

# Alumni & Faculty Association

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#### Cervical cancer detection optical probe studied



*Dr. Michele Follen is principal investigator of the cervical cancer detection optical probe at M. D. Anderson Cancer Center.*

A new cervical cancer detection method, which uses a small fiber optic probe instead of a surgical knife, is being tested through an \$11 million National Institutes of Health grant for clinical trials at The University of Texas M. D. Anderson Cancer Center in Houston.

The trials employ a cancer-detecting optical probe developed by electrical engineering professor Dr. Rebecca Richards-Kortum at The University of Texas at Austin. Dr. Michele Follen, a professor of gynecologic oncology at M. D. Anderson, is leading the clinical trial to support U.S. Food and Drug Administration

Dr. Richards-Kortum's probe employs fluorescence and reflectance spectroscopy — measuring the wavelengths of light bounced off different surfaces. The probe shines light on the cervix and reports what it sees to a computer in the physician's office. Because cancer cells interact with light differently than healthy cells, the computer translates the light's interaction into either a healthy report or a possible problem.

"The new device doesn't require as much training and visual recognition skills as required for performing a colposcopy," said Dr. Follen. "It narrows the reporting time and is estimated to reduce the false positive rate by 40%."

Immediate results are more readily available to patients with no need for invasive biopsies and two-week follow-up appointments typically required to confirm the presence of pre-cancerous cells with standard screening methods.

Dr. Richards-Kortum, who has developed the optical system over the past 10 years with Dr. Follen, estimated this technology could save up to \$625 million annually in the United States through more efficient and effective cervical screenings.

"In the United States alone, more than \$6 billion is spent every year in the evaluation and treatment of low-grade precursor lesions, and

approval of the device.

Dr. Richards-Kortum's probe is being used on 1,800 women at four sites in the United States and Canada as an alternative to the colposcopy, the test which is a follow-up to the long-standing, painless cancer detection procedure known as the Pap smear. Colposcopy is performed after the Pap smear indicates the possibility of cervical cancer, the second most common cancer in women worldwide.

If the new probe imaging method proves effective and cost efficient, it could replace the Pap smear as a front-line detection tool, according to researchers.

resources are wasted on the evaluation and treatment of lesions not likely to progress to cancer," Dr. Richards-Kortum said.

Dr. Follen agreed, saying, "The treatment of cervical cancer could be vastly improved by technologies which increase accuracy, automate results and decrease the costs of screening and detection."

If studies prove successful, Dr. Richards-Kortum predicts that the technology could have broad applications to other organ sites such as the oral cavity, lungs, the digestive tract, the bladder and skin.

## High-dose chemotherapy in patients with breast cancer

--by Naoto T. Ueno, M.D., Ph.D., and Richard E. Champlin, M.D.

*(CR: complete response; PR: partial response; MR: minor response; SD: stable disease; PD: progressive disease; HDCT: high-dose chemotherapy; SDCT: standard-dose chemotherapy; CBT: cyclophosphamide, BCNU, thiotepa; CVP: cyclophosphamide, VP-16, cisplatin.)*

The treatment of primary and metastatic breast cancers with conventional combined-modality therapy (chemotherapy, surgery and radiation therapy) needs improvement. Despite such treatment, many patients with high-risk primary breast cancer still suffer disease recurrence and die as a result. Meanwhile, patients with metastatic breast cancer, which is generally considered incurable by conventional therapies, only receive treatment as a palliative measure.

Attempts to find a cure for breast cancer continue. Preclinical and clinical studies have revealed an association between dose escalation of alkylating agents (cyclophosphamide, carboplatin, cisplatin, etoposide, BCNU, thiotepa) and increased tumor response rates. Initial randomized Phase I and II studies in both adjuvant and metastatic settings suggest that high-dose chemotherapy with non-cross-resistant alkylating agents in combination with autologous hematopoietic stem cell transplantation as a treatment for breast cancer may be a superior alternative to standard-dose chemotherapy (SDCT).

Accrual to such randomized trials has been hampered, however, by several problems. First, subsequent randomized studies have not confirmed the early promising results obtained

Our combination of an HDCT regimen of CBT (cyclophosphamide, BCNU, thiotepa) and autologous hematopoietic stem cell transplantation in patients with metastatic breast cancer who had previously achieved a complete response (CR) to SDCT has produced a five-year disease-free survival of 50%.

This combination also has been shown to produce similar survival in patients who had achieved a CR by HDCT after they had first achieved a PR to SDCT. (In this group, the PR-to-CR conversion rate was 31 percent, and the patients most likely to achieve CR were those whose tumors were smaller or whose disease did not involve the liver.)

Furthermore, over the last three years, the mortality among patients with primary and metastatic breast cancers treated with HDCT combination regimen has been very low (0% and 2%, respectively).

Based on these results, we have been conducting protocols designed to eradicate minimal residual disease by post-transplantation treatment and double intensification of chemotherapy (i.e., combination of moderate HDCT regimen of CVP with CBT).

For more information, contact the Department of Blood and Marrow Transplantation at (713) 792-8750. For referral information, please call 1-800-392-6161.

**Protocols currently open for accrual:**

with high-dose chemotherapy (HDCT). Secondly, the integrity of some of the initial data has been questioned ever since it was revealed that some data in a study were falsified. And finally, in some cases the lay media have oversimplified the existing data on HDCT in breast cancer, and some editorials have flatly concluded that HDCT is ineffective.

As of June 2000, the results of six randomized trials for primary breast cancer and four randomized trials for metastatic breast cancer have been reported. While each of these studies had strengths and weaknesses in terms of design, careful review of the data they produced nevertheless suggests that clinical trials for HDCT are still needed and should continue to be supported at our institution.

This view is buttressed by the fact that advances in supportive care and the technology of hematopoietic transplantation have reduced morbidity and largely eliminated treatment-related mortality, thus making HDCT safer, more effective, and less expensive now than it was five to 10 years ago, when most of the randomized trials just mentioned were designed and initiated.

At M. D. Anderson, we are currently conducting several innovative clinical trials of HDCT in patients with primary and metastatic breast cancers. These trials are all aimed at solving the unique problems any patients may encounter.

### Primary breast cancer

- DM 95-047 (autologous transplantation with CBT):  $\geq 10$  positive lymph nodes after surgery or  $\geq 4$  positive lymph nodes after neoadjuvant chemotherapy.
- DM 95-046 (autologous transplantation with CVP and CBT): MR, SD or PD to neoadjuvant chemotherapy (PR for inflammatory breast cancer).
- DM 97-135: 4-9 positive lymph nodes.
- Inoperable breast cancer who has not received chemotherapy.

### Metastatic breast cancer

- ID99-004 (autologous transplantation followed with weekly Herceptin and Taxol): HER-2/neu-overexpressing breast cancer. CR or PR to pre-transplantation chemotherapy. Limited prior treatment with Taxol.
- DM 97-268 (mini-allogeneic transplantation): HLA-matched donor needed.
- DM 97-323 (autologous transplantation with interleukin-2): CR or PR to pre-transplantation chemotherapy.

For more information about clinical trials at M. D. Anderson, visit the M. D. Anderson website: [www.mdanderson.org](http://www.mdanderson.org)

## Events and programs for M. D. Anderson trainees

As part of our mission to foster continuing education and research advances in oncology, the M. D. Anderson Associates sponsor Trainee Recognition Day and a travel awards program for graduate students, post-doctoral fellows and residents at M. D. Anderson.

These two activities provide an avenue for trainees to showcase their work and be recognized for excellent research.

### Trainee Recognition Day

In May, six prizes were awarded to the best in basic science research and clinical/translational research. For the Amgen Award in Basic Science Research the winners were:

**First Place:** Geng Liu, Ph.D.

**Second Place:** Michael Davies, B.A.

**Third Place:** Jian Gu, Ph.D.

For the Bristol-Myers Squibb Award in Clinical/Translational Research the winners were:

**First Place:** Shouming Kong, M.S.

**Second Place:** Edward Kim, M.D.

**Third Place:** Patricia Castro, B.S.

In addition, six people received cash prizes in the poster contests. Some of the recipients are pictured on the left.

Next year's Trainee Recognition Day is scheduled for April 25-27. If you would like more information, please call (713) 794-1955.

### Travel Awards Program

Travel awards are presented twice a year and are based on an abstract competition, for which trainees present their research at national conferences.

This spring, a total of eight \$500 awards were distributed. Congratulations to the winners, and thank you to all who participated.



*Pictured left to right: Nancy Ward, graduate student, Tina Fanning, M.D., and Margaret L. Kripke, Ph.D.*



*Pictured left to right: Edward Kim, M.D., and Margaret L. Kripke, Ph.D.*

### M. D. Anderson launches international cancer center

Propelled by its mission to eradicate cancer in Texas, the nation and the world, M. D. Anderson officials have inaugurated M. D. Anderson International – España, its first international affiliation and Spain's first multidisciplinary full-service cancer center. Ceremonies took place June 7 in Madrid.

Later this summer, Spanish patients will be able to stay closer to home yet still be treated according to M. D. Anderson pathways and guidelines. Patients also will have access to many of the clinical trials offered at M. D. Anderson.

M. D. Anderson International – España is a venture between MDA Holding Company, a Spanish investment consortium, and the M. D. Anderson Outreach Corporation, a health care organization created in 1989 to proactively open and expand access to M. D. Anderson's internationally recognized standard of cancer care. Funding was provided by participants in Madrid.

Since signing the letter of agreement in March 1998, M. D. Anderson faculty and staff in Houston have worked side by side

with their Madrid counterparts, collaborating on infrastructure, staffing, training and quality assurance.

Teams from Madrid and Houston have crisscrossed the Atlantic to develop and implement a multitude of clinical practices and programs, including patient education, management information, radiation physics, nursing and pharmacy in an effort to replicate M. D. Anderson operations.

The facility will include outpatient clinics, outpatient chemotherapy units and 20 inpatient beds. Opening with approximately 50 employees, the center will see an estimated 500 patients in the first year.

More than 100 patients from Spain already come to M. D. Anderson in Houston every year. The center in Madrid will give those patients an opportunity to benefit from the M. D. Anderson approach to cancer care.

## American Association for Cancer Research (AACR) San Francisco, California - April 2000

AACR conference-goers took time out of their busy agenda to honor Dr. Waun Ki Hong, AACR president elect, at the M. D. Anderson Associates' reception.



John Mendelsohn, M.D., president of M. D. Anderson, congratulates AACR president elect [Waun Ki Hong, M.D.](#)



Pictured at a celebration honoring Waun Ki Hong, M.D., AACR president elect, were (left to right): Michael Siciliano, Ph.D., John Kavanagh, M.D., and Ralph Freedman, M.D., Ph.D.

## American Society of Clinical Oncologists (ASCO) New Orleans, Louisiana - May 2000

More than 200 ASCO participants attended the M. D. Anderson Associates' reception honoring Dr. Waun Ki Hong, the 2000 recipient of the David A. Karnofsky Memorial Award and Lecture.

ASCO represents more than 13,000 members worldwide and offers programs and services in support of local, regional, national and worldwide cancer research and practice.



Pictured at this year's ASCO reception are (left to right): Al Knudson, M.D., Fox Chase Cancer Center; Waun Ki Hong, M.D., M. D. Anderson; John Mendelsohn, M.D., president of M. D. Anderson.



Additional M. D. Anderson attendees are (left to right): Claire Verschraegen, M.D., Ralph Freedman, M.D., Ph.D., and Walter Hittelman, Ph.D.

## The Mike Hogg Award

*Michael S. Brown, M.D., professor of molecular genetics and internal medicine at The University of Texas Southwestern Medical School in Dallas, is the 2000 Mike Hogg Award winner.*

*The Mike Hogg Fund is dedicated to the support of medical research and education and to providing "medicine and hospital care and attention for worthy and deserving persons" within the state of Texas. The fund was established in 1955.*



*Dr. Brown is pictured here with Dr. Robert Bast, vice president for translational research at M. D. Anderson (left) and Dr. Grady Saunders, professor of biochemistry/molecular biology (right).*

## M. D. Anderson's approach to cancer care

Last October, approximately 75 healthcare professionals from across the country attended "Cancer Care — The University of Texas M. D. Anderson Approach."

This year's conference will be held Oct. 13–14 at M. D. Anderson and will be directed toward oncologists interested in chemotherapy, surgery and radiation therapy.

The event provides a broad understanding of the application of different treatments for more common cancers including bladder, kidney, leukemia, lymphoma, non-Hodgkin's, melanoma, thyroid and brain.

The deadline for advance registration is Sept. 29. For more information about the conference or to register, call Conference Services at (713) 792-2222.

### What's new on the 'Net?

Now you can "attend" M. D. Anderson institutional grand rounds with just a click of your computer mouse.

Net Grand Rounds is a novel continuing medical education (CME) Internet-based production containing a selection of M. D. Anderson's institutional grand rounds. Each presentation features three to four speakers, the video and audio streaming of each speaker, their slide presentation, the scrolling text of their lecture, selected literature linked to PubMed and the lecture objectives.

The 1999 CME event "Cancer Care — The University of Texas M. D. Anderson Approach" also is currently on-line. For those interested in receiving Category 1 CME credit, a test containing multiple choice questions related to the material presented is available.

This online presentation is provided free of charge and is just one of the many benefits you

### Upcoming Conferences and Events

- Sept. 7–9 — Leukemia 2000 – "Towards a Cure"  
George R. Brown Convention Center, Houston, Texas
- Sept. 8–9 — 12th annual "Living Fully with Cancer" Patient Conference\*  
Houston, Texas
- Sept. 22–23 — 4th annual Pulmonary and Critical Care Medicine Review Course\* M. D. Anderson Cancer Center Houston, Texas
- Oct. 5–6 — Blood and Marrow Transplantation: State of the Art in Managing Care\* M. D. Anderson Cancer Center Houston, Texas
- Oct. 13–14 — 2nd Annual M. D. Anderson CME Event\*\* "Cancer Care: The M. D. Anderson Approach"  
M. D. Anderson Cancer Center Houston, Texas
- Oct. 21–25 — American Society of Therapeutic Radiation Oncologists (ASTRO) Exhibit and Reception\*\*

receive as a member of the M. D. Anderson Associates.

Net Grand Rounds is a joint project of the Academic Programs Cancer Educator Production Team and The Levit Radiologic-Pathologic Institute.

- Boston, Massachusetts
- Oct. 22–27 — American College of Surgeons (ACS) Exhibit and Reception\*\* Chicago, Illinois
- Oct. 27–30 — American Academy of Pediatricians (AAP) Exhibit\*\* Chicago, Illinois
- Nov. 2 — Distinguished Alumnus Award Lecture\*\* M. D. Anderson Cancer Center Houston, Texas
- Nov. 14–17 — 53rd Annual Symposium on Fundamental Cancer Research: Genetic Mechanisms in Cancer\* Houston, Texas
- Dec. 1–5 — American Society of Hematology (ASH) Exhibit and Reception\*\* San Francisco, California

\* For more information, call (713) 792-2222.

\*\* For more information, call (713) 794-1955.

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