



July 2010

## **IU Simon Cancer Center among "best," according to U.S. News & World Report**

One cancer program in Indiana has been ranked by *U.S. News & World Report* in its 2010 publication of "America's Best Hospitals."

Cancer clinical care programs at Clarian Health-Indiana University School of Medicine (IUSM), including those at the Indiana University Melvin and Bren Simon Cancer Center, ranked #40 in the magazine's 2010-11 edition of "America's Best Hospitals." The IU Simon Cancer Center is the only cancer center in Indiana ranked in the guide.



The guide is accessible online at <http://health.usnews.com/best-hospitals>.

Overall, 11 clinical programs at Clarian Health-Indiana University School of Medicine are ranked among the top 50 national programs. Only 152 of the 4,852 hospitals evaluated nationwide performed well enough to rank in even one specialty. Clarian Health hospitals are the only Indiana hospitals included in the rankings.

The rankings were driven by data such as death rates, procedure volume, and balance of nurses and patients.

To be considered in any of the 12 data-driven specialties, a hospital first had to meet at least one of four criteria: It had to be a teaching hospital, or be affiliated with a medical school, or have at least 200 beds, or have 100 or more beds and the availability of four or more types of medical technology considered important in a high-quality medical facility, such as a PET/CT scanner and certain precision radiation therapies.

Next, the hospitals had to meet a volume requirement, individually calculated for each specialty. The required volume was the number of Medicare inpatients from 2006 to 2008 who had various specified procedures and conditions in

the specialty. A hospital that fell short could still qualify if it had been nominated by at least one physician in any of the U.S. News Best Hospitals reputational surveys conducted in 2008, 2009, and 2010.



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## IUPUI awards Signature Centers Initiative Grant to Indiana Center for Breast Cancer Research

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The Indiana Center for Breast Cancer Research is one of seven new centers to receive funding for three years under the IUPUI Signature Centers Initiative Grant Program.

The mission of the proposed Indiana Center for Breast Cancer Research is to address the full range of prevention, early detection, and treatment of breast cancer through translational projects, supportive cores, and synergistic programs.

The new center traces its roots to 2002 when **George Sledge**, MD, and **Linda Malkas**, PhD, co-founded the Breast Cancer Program (BCP) at the IU Simon Cancer Center.

During the past eight years, the BCP has successfully grown to encompass members from IU Bloomington and 10 departments of the IU School of Medicine. The BCP includes both basic and clinical investigators, enabling laboratory findings to be transferred quickly to the clinic.

Since its beginnings, the program has grown from six to 34 members, extramural funding has increased from \$1 million to \$10 million per year, investigator-initiated clinical trials have increased from three to 31 (including 11 in 2009), and two new Indianapolis-based biotech companies were started based on technology discovered in the BCP.

The quality of the research and clinical accomplishments of the BCP were recently recognized during the 2009 NCI visit when the program earned an "outstanding" score (based on the former NCI scoring system).

Those past successes -- as well as future accomplishments -- led IUPUI to award the three-year funding.

"Selection of the Indiana Center for Breast Cancer Research to receive funding under the IUPUI Signature Centers Initiative is a clear recognition of this center's existing research accomplishments and future promise," Kody Varahramyan, IUPUI vice chancellor for research, said.

To learn more about all of the Signature Center Initiative grants and the newly designated Signature Centers, visit <http://research.iupui.edu/centers/signaturecenters.html>.

The Signature Centers Initiative started in 2006 to create

nationally and internationally recognized research centers that are uniquely identifiable with IUPUI.



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## Help is on the phone: Reducing pain and depression of cancer

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Pain and depression associated with cancer -- symptoms often unrecognized and undertreated -- can be significantly reduced through centralized telephone-based care management coupled with automated symptom monitoring, according to researchers from the Regenstrief Institute and IU School of Medicine.

The Indiana Cancer Pain and Depression (INCPAD) study combined automated calls with follow-up calls from the nurse care manager to reduce pain and depression in cancer patients. Calls were made to individuals with all types of cancers seen by rural and urban community-based oncology physicians.

The improved outcomes of the patients who received the telephone-based care management and the feasibility of this approach was reported in the July 14, 2010, issue of the [\*Journal of American Medical Association \(JAMA\)\*](#).

"Because oncologists are busy with testing, chemotherapy and other treatments, they often have too little time left for quality of life issues, like pain and depression. We felt one solution might be a partnership between a telephone-based symptom management team and community-based oncology practices. We found that an economical, centralized approach is feasible to conduct and significantly improved symptoms of both depression and pain in patients in any phase of cancer from newly diagnosed to long term to recurrent to cancer free," **Kurt Kroenke**, MD, the study's principal investigator, said. In addition to being a member of the IU Simon Cancer Center, Dr. Kroenke is a Regenstrief Institute investigator and an IU School of Medicine professor of medicine.

An INCPAD nurse manager reviewed the data collected from the automated symptom monitoring phone calls that, for example, instructed the patients to rate their depression and pain on scales of 1 to 10. This data allowed the nurse's phone contacts to be more efficient by targeting areas needing attention.

Although most study participants, whose average age was 59, elected automated surveillance calls, they also were offered an option to participate online in this aspect of the study.

INCPAD enrolled 405 cancer patients, including 178 with both depression and pain, 131 with depression only and 96 with pain only. Patients who participated in the study were randomized to usual care or telephone-based case management.



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## News briefs

### Jeff Gordon Children's Foundation gift establishes Pediatric Cancer Research Fund

The Jeff Gordon Children's Foundation recently pledged \$1.5 million to the Riley Children's Foundation. The gift establishes the Jeff Gordon Children's Foundation Pediatric Cancer Research Fund. This fund will provide vital resources for Riley Hospital/IU School of Medicine researchers seeking to impact treatments, therapies, and cures.



Riley Hospital's Cancer Center, a national leader in providing clinical care and conducting research for pediatric cancer, treats 75 percent of all children with cancer in Indiana. The center's achievements during the past decade include increasing survival rates by 10 percent for children with high risk neuroblastoma and acute myelogenous leukemia.

The gift from The Jeff Gordon Foundation will create a \$1 million endowment to fund research conducted in partnership between Riley Hospital and the Wells Center for Pediatric Research at the IU School of Medicine. The remaining \$500,000 will address immediate research needs at Riley.

The Wells Center exists to push forward novel drugs and strategies for cancer prevention and treatment that are discovered. Focus is on developing programs that ultimately will have a clinical impact and create therapeutic advances that can be rapidly assimilated into the treatment of pediatric cancers. Research groups are developing a world-class program to understand the molecular basis for tumor cell development, progression, and eventual new and novel therapeutics.

### Industry relations policy announced

The IU School of Medicine's new industry relations policy has been announced. [Read it.](#)

### New Bio-Plex System introduced Aug. 5

An informational lunch seminar introducing the new Bio-Plex System in the Flow Cytometry Core is noon to 1 p.m. Thursday, Aug. 5 in Walther Hall, Room 303/305. Please RSVP to Steve Wowk, Bio-Rad instrument systems

specialist, at [steve\\_wowk@bio-rad.com](mailto:steve_wowk@bio-rad.com) or (614) 806-7471.

### **CDMRP videos posted**

CDMRP (Congressionally Directed Medical Research Programs) has posted the first two of four videos from its session "Department of Defense Funding Opportunities for Cancer Research" during the American Association for Cancer Research's 101<sup>st</sup> Annual Meeting on April 19. The videos are available at <http://cdmrp.army.mil/>.

### **Purdue hosts breast cancer symposium Oct. 18-19**

The International Symposium on Breast Cancer Prevention: Nutrition, Communication, and Public Policy is Oct. 18-19 at Purdue for researchers, clinicians, and advocates. Registration fees are \$175 and due by Sept. 15. Abstracts are due by Sept. 1. For full details, visit [www.purdue.edu/breastcancer](http://www.purdue.edu/breastcancer).

### **Registration open for CPTC's annual meeting**

The National Cancer Institute hosts the Clinical Proteomic Technologies for Cancer's (CPTC) fourth annual meeting Sept. 8-9 at the [Bethesda North Marriott Hotel & Conference Center](#) in Maryland. This year's event, Establishing the Standards in Clinical Proteomics, will highlight key areas in which CPTC has made significant achievements, including an optimized proteomics pipeline, FDA regulatory science, international open data access policies, and highly-characterized affinity reagents. Session themes will focus on:

- CPTC: Facing Clinical Application
- Advances in Proteomic Technologies
- Bioinformatics Resources and Tools for the Proteomic Community
- Platforms for Protein Discovery and Post-translational Modification Studies
- Targeted Quantitative Proteomics
- Reagents/Standards Development

[Registration](#) for the annual meeting is currently available on the [CPTC Web site](#).

### **NCI's caBIG annual meeting is Sept. 13-15**

Join the National Cancer Institute for its 2010 caBIG<sup>®</sup> Annual Meeting - Building a Collaborative Biomedical Network - to:

- Learn about the critical importance of biomedical informatics and information technology in facilitating multidisciplinary collaboration across institutional barriers and advancing biomedical research
- Discover caBIG<sup>®</sup> capabilities that can support your work and share lessons learned with others who have developed and applied caBIG<sup>®</sup> technology to advance basic and clinical research
- Engage in unparalleled opportunities for networking and information exchange with leaders in biomedical informatics
- Investigate innovative tools and explore the caBIG<sup>®</sup>

services-oriented architecture during hands-on sessions and demonstrations

The meeting is Sept. 13-15 in Washington, D.C. [Visit the caBIG Web site for more details.](#)

### Grants available to researchers

For the latest grant opportunities, visit the [Funding Opportunities](#) page on the IUSCC Web site.

### Cancer center members in the news

- In "[Race and Ethnicity and Breast Cancer Outcomes in an Underinsured Population](#)," published in the *Journal of the National Cancer Institute*, **Robert Goulet**, MD, **Robert Pennington**, MD, **Susan Clare**, MD, PhD, and colleagues wrote: "We compared the breast cancer outcomes of underinsured African American and non-Hispanic white patients who were treated at a single institution. In this underinsured population, African American patients had poorer breast cancer-specific survival than non-Hispanic white patients. After adjustment for clinical and sociodemographic factors, the effect of race on survival was no longer statistically significant."
- **Lawrence Einhorn**, MD, and colleagues reported in the June 28, 2010, *Journal of the National Cancer Institute* that testicular cancer represents the most curable solid tumor, with a 10-year survival rate of more than 95 percent. However, that success is offset by the emergence of considerable long-term morbidities. Einhorn and others summarized: "Just as testicular cancer once served as the paradigm of a curable malignancy, comprehensive follow-up studies of testicular cancer survivors can pioneer new methodologies in survivorship research for all adult-onset cancer."
- The *British Journal of Cancer* published "[Inflammatory Cytokines and Aromatase Inhibitor-associated Musculoskeletal Syndrome: A Case-control Study](#)," by **Anna Maria Storniolo**, MD, and colleagues July 6.
- **Jian-Ting Zhang**, PhD, and colleagues reviewed the recent progresses in understanding the structure, function, and the role of human fatty acid synthase (FASN) in cancers and pharmacologically targeting FASN for human cancer treatment. "[Biochemistry, Molecular Biology, and Pharmacology of Fatty Acid Synthase, an Emerging Therapeutic Target and Diagnosis/Prognosis Marker](#)" appeared in the July 18 issue of the *International Journal of the Biochemistry and Molecular Biology*.
- **Kenneth Nephew**, PhD, **Curt Balch**, PhD, and **Robert Bigsby**, PhD, wrote in [Epigenetics](#): "Like embryonic/tissue stem and other (non-ovarian)

carcinoma cells, ovarian cancer cell epigenetic plasticity reflects an inherent transcriptional flexibility for context-responsive alterations in phenotype. It is possible that this plasticity could be therapeutically exploited for the management of this lethal gynecologic malignancy."

- Cancer researchers, including **Kenneth Nephew**, PhD, have discovered a previously unknown type of gene regulation and DNA behavior in breast cancer cells that may lead to better insight about environmental exposure to estrogen-like compounds. A new study, published in the journal [Genome Research](#) by researchers at The Ohio State University Comprehensive Cancer Center-Arthur G. James Cancer Hospital, the Richard J. Solove Research Institute (OSUCCC-James), and others provides the first evidence that cells can regulate many genes at once by looping their DNA, contributing to cancer when it goes awry. In this study, the gene regulation was discovered in breast cancer cells as a response to the hormone estrogen and resulted in the silencing of 14 genes at one time.
- Entremed Inc., a Rockville, Md.-based clinical-stage pharmaceutical company, recently announced the publication of preclinical data for a Phase 2 oncology drug candidate. Results of the study, conducted by Entremed's collaborator **Sherif Farag**, MD, PhD, and colleagues were published in the online version of the *British Journal of Haematology* on June 15 and are scheduled to be published in print in the Aug. 1 issue. [Full details.](#)

#### **New members**

**Elliot Androphy**, MD

*Department of Dermatology*

Full member, Tumor Biology and Microenvironment

**Philip Johnson**, PhD, MSc, BSc

*Department of Psychiatry*

Associate member, Breast Cancer

**Manjari Mazumdar**, PhD

*Department of Biochemistry and Molecular Biology*

Associate member, Hematopoiesis, Microenvironment, and Immunology

**Adam Zlotnick**, PhD

*Molecular & Cellular Biochemistry*

Full member, Experimental and Developmental Therapeutics