



SimmonsCooper Cancer Institute at SIU

Summer 2008

DIRECTOR'S MESSAGE—K. THOMAS ROBBINS, M.D.

The ceremonies on July 9th and 10th celebrating the completion of our new building define a momentous time in the history of the cancer program at SIU. Therefore, it is only appropriate to focus my message for this edition of the newsletter on the occasion. My reflections on the subject were included in the souvenir brochure for our guests at the celebration dinner, and I would now like to share them with you.



Symbols of a building: landmark; milestone; icon.

Tonight we are celebrating the completion of a new building at SIU that is dedicated to cancer care and research. This handsome facility, stands boldly on the most visible and frequented side of the campus, and represents a new face to our growing medical district. Its uplifting and modern design signifies state of the art care for patients while its warm and inviting décor conveys hope and healing.

Besides serving as an impressive landmark, our new building defines a milestone in the journey toward our vision of becoming the premier comprehensive cancer program for rural Illinois. Through our multidisciplinary health care teams and research collaborations, we will develop the best practice models, and discover new ones, that lessen the burden of cancer for our citizens. The new facilities will serve to strengthen and streamline the multitude of activities currently being conducted at several sites.

Lastly, our new building will serve as a catalyst for future progress including the recruitment of outstanding oncologists and scientists to join our team. Its presence will help to define our success and become recognized as the center for the most advanced treatment, and hence an icon.

Thank you to everyone who participated in the creation of a unique facility.

K. Thomas Robbins MD
Director,
SimmonsCooper Cancer Institute

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Staffing Updates

Congratulations to the following faculty members, they have been promoted with tenure—**Deliang Cao, MD, PhD** from assistant to associate professor of medical microbiology/immunology & cell biology; **Elizabeth Peralta, MD**, from assistant to associate professor of surgery. Faculty member **John Godwin, MD**, received tenure.

Please join us in welcoming **Nora Klinger**, Researcher II, to our clinical trials staff. Nora comes to us from Memorial Health System where she served as an Infection Control Intern. She was also a Senior Environmental Health Inspector for the Sangamon County Department of Public Health. Nora recently received her MPH from the University of Illinois at Springfield.

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Newsletter Focus

**From the department of Dermatology—
Lucinda S. Buescher, MD
Associate Professor of Dermatology**

Skin cancer is the most common form of cancer in the world. Approximately, 1.5 million cases of skin cancer occurred in the United States in 2007. There are several types of skin cancer. The three most common types of skin cancer arise from different cells in the epidermis. Basal cell carcinomas arise from cells making up the bottom layer of the epidermis, the basal layer. These cells are the proliferating cells and regenerate the epidermis constantly. The cells above this layer, the squamous cells, function to produce the final, outer layer of skin which provides a critical barrier to the environment. Aberration of these cells can lead to squamous cell carcinomas. Finally, melanomas arise from melanocytes which are the pigment producing cells typically found scattered along the basal layer of the epidermis. Melanocytes produce pigment as a result of ultraviolet-induced DNA damage in an attempt to prevent further ultraviolet mutations.

Basal cell carcinomas are the most common form of all skin cancers. More than 1.2 million cases were reported in the United States in 2007. The clinical features of this skin tumor can vary, but the most common presentation is a smooth, shiny papule arising on chronically sun-exposed skin, usually the head and neck. Since the lesion is asymptomatic and slow-growing, it often doesn't come to the attention of the patient or physician until it ulcerates. Despite their insidious development they are eventually locally invasive and destructive, though they rarely metastasize. The greatest risk factors for developing basal cell carcinoma include cumulative (lifetime) ultraviolet light exposure and fair complexion. Individuals at risk have light-colored skin which sun-burns easily and rarely tans, which freckles with chronic ultraviolet exposure; often have naturally red or blond hair and light colored eyes (blue or green). Less common risk factors are a history of ionizing radiation or immunosuppression. Additionally those with a history of a prior basal cell carcinoma have a higher risk of developing others and require lifelong screening.

The second most common type of skin cancer is squamous cell carcinoma, with over 200,000 cases reported in the United States last year. Again, the presentation is variable

depending on the subtype, but most are pink papules or plaques with some degree of keratinization (thickening of the outer horny layer resulting in irregular roughness). These may arise over several months with the exception of one characteristic subtype known as a keratoacanthoma. This tumor erupts within six weeks to a dome-shaped tumor, often 2 or more centimeters in diameter, with a large, central, keratin-filled plug. Despite the aggressive clinical appearance, many of these turn out to be squamous cell carcinoma-in-situ and some may regress if left untreated. Unfortunately, squamous cell carcinomas have a higher likelihood of metastasis, especially when they occur on the lower lip. The same risk factors noted above for basal cell carcinoma apply to this form of skin cancer. However in immunosuppressed transplant recipients, the ratio of squamous cell carcinoma to basal cell carcinoma is reversed.

The third type of skin cancer, melanoma, is the least common of the three but causes the greatest morbidity and mortality. In 2008, it is estimated that over 62,000 cases will be diagnosed in the United States and more than 8000 deaths will occur from it. These statistics do not include cases of melanoma-in-situ which is also on the rise. In men, its incidence is increasing faster than any other cancer and in women it lags only behind lung cancer. This cancer strikes relatively young individuals; the median age at diagnosis is 45-55 years. An estimated 30% of melanomas arise in a pre-existing nevus ("mole"), the majority appear as a new pigmented lesion. Most melanomas demonstrate some degree of clinical atypia such as irregular or indistinct borders and color variegation to include browns, black, grey, blue, red and white in the same lesion. In men, approximately one third of cases will appear on the trunk, one quarter on the head and neck and one quarter on the legs. In women, over half of all melanomas arise on the legs. Melanoma risk is also related to ultraviolet light exposure, but is more correlated with intense, intermittent exposure resulting in burns, especially occurring in childhood. Fair skin is at greater risk with this skin cancer as well. Another risk factor unique to melanoma is the presence of a high number

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of melanocytic nevi (>50) or a large congenital nevus (>20cm). Patients with a family history of melanoma have increased risk, especially if they possess a high number of nevi. Patients diagnosed with melanoma have a 3-5% risk of developing a second primary melanoma and must undergo regular skin examinations. Finally, it is thought that up to 10% of cases of melanoma may be hereditary and 50% of those are associated with a *p16* mutation (CDKN2A). Consider this possibility in patients with two or more melanomas personally or in their family and a personal or family history of pancreatic cancer.

Skin Cancer Prevention

Prevention obviously starts in childhood with appropriate ultraviolet protection, especially in fair individuals. It has been shown that a significant part of our sun damage occurs before we become adults. Despite that, it is never too late to start a good photoprotective regimen, to minimize further risk of skin cancer. In most adults, ultraviolet exposure occurs incidentally, on a daily basis during routine excursions outdoors and driv-

ing. The best way to practice protection is to apply a lotion containing a sunscreen (SPF 15 or higher) to exposed skin on a daily basis, at least 30 minutes before sun exposure. In addition to the SPF number which determines the protection from burning (ultraviolet B rays), the active ingredients should list one of the following to block ultraviolet A rays which contribute to skin cancer and signs of aging: avobenzone, zinc oxide, titanium dioxide, ecamsule. When outdoors for longer periods of time, one should use a higher SPF, reapply sunscreen every 90 minutes, wear protective clothing (especially wide-brimmed hats), and avoid direct sun between 10am and 4pm.

Beyond practicing good sun protection and avoiding tanning beds, it is important to do regular (monthly) skin self-examinations to become familiar with where one has nevi and what they look like. If one notes a new nevus, a change in the shape, size, color or texture of an older nevus or a spot that doesn't heal as expected bring it to the attention of a physician. Early removal of all forms of skin cancer is curative.

Summer Sun Protection Tips

1. Avoid being outdoors between 11am and 3pm
2. UV reflection from sand, water, pavement cement and snow can redirect up to 85% of the sun's damaging rays, so beware of these reflective surfaces.
3. Check your local paper or radio station every day for the UV index. The higher the number, the greater the need for eye and skin protection.
4. Beware of cloudy days, as the UV light can still burn your skin.
5. Wear sunscreen with a minimum of 15 SPF, and if you have a higher risk for melanoma, you should be using a minimum of 30 SPF.
6. Wear sunscreen under your clothing; a standard T-shirt only provides SPF protection of 5 to 8.
7. Be sure your sunglasses have UVA and UVB protections, which should filter at least 80% of the sun's rays.
8. Don't forget to apply sunscreen to your lips and ears!

Information taken from skincareguide.com

Grants Office



Dr. Sophia Ran, PhD, MMI & CB and Internal Medicine Department resident, Lakshmi Paruchuri, M.D

We all know cancer is one of the most devastating and widespread diseases of our time. It is the rare family that has not had one person diagnosed with cancer – a grandmother, a brother, a spouse. This disease is personal, and it is those of us who have been left in its wake that understand the urgency to do more to stop cancer in its tracks. All of SCCI's researchers are working diligently to find the one thing that could break this disease apart.

To that end, the following have been awarded grants to pursue their unique investigations. Dr. Elizabeth Peralta and Dr. Mary McAsey each received 1st year funding from the William E. McElroy Charitable Foundation. Drs. Sophia Ran and Yin-Yuan Mo received 2nd year continuum support from the McElroy Foundation. The McElroy Foundation funds research only in the fields of cancer and heart disease.

Dr. Laura Rogers has been awarded a two-year grant from the SimmonsCooper Cancer Institute (SCCI) at SIU to study how exercise effects breast cancer patients.

The study is supporting on-going research on how exercise changes the markers of inflammation, the level of fatigue and sleep patterns in breast cancer patients. Results of the study will be used to design and test programs to increase exercise participation in cancer survivors. SCCI start-up grants are awarded to support promising projects from SIU faculty working toward national funding.

Dr. Rogers, associate professor of internal medicine, is the principal investigator for the project. A researcher since 1989, Rogers' previous research has also focused on healthy lifestyles related to high cholesterol management, osteoporosis and osteoarthritis.

Clinical Trials

The SimmonsCooper Cancer Institute will soon be opening a trial entitled "Phase 2 Randomized Study Comparing Two Dose Schedules of Ezatiostat Hydrochloride (Telintra™, TLK199 Tablets) in Low to Intermediate-1 Risk Myelodysplastic Syndrome (MDS).

This is a randomized, open label, multicenter, Phase 2 study comparing two dose schedules of Telintra™ in myelodysplastic patients. Telintra™ is an oral drug that will be given as one of two regimens. Telintra™ will either be taken daily for two weeks then off for a week or taken for 3 weeks and off one week. Treatment is planned for a maximum of 25 weeks.

The primary objective of this trial is to compare the

Hematologic Improvement-Erythroid (HI-E) rate.

Subjects must be at least 18 years of age with a histologically confirmed diagnosis of primary or de novo MDS using the World Health Organization (WHO) classification. ECOG performance status of 0 or 1.

For more information regarding this trial or for a listing of trials offered through the SimmonsCooper Cancer Institute Clinical Trials Office, please contact Kathy Robinson, PhD at 545-1946 or krobinson@siumed.edu, Susan Klug, RN at 545-7929 or sklug@siumed.edu, or Merri Ellen King, RN at 545-1190 or mking@siumed.edu.

SCCI Receives Memorial Gift

A gift honoring the Woerner and Robbins families has been made by a Canadian woman to the SimmonsCooper Cancer Institute (SCCI) at Southern Illinois University School of Medicine in Springfield. The unrestricted gift is \$250,000 and will become part of the institute's research endowment fund.

The gift has been made by Anna Woerner of Kitchener, Ontario, Canada, in memory of her husband, Klaus Woerner, and parents, Wycliffe and Elizabeth Robbins, as well as in honor of her brother, Dr. K. Thomas Robbins, director of SCCI.

"I wanted to honor the work that is being done in building this new center for cancer care and research, one located in a rural setting, similar to my own home, yet focused on providing the latest in treatment options for patients," explained Woerner. "My husband was a patient here for a while and I know the efforts by SIU's medical staff prolonged his life, so I am especially grateful because of that gift of time to our family."

Klaus Woerner died of cancer at the age of 65 in 2005. Originally from Germany, he immigrated to Canada and started an engineering group that became Automation Tooling Systems in 1978, a company that became involved in the automation industry internationally. Based in Canada's Waterloo region, the company today has more than 4,000 employees in two dozen offices. Woerner's various business awards included Canada's Entrepreneur of the Year in 1997. He supported several philanthropic causes.

Wycliffe and Elizabeth Robbins raised their family of four children in Corner Brook, Newfoundland. Both were high school teachers and Wycliffe Robbins became an administrator at the school where they taught.

"While we expect donor support for our new cancer institute to come from a variety of individuals, it is a delightful surprise for us to receive this international gift from Anna Woerner and we thank her for her generosity," said Dr. J. Kevin Dorsey, SIU's dean and provost. "It's an honor for SIU and a wonderful tribute for her husband, her parents and her brother."

Robbins joined SIU in 2003 as professor and chair of the otolaryngology head and neck surgery division. After two years as interim director, he was named director of SCCI in 2005. He has gained international recognition for his contributions to the field of head and neck oncology and has served as an invited guest lecturer in numerous countries.

The SimmonsCooper Cancer Institute at SIU offers state-of-the-art treatment for patients in central and southern Illinois as well as facilities for cancer research and physician and public education. This summer, it moves to a three-story, \$21.5 million facility in Springfield. More than 75 SIU physician and basic science faculty are involved with the institute. It is named in recognition of the \$10.2 million pledged donation from the SimmonsCooper law firm.



Wycliffe and Elizabeth Robbins



Klaus Woerner

SCCI Building Progress

The SimmonsCooper Cancer Institute at SIU serves as a center of care and hope for patients from around the state as well as a dramatic new front door entrance to SIU School of Medicine in Springfield. The Cancer Institute offers multidisciplinary cancer clinics, where medical, surgical psychosocial, and ancillary and support services are available to the patient at the same location and point in time.

The design of the building signals strength and hope and the combination of traditional brick and great expanses of glass sends that message. A central ‘spine’ of glass runs through the building, providing natural light on the upper floor.

The building is three stories tall with its main entrance on the corner of Rutledge and Carpenter. It features an open, two-story lobby. Chemotherapy suites are on the first floor, along with two large cancer care clinics. A

resource library and large central meeting room also are on the first floor.

The Women’s Cancer Care Center is on the second floor along with the institute’s administrative offices as well as offices for physician faculty and nurse coordinators.

The third floor will contain translational and bench research labs where research scientists and physicians can work together. These laboratories will augment the eight new cancer research laboratories already developed in existing medical school buildings.

The mission of the SimmonsCooper Cancer Institute at SIU is to serve the people of central and southern Illinois by addressing their present and future cancer care needs through medical education, biomedical research, and patient service.



Progress on SCCI building
6/18/08

Long before the construction began on its state-of-the-art facility in Springfield, a foundation was built for the SimmonsCooper Cancer Institute at SIU on the belief that research is the path to a cure for cancer. Your support of the Institute will help accelerate the growth that is critical for its success.

Research offers hope

SCCI Ribbon Cutting and Dedication Dinner



Dr. J Kevin Dorsey speaks at ribbon cutting ceremony



Ribbon Cutting ceremony at the new SCCI building



Dedication dinner at Abraham Lincoln Presidential museum



John Simmons, Roger Tedrick, Keith Sanders, Marquita Wiley, Demetrous White Jr., Ed Hightower, Stephen Wigginton



Dr. Tom Robbins and keynote speaker, Sandra Steingraber



Author, Sandra Steingraber, PhD speaks about her personal investigation of cancer and the environment

Denim and Diamonds



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www.siumed.edu/cancer**