrate the NYU Cancer Institute’s remarkable progress against cancer on all levels: patient care, research, education, and prevention. We will be spotlighting our landmark pediatric neuro-oncology programs, which need your support to continue the groundbreaking research and specialized care that have made such a difference in the lives of our youngest cancer patients.

For more information about the 2008 NYUCI Gala, please contact Ms. Joey Hogue at 212-404-3648 or specialevents@med.nyu.edu.
BREAST AND GYNECOLOGIC CANCERS:
UPDATE ON FAMILY HISTORY, GENETICS, AND RESEARCH
Tuesday, September 16, 6:00 PM – 7:30 PM, Location A*
Description: Learn about advances in our understanding of the role of family history and genetic predisposition in cancer that have the potential to revolutionize the prevention, early detection, and treatment of breast and gynecologic cancers.
Presenters: David Fishman, MD, Julia Smith, MD, PhD

HEALTHY WOMEN: MAKING THE MOST OF EVERY DAY
Thursday, November 6, 6:00 PM – 7:30 PM, Location A*
Description: Join us for this annual seminar focusing on the benefits of a healthy lifestyle. This year’s presenters will discuss mental health, varicose veins, and distinguishing nutritional fact from fiction.
Presenters: Jennifer Crum, MS, RD, Sally Habib, MD, Alexes Hazen, MD

PROSTATE CANCER: KNOW YOUR RISK, KNOW YOUR OPTIONS
In recognition of Prostate Cancer Awareness Month
Thursday, September 25, 6:00 PM – 7:30 PM, Location B*
Description: Our prostate cancer experts will present the latest information about screening and diagnosis and will provide an overview of treatment options. A prostate cancer survivor will also share his story.
Presenters: Anna Ferrari, MD, William Huang, MD, Deborah Koeppel, LCSW, Nicholas Sanfilippo, MD

ANNUAL LUNG CANCER AWARENESS LUNCHTIME SEMINAR
In recognition of Lung Cancer Awareness Month
Wednesday, November 19, 11:00 AM – 1:00 PM, Location B*
Description: Hear NYU Medical Center’s healthcare professionals address the early detection and treatment of lung cancer. The president of the Lung Cancer Alliance will also highlight progress in the lung cancer advocacy agenda. A lung cancer survivor will share a personal story.
Presenters: Abraham Chachoua, MD, Jessica Donington, MD, Laurie Fenton, Leora Lowenthal, LCSW, OSW-C, Harvey Pass, MD
This program is co-sponsored by the Lung Cancer Alliance, the only national non-profit organization dedicated solely to patient support and advocacy for people living with lung cancer and those at risk of the disease.
Lunch will be provided following the program.

WHEN THE FAMOUS GET SICK AND THE SICK GET FAMOUS
Thursday, December 11, 6:00 PM – 7:30 PM
Location: NYU Langone Medical Center
550 First Avenue (at 31st Street), Smilow 1st Floor Seminar Room
Description: In When Illness Goes Public: Celebrity Patients and How We Look at Medicine, Barron H. Lerner describes the evolution of celebrities’ illnesses from private matters to stories of great public interest. Famous people who have become symbols of illness include Lou Gehrig, the first “celebrity patient.” While celebrity illnesses have helped to inform patients about treatment options, ethical controversies, and scientific proof, the stories surrounding these illnesses have also assumed mythical characteristics that may be misleading. A cancer survivor will also share a story.
Presenters: Barron H. Lerner MD, PhD, Harriet Mannheim, LCSW

THE AMERICAN CANCER SOCIETY’S MAN TO MAN®
PROSTATE CANCER EDUCATION AND SUPPORT PROGRAM
Designed to help men and their families cope with prostate cancer, Man to Man provides a comfortable setting among peers for discussion, education, and support through the recovery process. Spouses, partners, and family members are encouraged to attend.
Thursday, October 23, 5:30 PM – 7:30 PM, Location C*
SLEEP DISORDERS: A COMMON PROBLEM WITH NEW SOLUTIONS
Presenter: Omar Burschtin, MD, FCCP, Dipl, ABSM

Thursday, November 20, 5:30 PM – 7:30 PM, Location C*
MANAGING ERECTILE DYSFUNCTION AFTER PROSTATE CANCER SURGERY
Presenter: Andrew McCullough, MD

GYNECOLOGIC CANCER FOUNDATION
OVARIAN CANCER SURVIVORS COURSE
Saturday, November 1, 9:00 AM – 4:00 PM, Location B*
Registration/check-in begins at 8:00 AM
Description: Free course for all ovarian cancer survivors, friends, family members, and others who are interested in hearing about ovarian cancer research and patient care. Experts will share new information about screening and early detection, symptoms, genetics, and clinical trials.
This course is being sponsored by the Gynecologic Cancer Foundation and is made possible through sponsorship support from the NYU Cancer Institute and the Ovarian Cancer Research Fund. For registration and more information, please call the Gynecologic Cancer Foundation at 312-578-1439 or visit www.thegcf.org.

*Locations:
A: NYU Langone Medical Center,
550 First Avenue, Smilow 1st Floor Multipurpose Room
B: NYU Langone Medical Center,
550 First Avenue, Farkas Auditorium
C: NYU Clinical Cancer Center,
160 E. 34th Street, Room 1121

Registration is required for all events, and seating may be limited. Please call 212-263-2266 or e-mail NYUCIcommunityprograms@med.nyu.edu for more information and to register, unless otherwise noted.
The NYU Cancer Institute helps advance the care of patients with the most common types of cancer and blood disorders, including those of the:

- Breast
- Gynecologic Cancers
- Gastrointestinal Tract
- Genitourinary System (such as prostate cancer)
- Nervous System (including brain cancer)
- Lung
- Head and Neck
- Melanoma
- Hematologic Cancers and other blood disorders
- Sarcoma
- Pediatric Cancers

NYU Clinical Cancer Center
160 East 34th Street
New York, NY 10016

As the principal outpatient facility of the NCI-designated NYU Cancer Institute, the NYU Clinical Cancer Center serves as home base for our patients and their caregivers. The center and its multidisciplinary team of experts provide convenient access to the latest treatment options and clinical trials, along with a variety of programs in cancer prevention, screening, diagnostics, genetic counseling, and supportive services.

IMPORTANT PHONE NUMBERS

New Patient Physician Referral Line 212-731-5000
Clinical Trials Information 212-263-6485
Mammography and/or Related Procedures 212-731-5002
Lucille Roberts Wellness Boutique 212-731-5198
managed by Underneath It All
Lynne Cohen Breast Cancer
Preventive Care Program
160 East 34th Street
Lynne Cohen Cancer Screening and Prevention Project for High Risk Women
Bellevue Hospital Center
Stephen D. Hassenfeld Children’s Center for Cancer and Blood Disorders
100 Women in Hedge Funds
National Ovarian Cancer Early Detection Program
NYU Clinical Cancer Center Support Group Information Line
212-731-5480
Speakers Bureau & Community Outreach Programs
Media Inquiries 212-404-3555
Office of Development 212-404-3640