



WINTER 2016

## WELCOME

In an ever-changing and demanding healthcare climate, I continue to be inspired by the physicians, nurses, and caregivers at Smilow Cancer Hospital and throughout our Network. Our Press Ganey and HCAHPS scores for patient satisfaction are constantly reviewed for areas of improvement and areas of success, and I am pleased with our steady progress on behalf of our patients.



Our Network expanded in 2015 with the addition of the Saint Francis Campus in Hartford. The 12 oncologists at Saint Francis are great partners for Smilow Cancer Hospital and will bring our clinical trial opportunities to their patients in central Connecticut. This is an important opportunity for their patients, and a welcome partnership for our clinical research efforts. For referring providers in Hartford County, please consider contacting our colleagues at Saint Francis for clinical trial opportunities for your patients.

The Smilow Cancer Genetics & Prevention Program expanded over the last year and now provides services at 6 locations in addition to our main office in New Haven. We also recently launched the Smilow Cancer Screening & Prevention Program to augment our prevention services. Led by Beth Jones, PhD, MPH, the program seeks to integrate all of the early detection and cancer screening services patients need into one easy to access program for the public.

As Smilow Cancer Hospital continues to broaden its services, first and foremost, I hope that we are providing the right access and



## FACULTY UPDATES



**Beth A. Jones, PhD, MPH**  
Named Director of Cancer Screening & Prevention

In an effort to focus the screening and cancer prevention work throughout Smilow Cancer Hospital at Yale-New Haven, Beth Jones has been named the program director for the newly formed Cancer Screening & Prevention Program. The Program brings together doctors and researchers at Smilow Cancer Hospital and Yale Cancer Center who are focused on merging the best science with the best cancer prevention and screening programs. Their goal is to provide patients with the tools they need to stay healthy. Dr. Jones is a Research Scientist at the Yale School of Public Health where she teaches a course on Health Disparities and has conducted numerous studies looking at the unique factors that impact cancer

the best collaborations for you to benefit your patients. I welcome the opportunity to discuss any ideas that you may have, or any concerns. Please contact my office directly at (203) 200-1344 with your feedback.

**Rogerio Lilenbaum, MD**

Professor of Medicine  
Yale Cancer Center  
Chief Medical Officer  
Smilow Cancer Hospital at Yale-New Haven

## PROGRAM HIGHLIGHTS

### Smilow Interventional Oncology Program

After careful planning, the Interventional Oncology Program began seeing patients in Smilow Cancer Hospital and offers specialized services supporting all disciplines in the hospital. Led by Dr. Kevin Kim, Chief of Interventional Radiology and Dr. Jeff Geschwind, Chair of Radiology and Biomedical Imaging, the program complements medical, surgical, and radiation oncology to provide optimal patient care.

Interventional Oncology provides a range of therapeutic options used for palliative care including biopsy, vascular port, and chemotherapy catheter placement, abscess drainage, stenting of malignant strictures, and various therapies for pain relief.

In addition, there are several therapeutic areas of expertise offered through the Interventional Oncology Program for patients.

Minimally invasive Interventional Oncology treatments include:

**Chemoembolization:** Selective delivery of chemotherapy directly to the tumor through a catheter located in the artery feeding the tumor

**Radioembolization:** Selective delivery of radioactive particles directly to the tumor through a catheter located in the artery feeding the tumor

**Radiofrequency Ablation:** A procedure that uses radio waves to heat and destroy cancerous cells performed through a needle inserted through the patient's skin

**Cryoablation:** A procedure in which an extremely cold temperature via a cryoprobe inserted through the patient's skin is used to freeze and destroy cancer tissue.

**Microwave Ablation:** A procedure that uses microwaves to heat and destroy cancerous cells.

**Pain Palliation Treatment:** Therapeutic options consisting of ablation, chemoembolization or radioembolization designed specifically to relieve pain caused by primary or metastatic tumors.

outcomes and cancer screening in underserved populations in New Haven and throughout the state of Connecticut. She also serves as the Assistant Director of Diversity and Health Equity at Yale Cancer Center.



**Patricia LoRusso, DO**  
meets with Biden on "Moonshot"

Patricia M. LoRusso, DO, Professor of Medicine (Medical Oncology) and Associate Director of Innovative Medicine at Yale Cancer Center, was among a group of 15 top cancer researchers and physician-scientists who met in Washington with aides to Vice President Joe Biden earlier this month to discuss his "moonshot" program to advance cancer treatment. Biden launched the Cancer MoonShot 2020 Program last October, when he called for a "national commitment to end cancer as we know it today." Among its goals are to increase funding for cancer research and "break down silos" so that researchers can share data and work together.

Contact:  
(203) 200-4747

[Learn More >>](#)

### Smilow Cancer Screening & Prevention Program

The Cancer Screening & Prevention Program at Smilow Cancer Hospital brings together doctors and researchers at Smilow Cancer Hospital and Yale Cancer Center who are focused on merging the best science with the best cancer prevention and screening programs. Our goal is to provide patients with the tools they need to stay healthy, and immediate access to the resources they need for all types of cancer screenings. Program staff are available to help patients take control of their health - and access the information and tests that lead to early detection, when cancer is easier to treat.

Contact:  
(203) 200-3030

[screening@ynhh.org](mailto:screening@ynhh.org)

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### Center for Advanced Endoscopy

The Center for Advanced Endoscopy on the 4th floor of Smilow Cancer Hospital is staffed by three physicians and two APRNs with expertise in complex interventional endoscopic procedures (including ERCP, EUS, and enteral stenting). The team is also available for general gastroenterology consultative and procedural needs of your oncology patients (including EGD and colonoscopy).

Contact: (203) 200-5083

### Onco-Cardiology Program

The Onco-Cardiology Program at Smilow Cancer Hospital at Yale-New Haven, directed by Lauren A. Baldassarre, MD, is designed to help address the cardio-toxic side effects of chemotherapy treatment, as well as the confounding problem of co-existing cardiac disease and cancer. The Program also provides pre-surgical and pre-treatment cardiac evaluation for patients with cancer.

The service began in response to emerging data, which indicates that newly developed drugs for cancer treatment are having unanticipated side effects. Drugs such as Herceptin, which is very effective in the treatment of breast cancer, can have cardio-toxic side effects that are just beginning to be understood and researched.



### Howard Hochster, MD

Named President Elect of  
International Society of  
Gastrointestinal Oncology

The International Society of Gastrointestinal Oncology (ISGIO) named Howard Hochster, MD, as president elect. Hochster, Professor of Medical Oncology; Associate Director for Clinical Sciences at Yale Cancer Center; and Director of the Gastrointestinal Cancers Program at Smilow Cancer Hospital at Yale-New Haven, will serve a two-year term as president-elect followed by two years as president. ISGIO is a unique society dedicated to a high level of research and education in gastrointestinal cancers.

## SMILOW CANCER HOSPITAL CLINICAL PROGRAMS

Brain Tumor  
(203) 200-1638

Breast Center  
(203) 200-2328

Endocrine Cancers  
(203) 200-3636

The difficulty when dealing with cardio-toxic side effects is that they can often mask themselves as normal effects from the cancer treatment itself, such as fatigue and shortness of breath. If it is determined that a patient has a pre-existing heart dysfunction, Dr. Baldassarre can help make decisions of how treatment can be optimized, and establish what the baseline function is for continued monitoring.

If a patient is found to have cardio-toxicities during treatment with chemotherapy, the oncologist, the patient, and Onco-Cardiology Program will work together to decide what the best course of action is.

Contact:

(203) 785-7867

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## CLINICAL TRIAL SUMMARIES

**HIC# 1505015813**

*Principal Investigator:* [Maysa Abu-Khalaf, MD](#)

**A Phase III, Multicenter, Randomized Placebo-Controlled Study of Atezolizumab (MPDL3280A) (Anti-PD-L1 Antibody) in Combination With Nab Paclitaxel Compared With Placebo With Nab Paclitaxel for Patients With Previously Untreated Metastatic Triple Negative Breast Cancer**

This study is being conducted to determine the efficacy and safety in using Atezolizumab (MPDL3280A) in combination with nab-paclitaxel in treating patients with metastatic breast cancer. The safety of single-agent nab-paclitaxel has been determined in previous studies of patients with metastatic breast cancer, and preliminary data shows the use of MPDL3280A is safe to use in combination with chemotherapy.

[Learn More >>](#)

**HIC# 1503015510**

*Principal Investigator:* [Terri Parker, MD](#)

**Randomized Phase III Trial of Bortezomib, Lenalidomide and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide, Dexamethasone (CRd) Followed by Limited or Indefinite Lenalidomide Maintenance in Patients With Newly Diagnosed Symptomatic Multiple Myeloma**

Gastrointestinal Cancers  
(203) 200-4422

Gynecologic Oncology  
(203) 200-4176

Head & Neck Cancers  
(203) 200-4622

Hematology  
(203) 200-4363

Melanoma  
(203) 200-6622

Pediatric Hematology & Oncology  
(203) 785-4081

Prostate & Urologic Cancers  
(203) 200-4822

Sarcoma  
(203) 737-5660

Thoracic Oncology  
(203) 200-5864

### SMILOW CANCER HOSPITAL CARE CENTERS

At Smilow Cancer Hospital Care Centers, we offer state-of-the-art cancer services at several convenient locations throughout the region. In addition to the flagship Smilow Cancer Hospital in New Haven, we have care centers across the region.

Derby  
(203) 734-1664

Fairfield  
(203) 255-2766

Greenwich  
(203) 422-7970

Guilford  
(203) 453-9192

Saint Francis Campus - Hartford  
(860) 714-4680

North Haven  
(203) 407-8002

Old Saybrook

This randomized phase III trial studies bortezomib, lenalidomide, and dexamethasone to see how well it works compared to carfilzomib, lenalidomide, and dexamethasone in treating patients with newly diagnosed multiple myeloma. Bortezomib and carfilzomib may stop the growth of cancer cells by blocking some of the enzymes needed for cell growth. Drugs used in chemotherapy, such as lenalidomide and dexamethasone, work in different ways to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Giving bortezomib or carfilzomib together with lenalidomide and dexamethasone may kill more cancer cells.

[Learn More >>](#)

**HIC# 1506016061**

*Principal Investigator:* [Amer Zeidan, MD](#)

**Randomized Phase II Study to Assess the Role of Nivolumab as Single Agent to Eliminate Minimal Residual Disease and Maintain Remission in Acute Myelogenous Leukemia (AML) Patients After Chemotherapy**

This randomized phase II trial studies how well nivolumab works in eliminating any remaining cancer cells and preventing cancer from returning in patients with acute myeloid leukemia that have had signs and symptoms of cancer disappear after receiving chemotherapy. Monoclonal antibodies, such as nivolumab, may block cancer growth in different ways by targeting certain cells.

[Learn More >>](#)

**HIC# 1507016120**

*Principal Investigator:* [Roy Herbst, MD](#)

**An Open-Label, Multicenter, Phase I Study of Ramucirumab Plus Pembrolizumab in Patients With Locally Advanced and Unresectable or Metastatic Gastric or Gastroesophageal Junction Adenocarcinoma, Non-Small Cell Lung Cancer, or Transitional Cell Carcinoma of the Urothelium**

The main purpose of this study is to evaluate the safety and preliminary efficacy of the combination of the study drug known as ramucirumab plus pembrolizumab in participants with locally advanced and unresectable or metastatic gastric or gastroesophageal junction (GEJ) adenocarcinoma, non-small cell lung cancer (NSCLC), or transitional cell carcinoma of the urothelium.

[Learn More >>](#)

**HIC# 1408014448**

(203) 453-9192

Orange  
(203) 795-1664

Torrington  
(860) 482-5384

Trumbull  
(203) 502-8400

Waterbury  
(203) 755-6311

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**YCC in the News...**



**Specialized Care for Cancer Survivors**

A team of researchers from Yale School of Public Health and Yale Cancer Center recently published a study in the

*Journal of Cancer Survivorship* that addresses the needs of cancer survivors who are at least nine years beyond an initial diagnosis. In the online Q&A, authors Mary Playdon, Tara Sanft, and Brenda Cartmel, talk about how to better care for long-term survivors.

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**Yale Cancer Center joins national effort endorsing HPV**

Principal Investigator: [James Farrell, MD](#)

### The Cancer of the Pancreas Screening-5 (CAPS5) Study

Previous CAPS and other studies have shown that screening with EUS or other imaging tests can detect a relatively high number of significant pancreatic neoplasms in asymptomatic high-risk individuals with an inherited predisposition for pancreatic ductal adenocarcinoma. In this fifth iteration of the CAPS studies, researchers will be performing Endoscopic Ultrasound pancreatic imaging on participants who are at-risk for pancreatic cancer, as well as evaluating pancreatic fluid mutations and circulating pancreatic epithelial cells as accurate markers of neoplasia by comparing their prevalence in cases with sporadic pancreatic neoplasia to healthy and disease controls. Previous studies have also determined that the prevalence of pancreatic cysts increases with patient age, especially over age 60. Therefore, the second aim is to determine the prevalence of pancreatic lesions, pancreatic fluid mutations and circulating pancreatic epithelial cells among a large cohort of high-risk individuals undergoing pancreatic screening and surveillance of a new cohort in which screening is begun at age  $\geq$  55.

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## RESEARCH IN THE NEWS

### Immune therapy drug results in prolonged survival in advanced lung cancer

A Yale-led international study in patients with advanced non-small cell lung (NSCLC) cancer resistant to chemotherapy has found a promising weapon in an immune therapy drug commonly used to treat other cancers. The findings were published in *The Lancet*.

The study, called KEYNOTE 010, compared pembrolizumab with the chemotherapy drug docetaxel in 1,034 patients with NSCLC whose tumors expressed the PD-L1 biomarker. PD-L1 is a protein expressed by many tumor types that can render the cancer invulnerable to immune attack.

Patients whose tumors expressed even low levels of PD-L1 benefited significantly from pembrolizumab. Patients with tumors that expressed the highest amounts of PD-L1 responded better and lived, on average, twice as long as patients treated with docetaxel alone (14.9 months versus 8.2 months).

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### Yale study probes genes for clues to drug resistance in aggressive breast cancer

### vaccination for cancer prevention

In response to low vaccination rates for the human papillomavirus (HPV), Yale Cancer Center joined more than 69 of the nation's top cancer centers in issuing a statement calling for increased HPV vaccination to prevent six different types of cancer.

According to the Centers for Disease Control and Prevention (CDC), HPV infections are responsible for approximately 27,000 new cancer diagnoses each year in the United States. A vaccine is available that can prevent most cervical, anal, and other genital cancers, as well as oropharyngeal (middle throat) cancer. The vaccine is most effective when given to adolescents, but nationally, only 40% of girls and 21% of boys are receiving the recommended three doses of HPV vaccine.

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### Breast cancer screening guidelines: What women need to know

Dr. Anees Chagpar, director of The Breast Center at Smilow Cancer Hospital at Yale-New Haven, clarifies the differing breast cancer screening guidelines that come from national organizations.

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By sifting through the 20,000 protein-encoding genes in the human genome, Yale researchers discovered new complexities behind drug resistance and identified patterns of mutations that could predict which therapies will benefit patients with aggressive breast cancer.

Her2-positive breast cancer is an aggressive form that comprises 20% of all cases. Using tissue from the international NeoALTTO study, the Yale team sequenced 203 Her2-positive cancer samples to assess which mutations in which genes predicted response or resistance to Her2-targeted therapies. In the study, patients with early stage breast cancer were treated pre-operatively with either paclitaxel chemotherapy in combination with one of two breast cancer drugs (trastuzumab or lapatinib), or with the drugs alone.

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### **New vaccine strategy better protects high-risk cancer patients from flu**

Yale Cancer Center researchers have developed a vaccine strategy that reduces the risk of flu infections in cancer patients at highest risk for influenza.

The Yale researchers developed a strategy that entailed offering patients a high-dose flu vaccine followed by a second high-dose booster shot one month later. The high-dose vaccine (Fluzone High-Dose) was approved in 2009 by the FDA as a single dose for adults over 65.

The booster strategy resulted in a reduced flu infection rate of 6% versus an expected rate of 20%, and it improved protection against all flu strains covered by the vaccine in 66% of patients.

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### **Black women less likely to benefit from early chemotherapy, study shows**

It is well documented that black, Hispanic, and Asian women typically develop advanced-stage breast cancer more often than white women. As a result, black women are more likely to receive neoadjuvant chemotherapy, or chemotherapy prior to surgery, in hopes of improving outcomes. However, a Yale Cancer Center study published recently in the *Journal of Clinical Oncology* found that among minority women treated with early chemotherapy, black women fare worse than the other groups.

For the study, researchers used the National Cancer Database to explore racial disparities in the use of, and response to, neoadjuvant chemotherapy in 27,300 women with stage I-III cancer. While the cause of this is not known, researchers suspect biologic differences in chemosensitivity, disparities in treatment, or socioeconomic factors that cannot be adjusted for in the study.

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