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Your Guide to the Latest Cancer Research and Treatments

*Highlights from the
2009 Annual Meeting of the
American Society of Clinical Oncology*

Learn about:

- Recent news on various cancers
- Promising new treatments
- Clinical trials
- Managing side effects



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Your Guide to the Latest Cancer Research and Treatments

Highlights from the 2009 Annual Meeting of the American Society of Clinical Oncology

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From the Editor

Each year, the CancerCare Connect® series publishes a special edition booklet that presents research highlights from the Annual Meeting of the American Society of Clinical Oncology (ASCO). The guide you are reading provides information on studies presented at the 2009 ASCO Annual Meeting, which took place from May 29 to June 2 in Orlando, Florida.

The booklet includes information on advances in treatment and managing side effects. To ensure accuracy, each chapter is reviewed by an internationally recognized expert in the field. As you read the booklet, you may notice some recurring themes:

Personalizing Treatment Based on the Genetic Makeup of Specific Tumors This technique enables doctors to predict which patients will respond best to certain treatments. Thus, those patients who would not benefit are spared from taking ineffective or unnecessary treatments.

Combining Treatments for Better Outcomes If certain drugs or treatments are effective alone, they may be more effective in combination with other therapies.

Managing Treatment Side Effects Many clinical trials are exploring new ways to manage or reduce the side effects of certain treatments.

In addition to these research trends, there were several notable advances reported on at the 2009 ASCO meeting:

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FROM HOWARD A. BURRIS III, MD, SARAH CANNON RESEARCH INSTITUTE

- Although they are still in the early stages of clinical trials, a new class of drugs called PARP inhibitors show impressive signs of benefit for women with advanced breast cancer who have mutated (changed) BRCA genes and for women with triple-negative breast cancer who receive chemotherapy.
- Vaccines show encouraging results in follicular lymphoma, melanoma, and prostate cancer.
- Women who have been treated for ovarian cancer do not seem to benefit from routine blood tests that measure CA-125 levels. Among women who have received treatment for ovarian cancer, CA-125 levels often rise several months before they have symptoms of a return of their cancer. But if repeated testing is not necessary and can be stopped, it will ease women's anxiety—and save money.
- For the first time, a large clinical trial has shown that trastuzumab (Herceptin) can benefit patients with HER2-positive tumors at a site other than the breast—in this case, the stomach.

Keep in mind that some of the medications discussed in this booklet are still in the early stages of development, which means they may not be available to people outside of the clinical trials described. Your doctor can give you more information about whether or not a particular trial may be right for you.

We hope you find this *CancerCare Connect* booklet helpful as you explore your treatment options.

Howard A. Burris III, MD
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EDITOR



Howard A. Burris III, MD, is Chief Medical Officer and Director of Drug Development at Sarah Cannon Research Institute in Nashville, Tennessee, where he is also a medical oncologist at Tennessee Oncology, PLLC. He serves on several American Society of Clinical Oncology committees and is a board member of Gilda's Club, Past-President and Trustee of the Southern Association of Oncology, and Editor of *The Oncology Report*. His research interests have focused on early development of new treatments for breast cancer.

SECTION EDITORS



Kenneth C. Anderson, MD ("Blood and Lymph Cancers") is Kraft Family Professor of Medicine, Harvard Medical School, Department of Medical Oncology/Hematologic Neoplasia. The main focus of his research is on novel targeted treatments for multiple myeloma. His studies have helped doctors identify patients most likely to benefit from specific treatments. Dr. Anderson has also designed combinations of drugs to which cancer cells are more sensitive and less likely to resist treatment. His aim is to develop more potent treatments with less severe side effects.



Ronald H. Blum, MD ("Lung Cancer") is Director of the Beth Israel Cancer Center, Director of Cancer Centers and Programs, Continuum Cancer Centers of New York, Medical Director, Continuum Hospice Care, New York City, and Professor of Medicine, Albert Einstein College of Medicine, Bronx, New York. His research interests are in the clinical trials of new drugs and their integration into combined approaches to cancer treatment. Dr. Blum has co-authored

publications that have defined new practice standards for lung cancer, breast cancer, melanoma, sarcomas, prostate cancer, and supportive care. He is a consultant to the National Cancer Institute, serves on editorial boards and data safety monitoring boards, and has a leadership role in the American Society of Clinical Oncology.



Henry S. Friedman, MD ("Brain Cancer") is an internationally recognized neuro-oncologist with a career-long interest in the treatment of children and adults with brain and spinal cord tumors. He is James B. Powell Jr. Professor

of Neuro-Oncology, Professor of Pediatrics, Associate Professor of Surgery and Medicine, and Assistant Professor of Pathology at Duke University Medical Center Durham, North Carolina, and Deputy Director of The Preston Robert Tisch Brain Tumor Center at Duke.



William J. Gradishar, MD ("Breast Cancer")

is Professor of Medicine in the Division of Hematology and Medical Oncology, Department of Medicine, at the Feinberg School of Medicine at Northwestern University in Chicago, Illinois, and a

member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. He also serves as Director of Breast Medical Oncology, Associate Director of the Lynn Sage Comprehensive Breast Program, and Program Director of Northwestern University's Hematology/Oncology Fellowship Training Program. His research focuses on the development of novel drugs for the treatment of breast cancer.



Stuart M. Lichtman, MD ("Colorectal

Cancer") has been actively involved in treating older patients with cancer for the past 20 years.

At Memorial Sloan-Kettering Cancer Center, he works with the 65+ Clinical Geriatric Group, part

of the hospital's cancer and aging program. Dr. Lichtman has also been an active participant in a number of research organizations. His clinical interests have been in the treatment of gynecologic cancers and colon cancer and the study of supportive care and quality of life, especially as it relates to the older cancer patient.



Charles L. Loprinzi, MD ("Managing Side Effects") is Professor of Oncology at The Mayo Clinic College of Medicine, where he has served as the Chair of the Division of Medical Oncology and Vice-Chair of the Department of Oncology.

Currently, he also serves as the Director of the North Central Cancer Treatment Group Cancer Control Program and as Co-Director of the Mayo Cancer Center Prevention and Control Program. Dr. Loprinzi's research interests are in cancer prevention efforts and symptom control.



Maurie Markman, MD ("Cervical and Ovarian Cancers") is a gynecologic oncologist at M. D. Anderson Cancer Center in Houston, Texas, where he serves as Vice President for Clinical Research. His research interests are in the

area of developing new drugs and treatment programs for gynecologic cancers, ovarian cancer in particular. Dr. Markman has been the author or co-author of more than 1,000 published scientific articles, reviews, book chapters, and editorials. He has edited or co-edited 14 books on various topics in the management of cancer.



Malcolm J. Moore, MD ("Upper Digestive System Cancers") is Head of the Division of Medical Oncology and Hematology at Princess Margaret Hospital (PMH), University of Toronto.

He is the director of the New Drug Development Program at PMH and the former Chair of the National

Cancer Institute of Canada's Gastrointestinal Cancer Disease Site. Dr. Moore's research focuses on the development and testing of new cancer therapies, particularly in pancreatic and colorectal cancers.



Judd W. Moul, MD ("Kidney and Prostate Cancers") is the Director of the Duke Prostate Center. His clinical and research interests include minimally invasive nerve-sparing prostate surgery, treatment of recurrence of prostate cancer, prostate cancer in African-American men, the multidisciplinary management of prostate cancer, and clinical trials in prostate disease. He is a noted authority on early-stage testicular cancer and an international authority on prostate cancer.



Jeffrey A. Sosman, MD ("Skin Cancer") is Ingram Professor of Cancer Research and Professor of Medicine, Division of Hematology/Oncology, at Vanderbilt-Ingram Cancer Center in Nashville, Tennessee, where he directs the melanoma program. He is also Co-Leader of the Cell Proliferation and Signal Transduction Program. One of his research goals is to increase the treatment options, especially targeted treatments, for people with skin cancer.

Financial Help for Cost of Treatment

There's no question that advances in treatment, such as those described in this booklet, are helping more people diagnosed with cancer to live longer. As a result, more attention is now being focused on improving patients' quality of life as they go through treatment.

This includes not only helping patients manage side effects of treatment, but also helping them cope with the emotional and day-to-day challenges raised by cancer. One of these challenges is the high cost of care, a topic that took center-stage at this year's Annual Meeting of the American Society of Clinical Oncology (ASCO).

Research released at the conference reported that 1 in 10 patients enrolled in clinical trials is concerned about the cost of treatment; the percentage of patients not in clinical trials who are worried about finances is thought to be much higher.

Some of the reasons for the increased financial strain on patients include the high costs of today's cancer drugs. As a result, insurance co-payments go up, as do out-of-pocket costs.

At the conference, I took part in a special panel presentation with other members of the ASCO Cost of Care Task Force. We urged physicians to discuss financial concerns with their patients so that cost is not an obstacle to getting the best care possible.

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FROM DIANE BLUM, MSW, EXECUTIVE DIRECTOR OF CANCERCARE

We also announced the creation of the Cancer Financial Assistance Coalition. This group of 12 financial assistance organizations has joined forces to reduce the financial burden on patients so that they can achieve better health and well-being.

The Coalition has a website, www.cancerfac.org, which allows patients to search by diagnosis or location to find organizations that provide financial help for their specific situation.

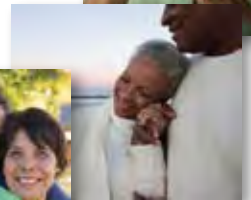
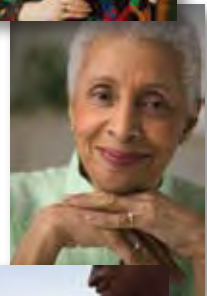
CancerCare[®], a member of the Coalition, is one example of a national nonprofit organization that provides financial assistance to patients. We offer limited grants to those who are eligible for cancer-related costs, such as transportation and child care.

We also provide other free support services to people with cancer and their families, including counseling, support groups, education, and referrals. To learn more, call us at **1-800-813-HOPE (4673)** or visit our website, www.cancercare.org. We are here to help.

Diane Blum, MSW
Executive Director, CancerCare

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The information presented in this patient booklet is provided for your general information only. It is not intended as medical advice and should not be relied upon as a substitute for consultations with qualified health professionals who are aware of your specific situation. We encourage you to take information and questions back to your individual health care provider as a way of creating a dialogue and partnership about your cancer and your treatment.

All people depicted in the photographs in this booklet are models and are used for illustrative purposes only.

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