ONE MISSION

ANNUAL REPORT 2016
At Fox Chase Cancer Center, we are many and we are one. We represent a host of professions. Our educational backgrounds span numerous fields of study. Among us, there are newcomers and veterans. Some of us interact directly with patients, while some work behind the scenes in the lab. Our personal stories and our reasons for being here are as diverse as the many qualities that make us who we are.

What unites us is one mission: to prevail over cancer. It is fueled by our passion for the work we do and our devotion to the patients we serve.

Our achievements this past year reflect this singular purpose. With another successful core grant renewal, we continue our 40-plus-year legacy as a National Cancer Institute-designated Comprehensive Cancer Center. This distinction, which places us in an elite group of institutions, represents a level of excellence sought by patients around the country. It affirms our high caliber of research and life-saving clinical trials, and it is what attracts top researchers and clinicians to our institution.

We drive progress, compelled now by the challenge of the Cancer Moonshot to accelerate the pace of research over the next five years. In June, we joined with Vice President Joe Biden and our peers to host a history-making set of events. The first-ever Cancer Moonshot Summit kicked off a new era of collaboration among clinicians, researchers, and industry as we open communication channels, share data, and propel basic research and clinical trials to make the next discoveries that will bring new advances to patients.

Our legacy informs our direction. From our early years, luminaries like Paul Engstrom and Ann Skalka, both profiled in this year’s report, have shepherded Fox Chase’s dramatic growth. On the surface, one can see the transformation both in stature and reputation. What lies beneath sets us apart even further. It is the unique culture of caring so often noted by our patients and the community of science that gives rise to unfettered collaboration not only within our research enterprise but between our scientists and physicians and beyond our walls.

The work of these tremendous figures and many others on our faculty and staff does not happen on its own. Donors like Nicole Klein and Concetta Greenberg bolster the effort — by taking a fresh approach and by rallying support from a new generation of philanthropists.

Collectively, we help each patient feel uniquely cared for. With the strength of all, we proceed as a single force to push the boundaries even further to achieve our shared goal.

— Richard I. Fisher, MD
President and CEO at Fox Chase
COMMUNITY SUPPORT
The nursing team launched several new initiatives in 2016 to elevate the level of care that patients receive at Fox Chase Cancer Center. The Quiet Caring, Caring Chemo, and Improving Patient Medication Side Effect Education initiatives were developed during the last year by nurses who saw room for improvement.

“All of these improvement efforts are designed to enhance patients’ experiences and provide the highest level of care,” said Anne Jadwin, MSN, RN, vice president of nursing services and chief nursing officer at Fox Chase. “These initiatives represent the dedication and creativity of our nursing staff and their willingness to go above and beyond for their patients to make them feel as comfortable and cared for as possible.”

In an effort to reduce the amount of noise in the hospital, the nursing team launched the Quiet Caring initiative in October 2015. The initiative was piloted on the second floor and expanded to the rest of the hospital in January.

“We know noise is disruptive to patients,” said Kathleen Wolf, BSN, RN, director of Magnet/Nursing Quality at Fox Chase. “It interferes with healing and sleep. We’re trying to control noise that’s able to be reduced.”

Quiet hours were implemented from 1 to 3 p.m. and 9 p.m. to 6 a.m. During these times, visitors to the hospital are asked to carry conversations at a lower volume, and the nursing staff works to minimize the amount of noise coming from hallways and nursing stations. Nurses also attempt to cluster care — completing several tasks at one time — so as not to disrupt the patient multiple times.

Additionally, hospital overhead pages have been reduced, and signs about quiet hours have been posted around the hospital.

In the infusion room, nurses launched the Caring Chemo initiative. Through this initiative, nurses are working to better explain what patients can expect during chemotherapy and how patients can manage side effects at home. They are also striving to create a more comforting environment for patients and to serve as a resource for patients’ questions and concerns.

“With volume changes and additional visits, it became even more critical to make sure patients felt cared for,” Wolf said.

To make patients aware of the change, nurses posted signs and wore buttons encouraging patients to talk to their nurses about their concerns.

In response to patient feedback, the Fox Chase nursing team also launched an initiative to better explain and highlight medication side effects to their patients.

Surgical Stepdown Unit staff nurse George Doran, BSN, RN, in collaboration with the Fox Chase Pharmacy Department, created a side effect education tool based on a drug profile created by the Pharmacy Department of the most commonly prescribed medications. Nurses use an Excel spreadsheet and apply filtering capabilities to customize the list for individual patients. Upon patient discharge, a nurse opens the file, inserts the patient’s name, and selects each new medication the patient has been prescribed. The patient receives a copy of their individualized list, and the nurse reviews the list with them before they are discharged from the hospital.

“It’s an initiative showing improvement and increasing promise, based on recent patient satisfaction survey scores,” said Wolf.

All three initiatives were implemented successfully and will be monitored for patient satisfaction going forward.
n Feb. 11, 2016, Temple University Health System officials hosted a ribbon-cutting ceremony for a brand-new Fox Chase Cancer Center–Temple University Hospital Bone Marrow Transplant (BMT) Outpatient Clinic.

Fox Chase President and CEO Richard I. Fisher, MD, welcomed distinguished guests to the new facility housed at the adjacent Jeanes Hospital, part of Temple Health. Fisher was joined at the podium by the Honorable Jim Kenney, mayor of Philadelphia; Larry Kaiser, MD, president and CEO of Temple Health; Henry Chi Fung, MD, FRCPE, director of the Fox Chase–Temple BMT Program; and Heather Walters, a former patient.

The speakers described the advanced BMT facility and highlighted the sophisticated level of clinical care offered to both inpatients and outpatients. Kaiser credited Fisher, whose leadership in reinvigorating the BMT Program and in recruiting world-class physicians has propelled Fox Chase forward. This leadership, along with the invaluable insights and guidance of Fung as director, have created promising new research and treatment offerings to patients with blood cancers.

The program boasts prestigious distinctions and accreditations for exceptional patient care and research — most recently by Independence Blue Cross, which named Temple University Hospital a “Blue Distinction Center for Transplants” in recognition of the Fox Chase–Temple BMT Program’s expertise in performing adult bone marrow transplants.

“I want to extend my heartfelt congratulations to Fox Chase and Temple Health for expanding their bone marrow transplant program,” said Mayor Kenney. “I look forward to watching the clinic grow and hope to see many more milestones in the future as Fox Chase and Temple continue to care for Philadelphians.”

In July 1987, physician Kenneth F. Mangan established the Temple University Hospital BMT Program. The program’s first allogeneic bone marrow transplant was performed in November 1989, and its first matched unrelated transplant was performed in December 1996. In 2000, the program relocated to Jeanes Hospital.

“The BMT program is supported by a team of specialists from Temple University, Fox Chase, and Jeanes Hospital,” Fung said. “A good BMT program requires a multidisciplinary approach that includes pathologists, researchers, pulmonologists, cardiologists, and many other sub-specialists.”

Fisher and Fung helped direct the expansion of the Hematology/Oncology Program after Fox Chase officially became part of the Temple University Health System, in 2012.

Since 1990, more than 1,500 adult bone marrow transplants have been performed through the Fox Chase–Temple BMT Program to treat patients with leukemia, lymphoma, multiple myeloma, aplastic anemia, and other blood disorders.

The Fox Chase–Temple BMT program continues to look to the future of cancer care, not only by addressing the day-to-day needs of its patients, but by fostering a research program that is constantly on the forefront of discovery.
NATIONAL LEADERSHIP
Fox Chase Cancer Center continued its 40-plus-year designation as a Comprehensive Cancer Center after receiving reviews of excellent to outstanding from the National Cancer Institute (NCI).

One of the original four institutions classified by the NCI in 1974, Fox Chase continues its position in a prestigious group of 69 centers nationwide to successfully earn a Cancer Center Support Grant. A smaller group of these institutions offer groundbreaking research, state-of-the-art education, and cancer prevention and control programs. Forty-seven institutions qualify as comprehensive. Fox Chase is one of only two such institutions in the Philadelphia region.

“To be designated an NCI Comprehensive Cancer Center is the gold standard in cancer care and research and reflects tremendous work by the entire team,” said Richard I. Fisher, MD, president and CEO at Fox Chase. “Fox Chase has a proud history and an exciting future, and we look forward to offering our patients the best in cancer prevention, diagnosis, and treatment in the coming years.”

The NCI awards a range of designations for research institutions as well as clinical treatment centers. Comprehensive Cancer Centers — institutions with the highest classification — meet specific standards for breadth and depth in research and serve as models for moving research discoveries, treatments, and information from the academic setting to patients and the general public.

In rating the center programs as excellent to outstanding, government reviewers commented on the long history of Fox Chase, saying it “continues to be a superb environment for clinical, basic, and translational research.”

Reviewers continued: “Fox Chase Cancer Center is composed of strong researchers, producing areas of high-impact cancer research that has made important contributions to the field of cancer.”

The renewal of the Center’s status as a Comprehensive Cancer Center comes with a financial “core grant” over the next five years.

“The NCI designation is critical to recruiting the best faculty out of top training programs. It means so much because of the things we can do because of it,” said J. Robert Beck, MD, senior vice president, deputy director, chief academic officer, and chief administrative officer at Fox Chase. “The value is many times more than the actual amount of funding.” For patients, coming to a Comprehensive Cancer Center rather than a local hospital makes all the difference.

“Having the NCI designation provides some funding. It allows us to translate scientific discovery into the clinic and vice versa. Community hospitals don’t have that ability,” said Margaret von Mehren, MD, chief of the Sarcoma Program, physician director of the Clinical Trials Office, and associate director of clinical research at Fox Chase.

From the latest clinical trials to the best chemotherapy treatments, Fox Chase has cutting-edge treatments available to patients to which they may not have access at local hospitals, said Jonathan Chernoff, MD, PhD, senior vice president, deputy director, and chief scientific officer at Fox Chase.

“If your purpose is to manage or cure, you will likely do better here,” he said.
Can 10 years of cancer-fighting progress really be accomplished in half the time? Vice President Joe Biden believes so, and he has challenged U.S. researchers and clinicians to double their progress to end cancer as we know it.

In cooperation with the American Cancer Society and the U.S. Department of Health and Human Services, Fox Chase Cancer Center hosted the official Cancer Moonshot Summit for Region 3 — including Maryland, Delaware, Pennsylvania, Virginia, West Virginia, and Washington, D.C. — on Wednesday, June 29, 2016.

More than 100 clinicians, researchers, patients, and experts in the field gathered at Fox Chase for the summit, which was hosted by Wafik El-Deiry, MD, PhD, deputy cancer center director for translational research and coleader of the Molecular Therapeutics Program.

Vice President Biden urged the crowds gathered at summits around the country to push forward in the fight against cancer. “I firmly believe we can do in the next five years what would ordinarily take 10,” he said. “Think about what this will mean. Time matters, days matter, minutes matter. We’re on the cusp of breakthroughs that can get us there. The goal is to propel us there today. These are breakthroughs that are just beyond our grasp. I really do believe it’s within your power to fundamentally change and turn despair into hope a lot sooner rather than later.”

Following Vice President Biden’s comments, Bert Vogelstein, MD, codirector of the Ludwig Center at the Johns Hopkins Kimmel Cancer Center, delivered his remarks through a livestream from Johns Hopkins.

“The only way to win this war in the immediate future, in the time period of the Moonshot, is to do as much research on prevention and early detection as on new therapeutics,” Vogelstein said.

Fox Chase also held three panels composed of clinicians, researchers, and patients from Fox Chase and other institutions in the region.

In “Research: The Foundation of Progress,” panelists highlighted the importance of basic science discovery in cancer and discussed impediments like flat funding, working-group silos, and the challenges of translating the bench to the bedside. They agreed that motivating young scientists, changes in university cultures, and problems with getting work funded are all major issues to be addressed.

In “Data Sharing in Precision Oncology,” panelists explored data sharing, collaboration, and the potential and challenges of recent technological advances in multiple testing platforms, liquid biopsies, clinical guidelines, electronic records, and data retrieval and integration. In particular, they discussed the need for larger population pools for research, which is particularly necessary for genetic research.

In “Clinical Trials and Patient Advocacy,” panelists discussed the challenges of enrolling patients in clinical trials and what institutions and health care teams can change to address the issue. “Accelerating progress is not about reinventing the wheel. It is about improving what we are doing, recognizing obstacles and dealing with them so we can better help patients,” El-Deiry said.

Going forward, Fox Chase will do its part to honor the spirit of the Moonshot Summit to end cancer as we know it.
n 46 years at Fox Chase Cancer Center, Paul F. Engstrom, MD, has worn many different hats. 

First joining the institution in 1970 with dreams to help it become a major cancer center and to build the city’s first medical oncology program, Engstrom soon became the chair of medical oncology. Over the years and under various leadership, he moved within the Center, first to establish and direct the Center’s Cancer Prevention and Control Program and then to found and oversee the Fox Chase Network — now known as Fox Chase Cancer Center Partners — in which Fox Chase formed affiliations with community providers to increase access to patients involved in clinical research.

Five years ago, he took the reins once again as the interim chair of medical oncology. In July 2016, shortly after celebrating his 80th birthday, Engstrom moved once more to become special advisor to the president as part of Fox Chase’s leadership team.

Through the changing offices, titles, and job descriptions, Engstrom has never wavered in his desire to deliver exceptional care to his patients and be part of the team building a world renowned cancer center.

“I like change,” he said. “I’ve had just as much opportunity here as I would have elsewhere.”

Raised in a small town in Minnesota, Engstrom watched his father practice medicine out of the family’s home and even assisted him as he got older.

After graduating medical school and completing his residency at the University of Minnesota Medical School, Engstrom was drafted into the Army and spent three years stationed in Hawaii, where he worked at the Tripler Army Medical Center.

Following his service, Engstrom, his wife Janet, and their three children, Karin, Maria, and David — all younger than 8 at the time — made the move to Philadelphia and Fox Chase — then known as the American Oncologic Hospital.

When Engstrom first came aboard, he joined two other doctors with plans to transform the institution into a major cancer center. As the chair of medical oncology and then as the director of the Cancer Prevention and Control Program, Engstrom established and built the programs by hiring the best and brightest doctors and scientists in the field. Many of Engstrom’s hires are still at Fox Chase running laboratories, developing programs, and bolstering the Center’s reputation as a top cancer center.

“I’ve seen Fox Chase go from two doctors to 100 clinicians,” he said. “Seeing the faculty achieve on their own is one of the most satisfying parts of working here.”

Engstrom helped build the institution’s strong reputation by writing the first application for cancer center funding — now known as the Cancer Center Support Grant — and establishing the center as a National Cancer Institute-designated Comprehensive Cancer Center.

He also played a prominent role in establishing the National Comprehensive Cancer Network and in developing the guidelines for cancer management that have become the standard of care for patients in the United States.

Throughout his years in various roles, Engstrom kept his roots as a clinician at heart and continued to treat patients for his entire career. As he settles into yet another new role at Fox Chase, Engstrom is appreciative of the opportunities he has had and the opportunities that are still to come.

“Looking back, those choices I made — [while] not knowing where I was going but having faith — prepared me well for the opportunities to develop programs here,” he said.
Ann Skalka, PhD, may be retired, but she can still be found in the hallways, offices, and library at Fox Chase Cancer Center, working on projects and conferring with longtime colleagues.

As a biology major in college, Skalka was introduced to DNA in a biochemistry class and was so transfixed by it that she decided to pursue a career in research and working with DNA. After years of running her own lab and building her career as a scientist at a research institution in New York, Skalka joined Fox Chase in 1987, when she was recruited to become scientific director of the Institute of Cancer Research.

“I liked the culture that had been developed here, the feeling that we are a community of scientists,” she said. “People share resources, and there’s a real feeling of collegiality. It’s possible to know everyone. It’s a rewarding environment.”

During the course of 20 years as director, Skalka built the research program by recruiting some of the best and brightest scientists to the Center and creating research groups. Many of Skalka’s recruits have remained at Fox Chase and now hold leadership positions, as they continue to build on the foundation she created.

As a director, Skalka was committed to the work Fox Chase was doing in the field of cancer research and treatment, but she gained a new appreciation for that work after becoming a patient in 1998. She was successfully treated for breast cancer and continued to work full-time throughout her treatment. A year later, her husband, Rudy, also became a patient at Fox Chase and was successfully treated for prostate cancer.

“I very much appreciate all of the work that’s done at our Center,” she said.

In 2008, Skalka ceded her director position to return to her laboratory and focus once more on research and writing.

“You do give up a little bit when you’re in a leadership position, and I couldn’t focus on research all the time,” she said. “But that is my foundation, and I wanted to return to it.” In December 2015, Skalka retired from the laboratory.

“It was time to make room for the next generation,” she said. “I think the institution is in great hands.”

Though retired, Skalka holds the title of professor emerita, allowing her to retain library access, keep her office at Fox Chase, and talk with her colleagues.

“I’m still part of the scene but less than before,” she said. “You learn from your mistakes and I’ve been around long enough to see most everything. If I can help someone avoid the same mistakes, I’m glad to do that.”

In her retirement, Skalka is keeping busy with a number of projects including a book to be published this year on retroviruses for Harvard University Press and an autobiography.

To celebrate Skalka’s long career and the mark she has left at Fox Chase, the Center hosted a symposium with a full day of scientific talks and a luncheon in her honor on Oct. 20. Skalka’s family, previous students, and longtime colleagues all took part in celebrating Skalka and her achievements.

“I’m quite honored by it,” she said. “The collegiality, the wonderful scientific environment, the many brilliant people who have achieved so much in their work … it’s just a great place to work.”
Delays in treatment can be detrimental to patient survival. For this reason, Fox Chase Cancer Center has made speed of care a top priority with the Rapid Access Service. Now, in two recently published studies, Fox Chase Cancer Center — Temple Health researchers have sought to provide guidance on the optimal timing of treatment for patients diagnosed with head and neck cancer and breast cancer.

“At Fox Chase Cancer Center, the ability to offer next-day appointments may be helpful in reducing treatment delays,” said Carolyn Fang, PhD, coleader of the Cancer Prevention and Control Program at Fox Chase. “These large population-based studies are essential for identifying potentially modifiable factors associated with patient outcomes.”

In the area of head and neck cancers, delays in treatment could be especially harmful. Previous studies have shown that long treatment duration predicts poor outcomes in patients with head and neck squamous cell carcinoma (HNSCC). Moreover, delays in treatment of HNSCC increase the risk for disease recurrence, reduce quality of life, and increase psychological distress in patients. But until now, no study had quantified the optimal timing of treatment initiation in patients with HNSCC.

To address this gap in knowledge, Colin Murphy, MD, radiation oncologist at Fox Chase, and his collaborators used the National Cancer Database to examine 51,655 patients with HNSCC treated with curative therapy. They analyzed the number of days from diagnosis to initiation of definitive treatment with surgery, radiation, or either of these treatments in combination with chemotherapy. The data revealed that one in four patients with HNSCC experiences a treatment delay that significantly increases the risk for death, especially for patients with early-stage cancer. Delays of 46 days after diagnosis increased patients’ risk for death.

“This is the first population-based study to demonstrate that prolonged time to treatment initiation negatively impacts overall survival in patients with head and neck cancer, posing a major public health problem,” said Murphy. “Based on our findings, we believe that it is still appropriate for physicians to take the time to deliver sophisticated oncologic care, but the time dedicated to managing patients with head and neck cancer needs to be optimized.”

In a similar study, data analyses from two of the largest data sets of patients with breast cancer in the United States have revealed that time from diagnosis to surgical treatment makes a difference in patient survival. A delay in surgery after a diagnosis of noninflammatory, nonmetastatic, invasive breast cancer was found to be associated with lower overall and disease-specific survival rates, according to research published in JAMA Oncology.

For the analyses, researchers used patient data from the Surveillance Epidemiology and End Results (SEER)-Medicare-linked database and the National Cancer Database. The analysis of the SEER-Medicare group showed a 9 percent increase in mortality for all patients and from all causes for each 30-day interval increase in the time from diagnosis to surgery. The time to surgery was statistically significant for overall survival for patients with stage 1 and stage 2 breast cancer. Breast cancer-specific mortality risk increased with each 60-day interval in time from diagnosis to surgery, with the risk being significant for patients with stage 1 disease.

Lead investigator Richard J. Bleicher, MD, FACS, director of the Breast Fellowship Program at Fox Chase Cancer Center — Temple Health, said this research “finally gives clinicians a clear answer to the question of how a longer time to surgery affects a patient’s survival from their breast cancer.”
PHILANTHROPIC SUPPORT
When Concetta Greenberg reflects on the life of her late husband, Marvin, a smile appears on her face and there is a sparkle in her eye. “He always called me ‘kid’ and asked what I thought,” she said.

If he was not with patients, Marvin, a tireless and dedicated dermatologist, was teaching. “Medicine was his life,” she said. “He’d spend his day off teaching Penn medical students.”

Concetta earned a degree in science and worked by Marvin’s side. At work, she learned the business end of things as Marvin’s administrator and social secretary. “I did all the things he didn’t have the time to do,” she said. “It was a great relationship.”

Their 44-year partnership ended in 2005, when Marvin died of pancreatic cancer at 85.

Today, energetic and ever curious at 95, Concetta still winces at the memories of his last days. “To see how he suffered, and not to be able to do anything,” she said. “I don’t think people should have to die that way.”

True to form, Concetta decided to make herself useful and join the charge to find “the inside track” on pancreatic cancer and improve treatment options for future patients. She became a philanthropist. “I wanted to make a difference — and I wanted to make Marvin proud,” she said.

Marvin was not treated at Fox Chase, but Concetta was impressed when she learned about the Center’s vast research enterprise. “Research is what it’s all about,” she said. “Progress doesn’t fall from the heavens — it takes time, effort, and money, money, money. Nothing in this world is free and easy.”

In 2008, Concetta established the Marvin S. Greenberg, MD, Chair in Pancreatic Surgery, currently held by John P. Hoffman, MD, FACS, chief of the Pancreaticobiliary Service. Hoffman, a Fox Chase surgeon for 30 years, is a national leader in the field, beloved by his patients and colleagues alike.

“When I met Dr. Hoffman, I fell in love,” Concetta said. “He is a very special man — knowledgeable, compassionate, and dedicated to saving his patients. We share the same passion: to find a cure for pancreatic cancer. I couldn’t think of a more appropriate physician to hold Marvin’s chair.”

Since establishing the chair, Concetta has continued to provide leadership support to Fox Chase. In July 2016, Concetta celebrated her birthday at Fox Chase with Hoffman and clinical and research faculty. During the luncheon, she beamed as she was surrounded by her many friends who are working to fulfill her dream.

On this day, as every day, Marvin was not far from her mind: “If he saw what I was doing to advance pancreatic cancer research, he’d probably ask, ‘Gee, kid, what are you up to now?’”
Nicole Klein, Fox Chase Cancer Center
donor and President of the Main Line
Chapter, Board of Associates
Nicole Klein was first introduced to Fox Chase Cancer Center when she was in college, shortly after her father, Leo Sniger, was successfully treated for skin cancer.

Her parents had such a wonderful experience at Fox Chase that they became philanthropic supporters. Her mother, Debbie, currently serves as the president of the Board of Associates, a group of dedicated volunteers who fundraise year-round through projects and special events to support research and patient care at Fox Chase.

Over the years, Klein, 38, regularly attended Fox Chase fundraising events with her family and noticed a shifting demographic in the patients being treated.

“I realized a lot of the people diagnosed were no longer my parents’ age,” she said. “They’re my age; they’re my friends. When you begin to see people you’re close to go through this, you want to start doing something to help.”

After moving to the Main Line, Klein met more people who had been touched by Fox Chase, but she realized there was not targeted fundraising from her area. Klein began thinking about what she could do, and shortly after her friend’s mother passed away from ovarian cancer in 2014, she launched the Main Line chapter of the Board of Associates with the support of her parents and husband, Kenny.

Klein quickly gathered a dedicated group who were eager to help in any way they could. Klein’s college roommate, Sandy Johnston, whose mother is a cancer survivor, became the chapter’s vice president and secretary. Brian Love, who did not have any direct ties to Fox Chase but was looking for a way to donate his time, became treasurer. Glenna Stone instantly jumped into action as the chapter’s second vice president after her friend’s mother passed away from cancer. Nicole Walsh, whose husband is a leukemia survivor and whose mother is a double breast cancer survivor, began volunteering and quickly became involved in planning the group’s signature event, Night for the Fight. Another chapter member, Mary Fran Riffel, whose 30-year-old brother died from cancer after being treated at Fox Chase, brought a background in nonprofit fundraising and a strong emotional component.

“You hear too many stories about family and friends who are suffering,” Klein said. “If I don’t have to fight the fight personally, it’s nice to do something to help.”

Recognizing that many of the chapter members and donors have young families, Klein strives to create entertaining and memorable events that can double as a fun night out for couples.

Night for the Fight is a sit-down dinner and silent auction with a live band, and through this event and other smaller events, the chapter has grown with new members.

“I feel like we’re really building a community within the community,” Klein said.

The group donates 100 percent of the funds raised to cancer research at Fox Chase. In their first year, they donated $27,000 to Fox Chase, and in 2016, they will donate approximately $50,000 to ovarian and brain cancer research at the Center.

“It’s so rewarding to present that check,” Klein said. “Altogether, it adds up.”

In starting her own chapter of the Board of Associates, Klein has turned to her parents for emotional support and has listened to her mom’s advice on building up the chapter.

“When I’m talking to [my parents], we can brainstorm about events,” she said. “I don’t hesitate to ask about ideas.”

Despite Klein’s full schedule — she has two young children and is a successful real estate agent — she still finds time to manage the Main Line chapter and funnel her energy into the chapter’s events to make them as successful as possible.

“When you care about something, you find the time,” she said.
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Lillian & Edward O'Connor  
Patricia A. & John L. Ogiyemi  
Kathleen J. & William T. Patterson  
Joan E. & Robert R. Pollock  
Kristina & Michael J. Purcell  
Eileen & Glenn Rall  
Elizabeth & Brian Rizer  
Shari & Mark Rosenberg  
Kathleen Heaney & Kurt A. Schwinghammer  
Elinor A. & Thomas Seaman
<table>
<thead>
<tr>
<th>Name</th>
<th>Company/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>James P. Castrillo</td>
<td>Condie E. Carmack</td>
</tr>
<tr>
<td>Frances &amp; James Cardea</td>
<td>Geraldine M. &amp; William G. Campbell</td>
</tr>
<tr>
<td>Josephine M. Calvin</td>
<td>Devon E. &amp; Todd A. Byers</td>
</tr>
<tr>
<td>Robert C. Busby</td>
<td>Terry R. &amp; Alexander J. Brucker</td>
</tr>
<tr>
<td>Marjorie Stanek</td>
<td>Mary &amp; David Babbel</td>
</tr>
<tr>
<td>Erika Stevens</td>
<td>Douglas W. Bailey</td>
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<tr>
<td>Margaret &amp; Edward B. Strecker</td>
<td>Lisa B. Bailey</td>
</tr>
<tr>
<td>Henry Stuebner</td>
<td>Diep &amp; Siddharth Balachandran</td>
</tr>
<tr>
<td>Christopher Terlizzi</td>
<td>Suzanne B. Balbirer</td>
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<tr>
<td>Margaret von Mehren &amp; Eric G. Moss</td>
<td>Diep &amp; Siddharth Balachandran</td>
</tr>
<tr>
<td>Dara M. Whalen</td>
<td>Michael M. Winkleman</td>
</tr>
<tr>
<td>Christine Laine &amp; David S. Weinberg</td>
<td>Robin A. &amp; David L. Wiest</td>
</tr>
<tr>
<td>Ingrid &amp; Michael T. Yonker</td>
<td>J. Terry Ziegler</td>
</tr>
<tr>
<td>J. Terry Ziegler</td>
<td>Michael Ackerman</td>
</tr>
<tr>
<td>Patricia Adams</td>
<td>Jo Ann Adamson</td>
</tr>
<tr>
<td>Donald J. Van Alstyne</td>
<td>Susan A. Bobe</td>
</tr>
<tr>
<td>Cheryl &amp; Thomas M. Anello</td>
<td>Sandy Askay-Adams</td>
</tr>
<tr>
<td>Anonymous</td>
<td>Karen &amp; Gerald F. Arleth</td>
</tr>
<tr>
<td>Anonymous</td>
<td>J. Terry Ziegler</td>
</tr>
<tr>
<td>Anonymous</td>
<td>Pradeep R. Patel</td>
</tr>
<tr>
<td>Michael M. Mills</td>
<td>Doris L. Peck</td>
</tr>
<tr>
<td>Karen &amp; Gerald F. Arleth</td>
<td>Patricia A. &amp; Thomas W. Peddie</td>
</tr>
<tr>
<td>Sandy Askey-Adams</td>
<td>Kelly &amp; Blake Phillips</td>
</tr>
<tr>
<td>Erika L. Austin</td>
<td>Carmella Pilia</td>
</tr>
<tr>
<td>Mary &amp; David Babbel</td>
<td>Ellen R. &amp; Jeffrey W. Plaut</td>
</tr>
<tr>
<td>Marlane C. &amp; Harvey Guttmann</td>
<td>Mark Donovan</td>
</tr>
<tr>
<td>Marlane C. &amp; Harvey Guttmann</td>
<td>Albert S. &amp; Marjorie Johnson</td>
</tr>
<tr>
<td>Marjorie Stanek</td>
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</tr>
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<td>Michael Ackerman</td>
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<td>Marjorie Stanek</td>
<td>Michael M. Winkleman</td>
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<tr>
<td>Michael M. Winkleman</td>
<td>Mary &amp; David Babbel</td>
</tr>
</tbody>
</table>
2016 FINANCIALS
### 2016 BY THE NUMBERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td>105,111</td>
</tr>
<tr>
<td>New Patients</td>
<td>8,483</td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>189</td>
</tr>
<tr>
<td>New Faculty Members</td>
<td>11</td>
</tr>
<tr>
<td>Scientific Publications</td>
<td>720</td>
</tr>
</tbody>
</table>

### VOLUNTEER SNAPSHOT

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers</td>
<td>495</td>
</tr>
<tr>
<td>Total Volunteer Hours</td>
<td>90,833</td>
</tr>
<tr>
<td>Volunteer Department Budget</td>
<td>$229,302</td>
</tr>
<tr>
<td>Value of hours</td>
<td>$2,140,025</td>
</tr>
<tr>
<td>Net value added to Fox Chase</td>
<td>$1,910,723</td>
</tr>
</tbody>
</table>

### PHILANTHROPY SNAPSHOT

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Philanthropic Support</td>
<td>$10,000,000</td>
</tr>
<tr>
<td>Raised at In Vino Vita</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Total donors</td>
<td>12,401</td>
</tr>
<tr>
<td>Total new donors</td>
<td>4,127</td>
</tr>
<tr>
<td>Current Donors who have been giving for 30 years or more</td>
<td>633</td>
</tr>
<tr>
<td>Gifts in Honor of FCCC Doctors/Staff</td>
<td>$272,588</td>
</tr>
<tr>
<td>Board of Associates total gift</td>
<td>$700,000</td>
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</tbody>
</table>

### IN VINO VITA NUMBERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years</td>
<td>3</td>
</tr>
<tr>
<td>Different Venues</td>
<td>3</td>
</tr>
<tr>
<td>Millions raised for Fox Chase Cancer Center</td>
<td>$1.8</td>
</tr>
<tr>
<td>(280K in 2014, 560K in 2015, 1 Million in 2016)</td>
<td></td>
</tr>
<tr>
<td>Attendees</td>
<td>1,100</td>
</tr>
<tr>
<td>(232 attendees in 2014, 412 in 2015, 460 in 2016)</td>
<td></td>
</tr>
<tr>
<td>Auction lots of high end wines and experiences</td>
<td>113</td>
</tr>
<tr>
<td>(14 in 2014, 32 in 2015, 67 in 2016)</td>
<td></td>
</tr>
<tr>
<td>Oldest vintage auctioned</td>
<td>1870</td>
</tr>
<tr>
<td>Bottles of wine auctioned</td>
<td>268</td>
</tr>
</tbody>
</table>

Numbers represent Fiscal Year 2016
### RESEARCH SNAPSHOT

#### ACTIVE FUNDED PROJECTS

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Number of Projects</th>
<th>Direct Costs</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PEER-REVIEWED</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCI</td>
<td>89</td>
<td>$12,168,561</td>
<td>$21,538,141</td>
</tr>
<tr>
<td>Other NIH</td>
<td>73</td>
<td>$13,933,658</td>
<td>$21,070,974</td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
<td>$3,927,936</td>
<td>$5,183,854</td>
</tr>
<tr>
<td><strong>Subtotal of peer-reviewed</strong></td>
<td><strong>193</strong></td>
<td><strong>$32,030,155</strong></td>
<td><strong>$47,792,969</strong></td>
</tr>
<tr>
<td><strong>NON PEER-REVIEWED</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td>64</td>
<td>$10,719,192</td>
<td>$13,024,070</td>
</tr>
<tr>
<td>Other non peer-reviewed</td>
<td>26</td>
<td>$2,071,597</td>
<td>$2,385,300</td>
</tr>
<tr>
<td><strong>Subtotal of non peer-reviewed</strong></td>
<td><strong>90</strong></td>
<td><strong>$12,790,789</strong></td>
<td><strong>$15,409,370</strong></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>283</td>
<td>$44,820,944</td>
<td>$63,202,339</td>
</tr>
</tbody>
</table>

#### FY16 PAYER MIX

- **Commercial**: 46%
- **Medicare**: 36%
- **Medicare Managed Care**: 11%
- **Medicaid**: 6%
- **Self Pay / Other**: 1%
### CLINICAL SNAPSHOT
(in thousands)

<table>
<thead>
<tr>
<th>FY16</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES – CLINICAL ACTIVITY</strong></td>
<td></td>
</tr>
<tr>
<td>Patient Care Revenue – Hospital</td>
<td>$312,713</td>
</tr>
<tr>
<td>Patient Care Revenue – Physicians</td>
<td>$35,607</td>
</tr>
<tr>
<td>Philanthropy, Outreach &amp; Other</td>
<td>$13,335</td>
</tr>
<tr>
<td><strong>Clinical Revenue</strong></td>
<td>$361,655</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES – CLINICAL ACTIVITY</strong></td>
<td></td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>$236,143</td>
</tr>
<tr>
<td>Support Services</td>
<td>$19,161</td>
</tr>
<tr>
<td>Administrative and General</td>
<td>$38,972</td>
</tr>
<tr>
<td>Capital Related Costs</td>
<td>$11,527</td>
</tr>
<tr>
<td>Maintenance and Plant Operations</td>
<td>$10,892</td>
</tr>
<tr>
<td><strong>Clinical Expenses</strong></td>
<td>$316,695</td>
</tr>
</tbody>
</table>

### TYPES OF CANCER TREATED

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreatic</td>
<td>3%</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>3%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>4%</td>
</tr>
<tr>
<td>Skin</td>
<td>6%</td>
</tr>
<tr>
<td>Bladder</td>
<td>4%</td>
</tr>
<tr>
<td>Kidney</td>
<td>6%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>7%</td>
</tr>
<tr>
<td>Gynecologic</td>
<td>9%</td>
</tr>
<tr>
<td>Lung</td>
<td>11%</td>
</tr>
<tr>
<td>Prostate</td>
<td>14%</td>
</tr>
<tr>
<td>Breast</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
</tr>
</tbody>
</table>

- Actively Enrolling Investigator Initiated Clinical Trials: 67
- Actively Enrolling Clinical Research Studies: 172
LEADERSHIP & FACULTY
RESEARCH FACULTY

BLOOD CELL DEVELOPMENT AND FUNCTION
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ITALO TEMPERA, PhD
ALEXEI TULIN, PhD
HONG WANG, MD, PhD
YI ZHANG, MD, PhD

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2 Attending Physician, AlleniCare Cancer Care Institute, Cape May Courthouse and Egg Harbor Township, NJ
3 Attending Physician, Urology Health Specialists Prostate Cancer Center, Plymouth Meeting, PA
4 Attending Physician, Academic Urology Prostate Center, King of Prussia, PA
5 Attending Physician, Virtua Fox Chase Cancer Center Radiation Oncology, Washington Township, NJ
6 Member of the Fox Chase Cancer Center clinical faculty
7 Faculty based at Temple University

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Alfonso Bellacosa, MD, PhD
Paul Cairns, PhD
Xiaowei Chen, PhD
Nora Engel, PhD

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Contact us at editor@fccc.edu.

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