

# INFORMING ONCOLOGY

NEWS FROM THE CANCER INSTITUTE AT NYU LANGONE

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NCI·CC

A Cancer Center Designated by the National Cancer Institute

**NYU Langone**  
MEDICAL CENTER

## INFORMING ONCOLOGY

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**Cover:** Squamous cell skin cancer serves as a model for Markus Schober's research on cancer stem cells (see page 5).

## Message from the Director

### William L. Carroll, MD

The Julie and Edward J. Minskoff Professor of Pediatrics  
Professor of Pathology  
Director, NYU Cancer Institute at NYU Langone Medical Center



When someone is treated for cancer, they often thank their doctors, their nurses, and the other members of the healthcare team—and rightly so, since these professionals work diligently and compassionately to provide the very best care. But there are other people who also deserve our thanks, many of whom patients never meet.

They are the scientists who conducted the research that led to today's more effective treatments. The staff and donors who supported those investigators. And the patients who participated in clinical trials of novel treatment approaches that are now a part of standard cancer care.

More people are living with or after cancer today than ever before, thanks to better therapies. More cancers are diagnosed early, when they are more curable, thanks to better screening tools. And more people are able to go about their regular lives during cancer treatment, thanks to better supportive therapies.

The NYU Cancer Institute at NYU Langone Medical Center recognizes that research is not just important, but absolutely vital to making such progress against cancer. In this issue, we profile four young investigators who are not only sharp and dedicated, but are creative thinkers who can see the “big picture” about how cancer develops and spot promising new avenues of study. They represent our investment in the future of cancer care.

But effective treatment isn't just about better drugs, radiation, or surgery. In this issue, you can also read about the services our Integrative Health Program offers to help relieve pain and other symptoms in patients receiving cancer treatment, from the moment of their diagnosis and throughout their care.

Such support is a hallmark of our approach to patient care. I'd also like to recognize a different kind of support: contributions that make it possible to do the pioneering work we do. I'd like to thank all those who participated in our 2013 annual Gala, which raised \$1.7 million. Equally important are the contributions that come from former patients and their families, alumni of the NYU School of Medicine, and others who choose to include us in their estate planning. You can read in this issue about how to support The Cancer Institute through such vehicles, and our planning giving specialists are ready to guide you through the process every step of the way.

To all who have supported The Cancer Institute and to those considering doing so, I thank you for your interest in our work and look forward with you to a brighter future for people with cancer and their families.

*Bill*

William L. Carroll, MD



# Investing in Our Future

Meet four researchers whose work may change the face of cancer treatment

RESEARCH is at the heart of the battle to make progress against cancer. Especially key to this battle are the efforts of translational researchers—those who find ways to place the groundbreaking work of basic science researchers into the hands of bedside physicians. In this way, research may pay off in the form of life-extending treatments. The four investigators profiled here are doing just that at the NYU Cancer Institute at NYU Langone Medical Center. These translational researchers are helping to cast new light on the roots of cancer development, exploring promising hypotheses, and collaborating with a range of other experts. The avenues they are pursuing could end up saving lives.

## Hoping to Circumvent Breast Cancer Drug Resistance

**O**f the many women who survive breast cancer, thousands do so with the help of trastuzumab (Herceptin®) or lapatinib (Tykerb®). These anticancer agents, called “monoclonal antibodies,” work by inhibiting a protein called HER2. But not every woman who receives one of these drugs beats her disease. Francisco J. Esteva, MD, PhD, Cancer Institute Associate Director of Clinical Investigation, is conducting clinical research to decipher the mechanisms underlying cancer cell resistance to these therapies and other drugs used to treat breast cancer, in hopes of getting the

*Francisco J. Esteva, MD, PhD, and Komal Jhaveri, MD, are conducting research to improve the treatment of advanced breast cancer.*

drugs to work for more patients. “By enabling basic scientists and clinical investigators to work together,” he says, “The Cancer Institute is in a position to do the research that makes a big difference in women’s lives.”

Dr. Esteva, who joined The Cancer Institute faculty in August, has been a leader in the study of biomarkers to predict treatment response in patients with breast cancer, particularly those with tumors that overproduce HER2.

*(continued on page 4)*

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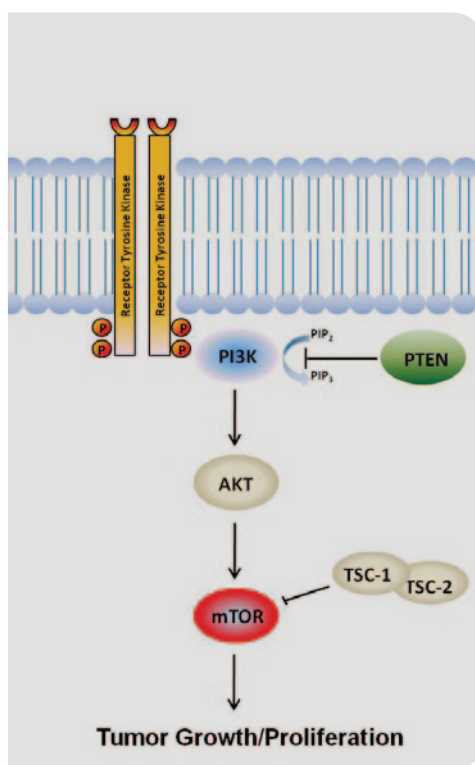
His previous work has already paid off: He led the original team of investigators who showed in 2004 that trastuzumab was more effective when given in combination with another monoclonal antibody called pertuzumab (Perjeta®). Dr. Esteva would like to see his new work lead to more effective therapies. “We want to expand our drug development program to come up with innovative cancer treatments,” he says.



Arjun Balar, MD, is a clinical researcher aiming to improve outcomes for people with invasive bladder cancer. He promotes research on signaling pathways involved in the disease (right).

treatment of women with advanced or aggressive breast cancer, including:

- A Phase I clinical trial of the investigational drug ganetespib plus paclitaxel in women with HER2-positive metastatic breast cancer.
- A Phase I clinical trial of the investigational drug KD019 plus trastuzumab in women with HER2-positive metastatic breast cancer.
- Research with Robert Schneider, PhD, which has identified two pathways—



## Seeking Better Strategies to Defeat Breast Cancer

Komal Jhaveri, MD, assistant professor of medicine, began her medical career in her native India and trained in nuclear medicine. Along the way, she encountered patients with cancer and chose to add oncology to her career focus. “I wanted to connect with patients emotionally and intellectually at this important point in their lives,” she explains.

Dr. Jhaveri joined The Cancer Institute in July 2012. She is conducting several clinical trials aimed at improving the

called PI3K AKT and JAK STAT—that are overactivated in inflammatory breast cancer.

- Studies of novel imaging methods to monitor the growth of breast cancer that has spread to the brain.

“If we want to advance research and make critical discoveries that will change cancer care, there are many pieces to the puzzle. We need basic and translational scientists, dedicated and passionate clinicians, and motivated patients with supportive families,” Dr. Jhaveri contends. “All of these are available at The Cancer Institute.”

## Focusing Attention on the Challenge of Bladder Cancer

In nearly a third of the people diagnosed with bladder cancer, the disease has invaded the muscle wall. About half of these patients will succumb to the disease, with an average survival of only 13 to 15 months.

But despite 30 years of research, only one drug, cisplatin, has been approved by the FDA for the treatment of muscle-invasive and metastatic bladder cancer. Unfortunately, cisplatin can be very toxic, and many patients can’t tolerate it. “That’s a big clinical challenge,” notes Arjun Balar, MD, assistant professor of medicine.

Dr. Balar is trying to improve these statistics by conducting clinical research, fostering collaborations with other institutions, and promoting research aimed at deciphering the complex molecular characteristics of the disease. Among the clinical research projects in which Dr. Balar is participating are the following:

- A Phase II study of a novel method of giving cisplatin before bladder removal surgery according to a particular dose and schedule to eradicate small metastases.
- A Phase II multicenter study evaluating docetaxel plus the investigational drug OGX427 in patients whose metastatic bladder cancer has continued to grow despite initial therapy.
- The establishment of a Genitourinary Cancer Tumor Registry.
- A collaboration with the Bladder Cancer Advocacy Network to study micropapillary bladder cancer.

Dr. Balar came to The Cancer Institute in July 2012. “There was an opportunity here to contribute my expertise in a non-prostate urologic cancer,” he concludes. “To be the missing piece in an almost-whole pie is very rewarding.”

## Exploring the Behavior of Cancer Stem Cells

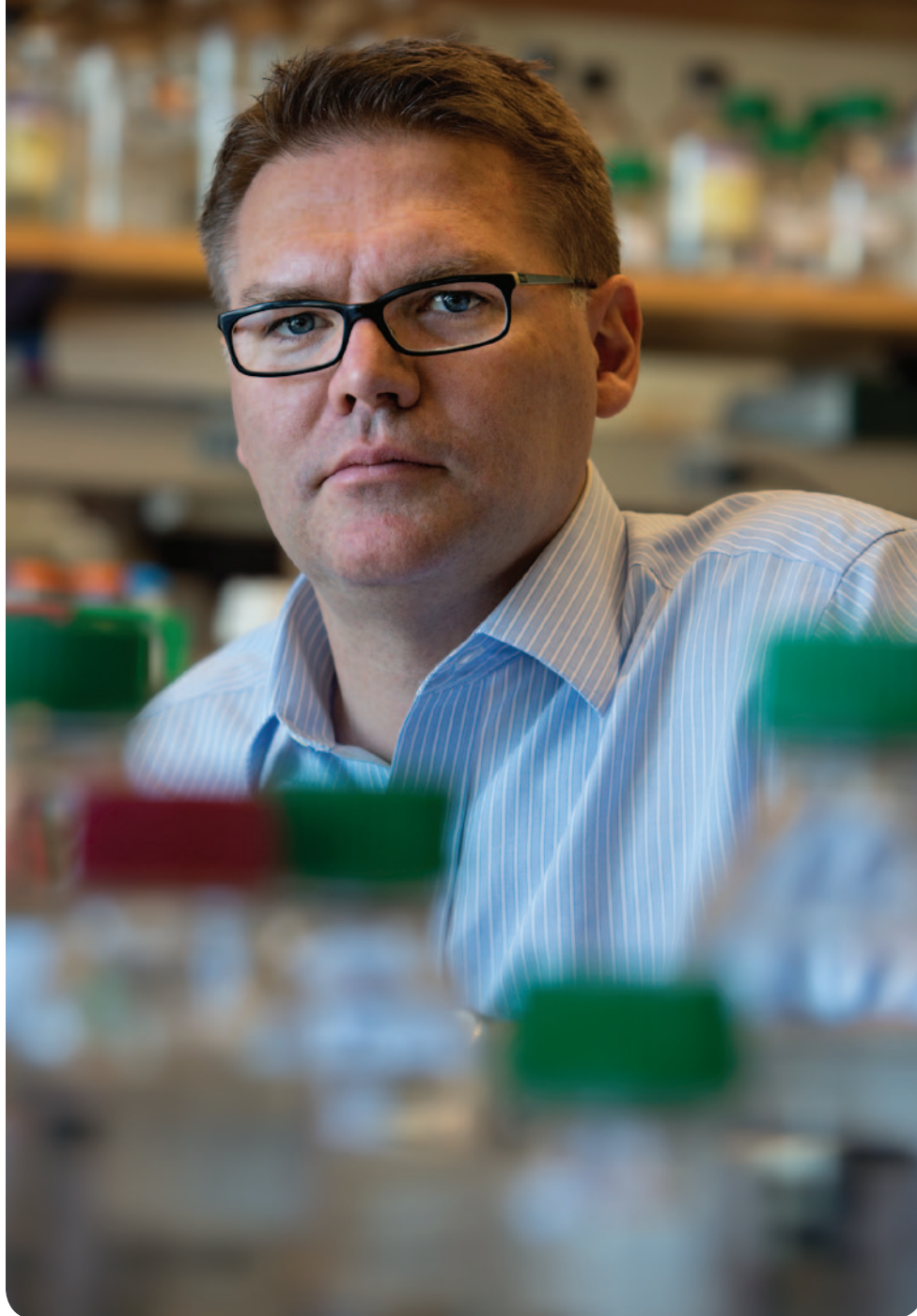
While great strides have been made in the treatment of cancer, some 80 percent of metastatic cancers—those that spread from the original tumor site to other parts

Some targeted therapies work well, but some cancers learn to escape their effects. Investigators are conducting studies to figure out why this happens.

of the body—return after treatment. Markus Schober, PhD, assistant professor of dermatology and cell biology, and his laboratory team are scrutinizing the role of a distinct population of cells that may be the culprits for the lack of treatment success: cancer stem cells. The scientists are studying how cancer stem cells differ from normal stem cells. They are seeking molecules that may explain cancer stem-cell behavior and hoping this knowledge could be used to develop more effective treatments.

Stem cells are immature cells which can develop, or “differentiate,” into mature cells with specialized functions. When cancer stem cells differentiate, they can trigger tumor development. Cancer stem cells also tend to be different from one another, and this “heterogeneity” makes it difficult to identify them and target them with drugs. When treatment fails to eliminate every last cancer stem cell, patients have a greater risk of developing new and often more aggressive tumors.

The heterogeneity among cancer stem cells and their similarities to stem cells in normal tissues make it difficult to kill



*Markus Schober, PhD, and his team are seeking molecules that may explain how cancer stem cells differ from normal stem cells.*

all cancer cells without affecting normal tissues. “Can we find mechanisms that are common to all cancer stem cells and are essential for self-renewal, yet do not apply to normal stem cells?” asks Dr. Schober. “Or can we find ways to modify the cells’ environment to enforce one common behavior that can be targeted by drugs?”

He and his fellow investigators use animal models of squamous cell skin cancer because the cancer stem cells display great heterogeneity and the tumors are easily accessible. The team

has found that the area around cancer stem cells—known as the “microenvironment”—may cause these cells to become resistant to therapy.

Dr. Schober surmises, “If we can understand the heterogeneity of cancer stem cells and how this behavior influences a tumor’s response to therapy, perhaps we can test patients’ tumors up front to determine the most effective treatment.” ■

*For a more in-depth version of this article, visit [nyuci.org/newsletter](https://nyuci.org/newsletter).*

# Supportive Care from Day One

Integrative approaches to managing cancer pain improve quality of life throughout the journey with cancer

The term “palliative care” was long synonymous with end-of-life care, when curative treatments were no longer available and the best that doctors could offer a patient was relief of pain and other symptoms. But today the term means much more. That’s because there’s a new view that holds that regardless of where cancer patients are in their treatment, and no matter what their prognosis, they deserve to be as comfortable as possible throughout the entire experience.

At The Cancer Institute at NYU Langone Medical Center, such supportive care includes integrative health approaches. “Research has shown that by incorporating nonmedical therapies into a patient’s care, the use of pain-relieving medications may decrease,” explains Tanveer Mir, MD, assistant professor of medicine and director of Supportive Oncology and Outpatient Palliative Care, who leads the Supportive Oncology Program. “Patients experience less anxiety and feel more supported during their care.”

Members of The Cancer Institute’s Integrative Health Program work as part of the NYU Clinical Cancer Center team to provide complementary approaches to relieving pain and discomfort. Patients are encouraged to call or stop by the Integrative Health offices on the fourth floor of the Clinical Cancer Center to learn more about how they may best benefit from the program’s services.

“We collaborate with doctors to help patients manage their symptoms and achieve a better quality of life,” says Eva Pendleton, LMT, a licensed massage therapist who became the manager of the Integrative Health Program in July. “The goal of integrative approaches is to facilitate healing and restore natural balance in the body.”

Pain during cancer treatment can stem from a variety of sources. It may be caused by the cancer itself, which can trigger bone or nerve pain; by cancer surgery; or as a side effect of other treatments. For example, radiation therapy to the head and neck can induce skin and mouth ulcers, while certain chemotherapy drugs (such as paclitaxel or oxaliplatin) are associated with nerve pain and discomfort. Every patient’s experience with cancer-related pain or discomfort is unique, so The Cancer Institute’s integrative health specialists tailor pain-management approaches to the patient’s specific needs.

Acupuncture and massage therapy are the two integrative health approaches most commonly used at The Cancer Institute to relieve pain. Acupuncture employs very fine-gauge needles gently inserted into strategic points in the body. It



*Patients receiving infusions at the NYU Clinical Cancer Center can receive a 15-minute seated relaxation session during their treatments.*

has been shown to reduce cancer-related and surgical pain, as well as help relieve nausea, dry mouth, and other side effects of cancer treatment.

It was once thought that cancer patients should avoid massage therapy, given the sensitivity of tumor sites and other vulnerable areas. But this approach is now recognized for its ability to decrease stress and reduce pain. Massage therapists trained to treat people with cancer know to avoid tumor sites, surgical incisions, chemotherapy ports, and areas where radiation therapy is being applied, and to be gentle enough to avoid bruising in patients with low platelet counts.

Research has shown that some people with cancer experience pain relief during massage. (Russell NC et al. *J Altern Complement Med*. 2008;14:209-14.) One study found that a 30-minute massage or simple-touch session relieved pain and improved mood. (Kutner JS et al. *Ann Intern Med*. 2008;149:369-79.) By potentially reducing the need for pain medications, massage therapy may also help some patients avoid the side effects of narcotics.

Acupuncture and massage therapy are performed on a fee-for-service basis, by appointment, in the Integrative Health Program's dedicated rooms. "These rooms are quiet and peaceful, set aside in the corner with no phones," notes Dr. Mir. "Patients deserve this type of care." Treatments can be focused on a specific problem area, such as the hands and feet, or can address the whole body to promote comfort and relaxation.

## Research has shown that by incorporating nonmedical therapies into a patient's care, the use of pain-relieving medications may decrease.

In addition, patients undergoing chemotherapy and other infusion therapies at the Clinical Cancer Center are offered 15-minute seated relaxation sessions during their treatment, involving gentle massage of the shoulders, hands, or feet. Thanks to philanthropic support, this much-appreciated service is offered free of charge.

"Our Integrative Health Program demonstrates the commitment of The Cancer Institute to provide care that goes beyond treating the cancer itself," concludes William L. Carroll, MD, director of The Cancer Institute, the Julie and Edward J. Minskoff Professor of Pediatrics, and professor of pathology. "Our goal is to build strong teams who work together to provide the best symptom management and to ensure that our patients are as comfortable as possible throughout their experience with cancer." ■

*To learn more about the Integrative Health Program at the NYU Clinical Cancer Center or to make an appointment, call 212.731.5806. Information about specific services is also available at [cancer.med.nyu.edu/integrative-health](http://cancer.med.nyu.edu/integrative-health).*

## Deciphering the Roots of Cancer Pain

Many people with cancer experience debilitating pain. Narcotic pain medications can help, but patients may need progressively larger doses as their bodies become tolerant to the drugs, and those doses can lead to profound fatigue and chronic constipation. Brian L. Schmidt, MD, PhD, DDS, and his fellow investigators conduct studies to gain a better understanding of the fundamental causes of cancer pain to learn how to manage it more effectively.

Dr. Schmidt—professor of oral maxillofacial surgery at the NYU College of Dentistry and professor of physiology and neuroscience at NYU School of Medicine—came to NYU in 2010 from the University of California, San Francisco (UCSF). He and a team of cell biologists, cancer researchers, and neuroscientists in his lab are studying the mechanisms responsible for cancer pain. As a head and neck surgeon, he is keenly aware of the pain that patients with head and neck cancer experience. He laments, "Very little is known about the mechanisms responsible for head and neck cancer pain, so very little progress has been made in targeting the associated molecules."

In a study seeking to identify the molecules released by squamous cell carcinoma in the head and neck, Dr. Schmidt is evaluating pain with a questionnaire designed to characterize cancer pain experienced by a patient before surgery. Immediately before cancer surgery, Dr. Schmidt inserts a probe into the tumor to collect such molecules.

He is also leading a study at the NYU Cancer Institute at NYU Langone Medical Center to assess a medication derived from cannabinoid, called Sativex®. This pain medication is sprayed under the tongue to reduce chronic cancer pain. "It's exciting to be evaluating a drug specifically intended for cancer pain," notes Dr. Schmidt. Patients interested in this study are encouraged to call 212.998.9586.

In another study, Dr. Schmidt and UCSF colleagues are exploring genetic predictors of debilitating symptoms associated with some types of cancer, including pain, depression, anxiety, fatigue, and sleep deprivation. "If we can pinpoint genetic factors that predict those symptoms in patients before treatment, we'll know who needs extra attention to address them," Dr. Schmidt explains.

His projects are part of The Cancer Institute's commitment to treating the whole patient, and the dedication to translational research. "Many of our research efforts at NYU Langone are sparked by challenges that we observe in the clinic, and informed by knowledge that we glean in the laboratory. Ultimately, we hope to apply our success in the laboratory to improving patient care," concludes Dr. Schmidt. ■

*For a more in-depth version of this article, visit [nyuci.org/newsletter](http://nyuci.org/newsletter).*

# Are Electronic Cigarettes Safe?

The craze has accelerated so fast that tobacco researchers are struggling to keep up

"It's easy to quit smoking. I've done it hundreds of times." This quote, widely attributed to American humorist Mark Twain, could easily have been uttered by any of the millions of smokers who have tried unsuccessfully to quit.

There's a relatively new product on the market to help them try: electronic cigarettes. "E-cigarettes" are designed to look like "real" cigarettes and mimic the smoking experience while delivering the nicotine that smokers crave, but without the cancer-causing tar in regular cigarettes. According to *Business Week*, the e-cigarette industry is expected to top \$1 billion in annual sales in the next few years.

But are they safe? And do they help smokers to quit? We asked Donna Shelley, MD, MPH, associate professor of population health and medicine, who leads the Smoking Cessation Program at the NYU Clinical Cancer Center.

## What is an electronic cigarette?

Electronic cigarettes are battery-operated products designed to deliver nicotine. They turn nicotine and other chemicals into a vapor that is inhaled by the user. The reusable versions are composed of a device featuring a rechargeable battery, an atomizer to create a water vapor that resembles tobacco smoke, and a replaceable cartridge that contains nicotine, flavor, and other chemicals. There are also disposable non-rechargeable e-cigarettes. Most e-cigarettes are manufactured to

look like conventional cigarettes, cigars, or pipes. Some resemble everyday items such as pens and USB memory sticks. No prescription is needed to buy them.

## Are e-cigarettes safe?

"The safety of e-cigarettes has not been fully studied, so the jury is still out," says Dr. Shelley. "There's a lot we don't know, such as how much nicotine a person is inhaling with each puff, or what other chemicals they are inhaling from

(FDA) does not regulate e-cigarettes, though that may soon change. The FDA also warns that it is not known if e-cigarettes may lead young people to try other tobacco products, including conventional cigarettes.

## Why are e-cigarettes so popular?

Fueling the e-cigarette trend is the abysmally low success rate associated with existing smoking cessation methods. Within one year after quitting, 75 percent of smokers in the United

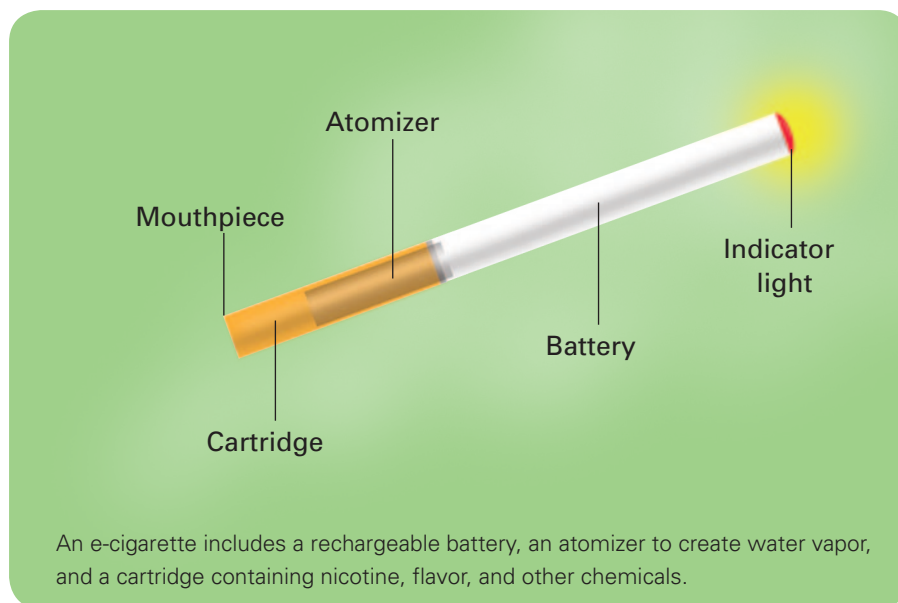
States are lighting up again. "Smokers want to quit, but we haven't given them a product that can mimic the experience of smoking," Dr. Shelley notes. "Smokers who could not quit successfully using other products that deliver nicotine, like the nicotine patch or gum, see e-cigarettes as an attractive alternative."

Smokers also view e-cigarettes as something they can use in places where conventional cigarettes are

prohibited, such as offices, restaurants, theaters, and other public places.

## Do e-cigarettes help people quit smoking?

A study from New Zealand, published online in the journal *The Lancet* on September 9, 2013, concluded that while e-cigarettes were "modestly effective" in helping smokers to quit and about as effective as nicotine patches, "uncertainty exists about the place of e-cigarettes in tobacco control, and more research is urgently needed to clearly establish their overall benefits and harms." While some people have



the cartridges. More research needs to be done."

Indeed, the e-cigarette craze has accelerated so rapidly that tobacco researchers are struggling to keep up. "They came onto the market and were adopted so quickly that they overwhelmed the regulatory and research communities. We're playing catch-up right now," adds Dr. Shelley.

In addition, unlike other nicotine replacement therapies (such as gum, patches, and nicotine inhalers), the U.S. Food and Drug Administration

used e-cigarettes to quit smoking, Dr. Shelley has seen many patients who did not use them successfully. "It looks like a cigarette, and smokers expect it to feel like smoking a cigarette. But it is often disappointing," Dr. Shelley says.

One of the problems is that electronic cigarettes are not regulated by the FDA, so there is no way of knowing how much nicotine someone is inhaling from an e-cigarette. In addition, the amount and reliability of nicotine delivery may be different depending on which product a smoker uses, making it difficult for them to rely on e-cigarettes as a way to avoid nicotine withdrawal and relapse. Dr. Shelley and her col-

leagues conducted an informal survey outside a Greenwich Village e-cigarette store and did find that many people who had not smoked in over a year used the devices to keep them from going back to conventional cigarettes.

### What's the bottom line?

"There's still so much we don't know about the safety of e-cigarettes or how effective they are for helping people quit," says Dr. Shelley. "If you're really interested in quitting, try one of the FDA-approved smoking cessation aids, which have been highly tested and for which we know the safety profile. It's really hard to quit smoking, but millions of people have done it." ■

## The Smoking Cessation Program at the NYU Clinical Cancer Center

Launched in 2012, the Smoking Cessation Program at the NYU Clinical Cancer Center offers intensive one-on-one counseling and pharmacotherapy (nicotine replacement and/or other medications) to help smokers quit. The program features:

- An initial, thorough, one-hour consultation and assessment of the individual's smoking-related behaviors and past attempts to quit.
- The setting of a quit date, with supportive medication prescribed.
- Development of a personalized Quit Plan.
- At least four additional consultations, including telephone follow-up, with the first follow-up visit in person within two days of the quit date to see how the person is doing and to monitor for any side effects of the medication.
- Acupuncture (at the NYU Clinical Cancer Center) and hypnosis (through the Rusk Institute for Rehabilitation Medicine) are also available if desired.
- Patients whose smoking history makes them eligible for lung cancer screening may be referred for this service through the NYU Langone Medical Center Lung Cancer Screening Program.  
(Visit [nyulmc.org/lungcancerscreening](http://nyulmc.org/lungcancerscreening))

Patients can receive continuous support until they have successfully stopped smoking. "The more support people get, the more likely they will succeed in quitting," Dr. Shelley concludes. "Only a smoker can decide which approach is best. I facilitate that conversation and the thought process. I tell patients we are in it for the long haul, and we'll keep trying until it works."

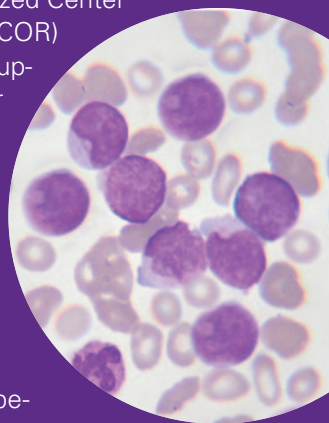
*To make an appointment with the Smoking Cessation Program at the NYU Clinical Cancer Center, call 212.731.5767.*

## Cancer Institute Director Receives Multiyear Support for Leukemia Research

William L. Carroll, MD, director of the NYU Cancer Institute at NYU Langone Medical Center, the Julie and Edward J. Minskoff Professor of Pediatrics, and professor of pathology, and his colleagues have received a multimillion-dollar Leukemia & Lymphoma Society Specialized Center for Research (SCOR)

grant that will support multicenter research with the potential to improve the treatment of acute leukemia in young patients. The \$6.25 million grant covers a period of research starting in October 2013 and proceeding over the following five years. This collaborative grant covers four research projects and two core facilities at six institutions, including The Cancer Institute. Dr. Carroll, an internationally recognized authority on pediatric leukemia, is serving as the principal investigator of the project, which is entitled "Developing Novel Therapies for Pediatric and Young Adult Acute Lymphoblastic Leukemia (ALL)." ■

"Enormous progress has been made in the treatment of pediatric ALL over the last 50 years, and today more than 85 percent of young patients with this disease can be cured," says Dr. Carroll. "However, we need to learn a lot more about the remaining 15 percent of patients whose disease returns and cannot be treated successfully. This grant will help us to gain a better understanding of the signaling pathways that drive ALL in these patients and to identify new targeted therapies that home in on those pathways to inhibit leukemia growth." ■



# The NYU Cancer Institute Gala

A night to remember

Nearly 500 benefactors of the NYU Cancer Institute at NYU Langone Medical Center gathered at The Plaza in New York City on October 17 for the annual Gala. The event raised \$1.7 million to support The Cancer Institute's patient care, research, and educational programs.

"When we get together each year for this festive event, we have an opportunity to reflect on how much The Cancer Institute has grown since its establishment and to think about where we want to go in the future," said William L. Carroll, MD, director of The Cancer Institute, the Julie and Edward J. Minskoff Professor of Pediatrics, and professor of pathology. "It takes a team to make headway in our quest to conquer cancer. Our supporters who attended the Gala are valuable members of our team. I'd particularly like to thank The Cancer

Institute Advisory Board for their hard work and dedication in contributing and raising funds to bolster our efforts." The Gala was chaired by Dr. Carroll, The Cancer Institute Advisory Board, and Advisory Board chair Lori Fink.

This year's Gala honoree was Richard Shapiro, MD, associate professor of surgery and director of Surgical Oncology Operations, whose practice is devoted to the comprehensive care of patients with malignant melanoma, breast cancer, and soft-tissue tumors. His leadership led to the creation of the first truly multidisciplinary breast cancer clinic at Bellevue Hospital Center. Dr. Shapiro is also a founding member of the NYULMC Interdisciplinary Melanoma Cooperative Group, whose laboratory and clinical research collaborations have set new standards for the treatment of melanoma around the world. ■



*Constance M. Silver (left) and Phyllis Putter Barasch, NYU Cancer Institute Advisory Board members and NYU trustees.*



*Wendy Banner (left) and Advisory Board member Ellen Banner.*



*Laura Perlmutter (left), Advisory Board member and NYULMC trustee, and Sylvia Hassenfeld, NYULMC trustee.*



*Kenan Turnacioglu (left) and Joshua Samuelson, Advisory Board members.*



*Lori Fink, Advisory Board chair, with Richard Shapiro, MD, the Gala honoree.*

# Planning Today for Tomorrow

Giving options offer flexibility and benefits

Feeling grateful for what your doctor did for you? Amazed by what our researchers are doing to advance the care of cancer? Interested in partnering with us to help find a cure for cancer? Consider supporting the NYU Cancer Institute at NYU Langone Medical Center (NYULMC) through a bequest or other planned gift.

Planned giving is a way to support the institution through your will, a retirement account, a trust, or other vehicles to make a charitable contribution to The Cancer Institute after your death. "We work with donors to help them direct

Planned giving is a way to support The Cancer Institute through your will, a retirement account, a trust, or other vehicles to make a charitable contribution after your death.

their contributions to something that can make them feel special or great," explains Marilyn Van Houten, senior director of planned giving at NYULMC.

"Helping the next generation can really make a difference," adds Michelle Gelber, director of planned giving. "A donation made today can help someone years from now through the fruits of research."

While leaving a portion of your estate to The Cancer Institute in your will or trust is the most obvious way to include the institution in your estate planning, there are other ways to do so without having to change your will or trust. The planned giving team at NYULMC can work with you to help you find the vehicle that works best for you. Other options include:

- Designating The Cancer Institute as a beneficiary of a retirement account, such as an IRA or 401(k) plan. While bequests and retirement plan assets given to loved ones are subject to estate taxes, retirement plan assets are subject to the additional burden of federal and state income taxes, because pretax dollars were used to create the retirement funds. So designating The Cancer Institute as a beneficiary of your IRA accounts may reduce the tax burden for your family members.
- Designating The Cancer Institute as a beneficiary of a life insurance policy or bank account. The funds go directly to The Cancer Institute without having to go through the probate process.
- Including The Cancer Institute as a beneficiary of a charitable remainder trust, charitable gift annuity, or charitable lead trust. These vehicles generate income for you during your retirement years, with the remainder transferrable to The Cancer Institute upon your death.

Gifts of any size are appreciated. "We can't emphasize enough how important every single gift is to make this institution run," says Ms. Van Houten. ■

## For more information about planned giving for The Cancer Institute, you may:

Call the Planned Giving Office at **212.404.3653**.

E-mail [plannedgiving@nyumc.org](mailto:plannedgiving@nyumc.org).

Visit us online at [development.med.nyu.edu/charitable-gift-planning](http://development.med.nyu.edu/charitable-gift-planning).

## EVENTS

### DECEMBER

Healthy Holiday Eating  
Thursday, December 12  
12:00 p.m.–1:30 p.m.

Cancer Survivorship Lecture Series:  
Expression through Art  
Wednesday, December 18  
5:30 p.m.–6:30 p.m.

For additional information,  
please visit [NYUCI.org](http://NYUCI.org).  
RSVP IS REQUIRED.

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For more information, please contact Margo Bloom at 212-404-3638 ([margo.bloom@nyumc.org](mailto:margo.bloom@nyumc.org)).

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