A STEP AHEAD
Clinical Trials Give Patients an Advantage in Cancer Care

ALSO
NEW FEATURE STORY TBD
MEET WOMEN TRAILBLAZERS IN CANCER RESEARCH
CANCER SURVIVORS CELEBRATE WITH ART MAKING
OPENING DOORS

Op tions. Whether at first diagnosis or following a recurrence, patients want the best options for care that modern medicine can offer. Strengthening the options at every stage, for every cancer, is what Fox Chase is all about, and it is why we are particularly encouraged by the 66 percent increase in patients who enrolled in Fox Chase clinical trials over the past year. Much of that increase can be attributed to the success of our Be the Breakthrough campaign, which encourages patients and their families to learn about the options available to them through the Center’s extensive program of clinical trials. As you will read in our cover story, on page 12, some of these patients were surprised to learn that all participants in clinical trials, including those in control groups, receive the best treatment. These patients expand their own options, while they help us develop better care for others. In fact, their participation is the only way forward.

Other positive developments at Fox Chase are also contributing to new options for patients. In 2013, the number of NIH grants awarded to our investigators grew 50 percent from the prior year (from 18 to 27), allowing us to pursue exciting possibilities in basic and translational research. Under the direction of Wafik El Deiry, MD, PhD, FACP, an internationally renowned scientist and innovator, an invigorated division of translational research is helping us move research from bench to bedside efficiently.

El Deiry is one of 12 physicians and researchers who have joined the Fox Chase faculty over the last year. Aggressive faculty recruitment and the addition of innovative technologies will sustain this momentum. On page 5, you can read about one new technology, 3-D tomosynthesis mammography, which will become available at Fox Chase this summer. While improving cancer detection, breast tomosynthesis reduces the number of women who must experience the anxiety of unclear results on a mammogram.

Finally, we hope you enjoy reading about a Fox Chase program that is expanding options in a different way. The Postdoctoral Fellowship program, featured on page XX, provides hands-on research experience for recent PhD-trained scientists. The program, which offers mentorship and financial support, is a critical milestone for the scientists who will strengthen cancer care for generations to come.

Richard I. Fisher, MD
President and CEO
In breast cancer, tumors that grow into the skin are automatically classified by the AJCC (TNM) staging system as stage III, suggesting that they are relatively serious cases with potentially poor survival rates. Although the TNM system is based on standardized criteria and used widely in the U.S. and internationally, Fox Chase scientists cast doubt on this standard classification by showing that women with breast cancers involving the skin have widely varied survival rates. In the study, published in the *Journal of the American College of Surgeons*, the researchers examined data from the SEER-Medicare Linked Database and found that a patient’s survival depends more on the tumor’s size and whether it has infiltrated the lymph nodes than on whether it has spread to the skin.

“Classifying all tumors with skin involvement as stage III belies the purpose of staging, which is to group tumors with a similar prognosis,” says surgical oncologist Richard J. Bleicher, leader of the breast cancer treatment program at Fox Chase. “Women with tumors that happen to have spread to the skin may be given an inaccurately dire prognosis—along with, perhaps, some unnecessary treatment.”

Bleicher and his colleagues recommend adding a new staging category for tumors with skin involvement, and giving more weight to other criteria—such as a tumor’s size and whether it has spread to the lymph nodes—when determining cancer stage. These recommendations are just one example of how Fox Chase doctors are moving the standard of cancer care forward, helping patients to better understand their survival chances and determine the best treatment options.

**A NEW TARGET FOR ANTI-CANCER DRUGS**

Transporter membrane proteins, which are located on the cell surface and act as a pump that moves drugs out of the cell, have long been a focus of cancer research because of their ability to increase drug resistance and affect biological processes involved in cancer’s progression. Because of these proteins’ complex role in cancer progression, the search for an inhibitor to halt their contribution to drug resistance has thus far proved challenging. Now, however, preliminary studies by researchers at Fox Chase Cancer Center have revealed a specific transporter membrane protein, called ABCG2, as a potentially viable target for anti-cancer drugs.

A study by molecular biophysicist Elizabeth Hopper-Borge and colleagues, published in the *British Journal of Cancer*, examined whether inhibiting ABCG2 would make mice with mammary tumors more responsive to docetaxel, a drug commonly used to treat breast cancer. They found that the loss of ABCG2 affected multiple aspects of the mice’s tumors and increased their chance of survival.

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**SETTING SURVIVAL RATES**

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Surgical oncologist Richard J. Bleicher

“Women with tumors that happen to have spread to the skin may be given an inaccurately dire prognosis—along with, perhaps, some unnecessary treatment. We need to update our staging criteria to more accurately reflect a woman’s true chances of surviving her cancer.”

— Richard J. Bleicher, Breast Cancer Treatment Director
ew findings by Fox Chase geneticist Joseph R. Testa and colleagues are illuminating the relationship between asbestos exposure, genetic factors, and cancer.

Exposure to asbestos, a thread-like mineral used in building and manufacturing, puts people at risk of developing the highly fatal cancer mesothelioma, which affects the membranes lining the chest and abdominal cavities as well as those around the lungs and other organs. In previous studies, Testa and colleagues found that a small number of people are also predisposed to getting mesothelioma because of mutations in the BAP1 gene. While BAP1 suppresses tumor activity, the mutations cause it to stop working, leading to more aggressive cancers. But can people develop mesothelioma simply because they have a BAP1 mutation, or do they also need to be exposed to at least small amounts of asbestos to trigger it?

In a study published in Cancer Research, Testa's team exposed mice with and without BAP1 mutations to asbestos. They also followed a group of mice with BAP1 mutations who were not exposed to asbestos to see if they developed any cancers. By the end of the study, 73 percent of BAP1-mutant mice exposed to asbestos had developed mesothelioma, compared to only 32 percent of mice without a BAP1 mutation. Mesotheliomas in BAP1-mutant mice also appeared sooner and were more aggressive. However, the mutant mice that were not exposed to asbestos remained mesothelioma-free for the length of the experiment. "To get mesothelioma, having a BAP1 mutation does not appear to be enough," says Testa. "Our studies suggest that you generally need to be exposed to asbestos as well."

A BETTER MAMMOGRAM

Mammograms can be lifesaving. An annual mammogram can reduce mortality rates of breast cancer by 15 to 50 percent for a population. Despite the benefits, as many as 20 percent of cases are missed by traditional mammograms. Ten percent of women are brought back for additional diagnostic work, yet many are found to have no abnormalities—often this cancer scare is a result of equipment limitations, yet the anxiety and inconvenience it may cause are real. The good news is that Fox Chase now offers a better option for detecting breast cancers: tomosynthesis.

A traditional mammogram takes a 2-D image in which breast tissues are superimposed on one another. A tumor can hide behind other tissues, or healthy tissues can combine to look like a tumor. With tomosynthesis, the physician takes a traditional 2-D scan, then compiles a 3-D image using multiple X-rays taken at different angles.

One study, published in the June 25, 2014 issue of The Journal of the American Medical Association, combined data from more than 170,000 examinations and found that using breast tomosynthesis increased cancer detection rates and decreased call-backs. "Reducing the call-back rate for mammography means reducing a major source of stress and anxiety for our patients," says radiologist Kathryn Evers, director of mammography. Tomosynthesis may also require less compression, causing less discomfort for patients, and X-ray dosage is similar to a regular mammogram.

"With this technology," says Evers, "we will be able to participate in planned clinical trials regarding tomosynthesis, breast ultrasound, and breast MRI for evaluation in various patient groups including women with dense breasts." Breast tomosynthesis will be available at Fox Chase starting in early summer 2015.
B. Mark Wilson values innovation. It is a conviction Wilson and his father, brother, and son have applied to the family business, Wilson-Legacy Farms in Smyrna, Delaware, where technology and conservation practices have kept their farm—founded in 1956 by the father, George—a leader in seed and cereal grain cultivation. It is no surprise, then, that when Wilson was diagnosed with Stage IV throat cancer, he sought out the most innovative treatment option available.

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BY TOGO TRAWALA | PHOTOGRAPHY BY C.J. BURTON
A Step Ahead

**Clinical Trials Offer the Promise of Better Outcomes**

On May 6, 2014, Wilson walked into Fox Chase Cancer Center accompanying his father, who was on a follow-up visit for the kidney cancer he had overcome less than a year earlier. Tucked under the younger Wilson’s arm was paperwork from another hospital and a CT scan of his neck. He was scheduled for a tonsillectomy and either a laryngectomy or a tracheostomy at another facility in three days. Before going through with the operation, he wanted to know if there was another way to fight the cancer threatening his life—and his quality of life.

Fortunately, one of the nation’s top oncologists specializing in head and neck cancers was on duty. In fact, surgical oncologist John A. Ridge, the Louis Della Penna Family Chair in Head and Neck Oncology, was in the midst of leading a clinical trial for patients just like Wilson. The trial, for patients with tumors of more than four centimeters in at least one dimension, involves substituting a protein antibody, Cetuximab, for a chemotherapy agent.

“The trial is examining whether this new approach can be less toxic to the patient, with fewer side effects. Like every clinical trial, we are trying to cure as many patients as possible with the best quality of life,” says Ridge, who has spent much of his 35-year career seeking better outcomes for patients through trials. “It is never certain a given trial will create a better outcome, but it is unlikely to produce a less effective one.”

Wilson’s father had also enrolled in a Fox Chase clinical trial seeking to prevent a recurrence of kidney cancer and his margins were still clear. Wilson seized the opportunity. He canceled his surgery and enrolled. Best of all, by undergoing this treatment—only available to patients at Fox Chase and other specific cancer centers conducting this research—he could avoid the possibility of losing the ability to speak naturally, a common outcome of surgery in cases such as his.

Wilson felt lucky from day one. “I was at the best possible place, and the preparation you get at Fox Chase is impeccable. My physicians and nurses put me at ease and put everything into terms I could understand.” He single out each team member: medical oncologist Ranee Mehra, radiation oncologist Thomas Galloway, nurse practitioner Kristen Kreamer, and physical therapist Jeannie Kozempel.

Indeed, clinical trials are a team endeavor at Fox Chase, where research nurses are at the nexus, attending to patient safety and well-being while ensuring that clinical trial protocols are being met and the trial’s sponsors are kept informed.

“I’m the first point of contact for the patient after the physician presents the trial,” says Lois Malizzia, a clinical research nurse who coordinates clinical trials for patients with genitourinary (GU) cancers. She says the GU team meets biweekly to share information, and the team approaches benefits patients. “Everybody on the team is kept up to date, and there’s a lot of communication. If there’s new information to share, everyone is aware. It’s very rewarding and exciting to see the work you are doing affect the standard of care for patients.”

Wilson’s tumor responded to the chemotherapy regimen including Cetuximab and today he is cancer-free. “Even when my family doctor thought there might not be a glimmer of hope, I believed there still was,” he says. “It teaches you not to settle for the first opinion and not to be scared of a clinical trial. It might offer the best option of all. I think it saved my life. Plus it offers the chance to be the breakthrough for others.”

**Today’s Clinical Trials Are Tomorrow’s Treatments**

“Trials are expensive to execute,” explains Ridge. “They entail costs and time commitment that are not part of everyday practice for most hospitals. It’s also hard to undertake clinical trials outside of specialized environments, which is particularly true of trials not supported by industry.”

Patients qualify for a clinical trial, because of the specific circumstances of their cancer and on the recommendation of their oncologists, are invited to enroll. There is no financial incentive. As for costs, Fox Chase works with each patient in the pre-certification process to assess coverage options by the patient’s insurance company and the trial sponsor (often a pharmaceutical company). Rarely do insurance companies not allow coverage for clinical trial-related costs. Some costs may be borne by the patient, but for the majority of patients, the financial arrangement is not a barrier to entry.

With a detailed plan of care in place, enrolled patients receive either the existing high standard of care available to all Fox Chase patients, or are among the first to benefit from a potentially more effective treatment. In the case of clinical trials that are demonstrating clear benefits, trials are often halted midway so that the medications under review can be made available to all patients on a uniform basis.

“We all need to do our part”

Every patient has his or her own reasons for joining a clinical trial. Having good information was key for Lael Swank, who, despite having no history of the disease in her family, discovered breast cancer in a self-examination days after she turned 39. “I enrolled in a trial with the drug Avastin,” says Swank, who traveled two hours from her Mountaintop, Pennsylvania home to Fox Chase for chemotherapy treatment following a bilateral mastectomy. “My decision was basically made because I was well informed about the trial—and scared. I would’ve tried anything to fight this cancer and save my life.”

Swank, who recently celebrated her five-year “cancerversary,” also saw a benefit she wanted to share with others.
UNFOUNDED FEARS STAND IN THE WAY OF BETTER OUTCOMES

Everyone who is eligible for a clinical trial participates. Every year, there are 1.5 million new cancer diagnoses in the United States. Of these new patients, about 200,000 (13%) are typically eligible for clinical trials that can deliver a high standard of care. However, only about one-third of the potential patients enroll in cancer clinical trials. Why? Reasons range from patient and family fears about the side effects of new treatments to mistrust about the process, to the inability to get to a clinical trial. Whatever the reason, the result is that the patients have fewer options for their care and, the answers that move cancer treatment forward are delayed. Clinical trials are part of the academic advancement process. Investigators and faculty are tenured through clinical research so there are clear benefits to researching and designing new ways of treating cancer patients are just emerging.”

Clinical trials are the linchpin of this potential. Clinical trials are the linchpin of this potential. Clinical trials are the linchpin of this potential. Clinical trials are the linchpin of this potential.

"What makes Fox Chase special has been a resolute commitment to designing clinical trials and carrying out studies that offer its faculty intellectual and professional growth.” — JOHN A. RIDGE

EXPANDING ACCESS FOR EVERYONE

For more information on clinical trials at Fox Chase Cancer Center or to find a current Fox Chase study, please visit www.fccc.edu/cancer/clinicalTrials or call 1-888-FOX-CHASE.
TRAILBLAZERS

In the 1960s, says clinical geneticist Mary Daly, going to medical school seemed out of reach. “The thinking was that women couldn’t have both families and careers in research or medicine.” Fox Chase was an exception in its support for female scientists. Even in 1936, the Institute for Cancer Research, as Fox Chase’s scientific enterprise was called, had women in four of the 10 laboratory head positions. Today women comprise more than 40 percent of the research positions. Forward talked with Daly and two other Fox Chase women, chemist Jenny Glusker and virologist Ann Skalka—all considered pioneers in their fields.

How did you become interested in science?

Mary Daly: As a child, I spent a lot of time by myself drawing, mainly animals, which got me interested in the physical properties of living things. In high school, I had a fabulously young biology teacher, and by the end of the year I knew I wanted to pursue biology. I was fascinated with how living things worked.

Jenny Glusker: Both my parents were medical doctors, and I had a general love of wildlife. Then in high school I had an excellent chemistry teacher. I viewed medicine as a service to people and science as trying to find out what really happens. They’re both challenging, but I liked how in chemistry you could figure out what was happening and why.

Ann Skalka: I grew up in a family in art and biology. I spent two summers in a lab studying plants to screen for drug toxicities and was taken under the wing of a wonderful senior technician. Then I took a course in biological chemistry and learned how to prepare DNA. I thought, “Wow, this is marvelous stuff. I want to learn more.”

What challenges did you face when starting your career?

Glusker: I had some excellent scientific mentors, but my greatest challenge was working in a lab while raising three children in the days before daycare.

Daly: Initially I had to choose research or teaching because I felt I couldn’t do both and be a wife and mother. When I started interviewing, I found some places weren’t interested if a woman was already on staff. I was perplexed and discouraged, but finally found a welcoming and supportive, and highly regarded community.

Skalka: As I was beginning my career, I needed to focus on research. When I came to Fox Chase in 1987, my children were grown and I was already running a laboratory and chairing a department. Fox Chase gave me that opportunity to take on a larger leadership role; I served as director of basic science for 22 years.

What advice do you have for young people, especially women, interested in science?

Daly: Even though women have come very far in professional life there are still a lot of barriers, particularly for younger women. We can’t assume that we have achieved equity. We have to constantly be aware of helping women promote their careers.

Glusker: Find a subject that really interests you, and immerse yourself in learning and trying to solve questions that still need to be answered.

Skalka: If scientific research is your vocation and you’re excited about it, pursue that career. In addition to laboratory research, there are other ways a scientific education and training can be useful, such as industry or law. Keep your eyes open; you will find your way.

How has technology changed healthcare and research since you began your career?

Daly: Technologies today let us learn things we never could. Genetic sequencing is new. I could go on about the technology that enables us to learn about and prevent cancer. We have a lot of opportunities to make progress.

Skalka: We still haven’t found a way to make the public better appreciate and support scientific scholarship. The good news is technology is improving exponentially. The kind of questions you can ask and the chances for scientific collaboration are mind-boggling.

How did Fox Chase contribute to your career?

Daly: Fox Chase has a strong tradition of population science—cancer prevention and control. I fit into an established niche with a lot of professional support. Fox Chase was small enough that you could meet people in other departments easily. I think that’s still true today.

Glusker: Fox Chase let me decide which scientific problems I wanted to research. It provided an interesting, supportive, and highly regarded community.

Skalka: As I was beginning my career, I needed to focus on research. When I came to Fox Chase in 1987, my children were grown and I was already running a laboratory and chairing a department. Fox Chase gave me that opportunity to take on a larger leadership role; I served as director of basic science for 22 years.

THE PIONEERS (Clockwise)

Mary Daly
POSITION: Chair of clinical genetics, Timothy R. Talbot Jr. Chair in Cancer Research
NOTABLE CAREER ACHIEVEMENT: Established Fox Chase’s first family risk-assessment program in 1991, one of the first of its kind in the country
FUN FACTS: Spent six years in the Air Force Medical Corps before coming to Fox Chase. She also makes art through lithography, a type of printmaking.

Jenny Glusker
POSITION: Professor emerita
NOTABLE CAREER ACHIEVEMENT: Contributed to discovery of chemical formula for Vitamin B12, an important milestone in chemistry. Also studied three-dimensional aspects of cancer and enzyme mechanisms.
FUN FACT: Keynote speaker on advances in crystallography at the opening ceremony for the UNESCO 2014 International Year of Crystallography in Paris, France.

Ann Skalka
POSITION: William Wikoff Smith Chair in Cancer Research, Basic Research Director Emerita and senior advisor to the president
NOTABLE CAREER ACHIEVEMENT: Contributed to our understanding of the biochemical mechanism by which retroviruses (including the AIDS virus) replicate and insert their genetic material into the host genome.
FUN FACT: Co-author of the widely acclaimed textbook Principles of Virology and a leader on state, national, and international advisory groups concerned with the broader societal implications of scientific research.
While Uzzo was performing a partial nephrectomy, he discovered a tumorous clot extending into Coldwater’s renal vein, the blood vessel that connects the kidney to the rest of the body. Luckily, Uzzo is part of a select group of urologic surgeons skilled at the complex procedure required to remove such complex tumors, clear out the vein, and reconstruct the kidney. Coldwater came out of surgery with her kidney fully functioning. After two weeks in Philadelphia, Denise and Mike made the drive back to Oklahoma. The recovery process was quick. By fall, Coldwater was back working on their ranch and was able to take a trip to the Rocky Mountains with her grandchildren. “Fifteen years ago, this kind of surgery wasn’t an option,” says Coldwater. “Dr. Uzzo had promised to send me home pain-free and with a functioning kidney. And that’s exactly what he did.”
Making a Difference
The Hope Murals Project Brightens the Fox Chase Cancer Community

Fox Chase’s annual celebration of cancer survivors, their caregivers, and families is always a special day, but 2014’s event was enhanced by Lilly Oncology On Canvas, an annual art competition that invites those touched by cancer to express—through art and narrative—their journeys. To recognize Lilly Oncology On Canvas’ 10th anniversary, Lilly Oncology and the National Coalition for Cancer Survivorship launched The Hope Murals Project. This year-long project brought 10 murals to 10 different cities—including Fox Chase in Philadelphia. Cancer survivors, their caregivers, and the community worked together to create each mural.

On September 18, the Fox Chase community gathered to paint the mural “Awakening,” designed by artist and Fox Chase cancer survivor Susan Schaffer. “The hands depict the gray days of cancer,” she explains, “and the butterfly represents the soul’s chrysalis during a cancer journey, how it emerges intensely stronger.” The mural, painted on movable pieces, was later installed in the community on Oxford Avenue, near the Fox Chase train station.

The celebratory afternoon also featured live music by singer, songwriter and cancer survivor Charlie Lustman, as well as presentations of the CHASE Awards, which are given annually to an organization and an individual who demonstrate an outstanding commitment to improving the lives of cancer survivors. This year’s organizational recipient was For Pete’s Sake, a nonprofit that provides respite vacations for cancer patients and their families. It was founded by Marci Schankweiler in honor of her late husband Pete. The Fox Chase Head and Neck Cancer Support Group Team received the award given to individuals. The team includes social worker Florence Bender, nurse Linda Schiech, and speech pathologists Kathleen Moran and Liane McCarroll, who together have hosted a patient support group each month for the past 10 years.

“While painting during the gray days of my cancer journey, I realized that if color gave me energy, why couldn’t it do the same for others? September 18th was one day shy of my 10th anniversary being cancer-free. Celebrating it with the Hope Mural will always be unforgettable.”

— Susan Schaffer, Mural Artist, Fox Chase Cancer Survivor
CELEBRATING THE “FOX CHASE WAY”
Laurel Society Dinner Honors Important Donors

Fox Chase friends and supporters looked to the Center’s future and reflected on its past during the annual celebration of the Laurel Society on October 9. “What I saw in 1996 still holds true today,” remarked keynote speaker Eric Horwitz, chair of radiation oncology. “At Fox Chase we have a special combination of clinical talent, research talent, scientists, and nurses—people who care!” This is the Fox Chase way.

The Laurel Society, whose members make gifts of $1,000 or more each year, includes friends of Fox Chase as well as staff members. Lewis F. Gould, Jr., chair of the Board of Trustees, echoed Horwitz’s passion for Fox Chase and spoke about its growth since partnering with Temple University Health System: “Patients are drawn here for our extraordinarily talented and skilled physicians, and more recently for the strong affiliation and coordination between Temple and Fox Chase,” Gould—who has been a leader of

FOX CHASE ABROAD
Surgical oncologist receives travel fellowship

“Fven on the other side of the world, Fox Chase doctors are advancing cancer care.” Last fall, surgical oncologist Jeffrey Farma was invited to Germany as the 2014 American College of Surgeons (ACS) Traveling Fellow. The fellowship provided Farma with a better understanding of German surgical training, multidisciplinary cancer care, and clinical trial procedures. “Building international relationships is paramount for advancing surgery,” says Farma. “I learned that surgeons all speak the same language, despite subtle differences in techniques and culture.” Farma attended the 135th Congress of the German Surgical Society in Berlin, where he presented in the session “Changing the Treatment Paradigm for Locally Advanced Rectal Cancer.” He also talked about being an ACS scholar and participating in the string affiliation and coordination between Temple and Fox Chase.

PAWS FOR THE CAUSE
The one-mile charity dog walk supports efforts to prevail over cancer and has raised more than $225,000 to date. Paws for the Cause hostess, Dawn Timmeney, FOX29 anchor and her dog, Bodhi, joined Fox Chase President and CEO, Richard Fisher, his wife Susan, and their dogs, Bailey and Clancy, to lead the walk. Save the date: October 18, 2015

BUILDING A CANCER COMMUNITY
The cancer journey is challenging for both patients and caregivers. To provide resources and support to patients, survivors, and their loved ones, Fox Chase hosted two educational sessions in November focused on lung and gynecologic cancers.

SHINE A LIGHT ON LUNG CANCER
November 4
Part of a national program sponsored by the Lung Cancer Alliance, Shine a Light connected all those in the lung cancer community, from newly diagnosed patients to survivors, caregivers, and health care professionals, to share experiences and information. AACR consumer reporter and Action News co-anchor Nydia Han joined Fox Chase doctors, a patient, and a nurse navigator to lead a discussion on treatment and the importance of building a support system.

TOGETHER, FACING GYNECOLOGIC CANCER
November 15
This all-day event, hosted by CBS3 anchor Pat Ciarrocchi and featuring Fox Chase clinicians, researchers, and nurses and even a yogi, covered aspects of gynecologic cancer related to body and mind. Breakout sessions gave people opportunities to talk more intimately and ask questions about palliative care, survivorship, stress management, clinical trials, and hereditary risk assessment, among others.

HONORING A LEGACY
After 30 years providing upper abdomen care at Fox Chase, surgical oncologist John P. Hoffman is retiring in June, leaving behind a strong legacy as a physician and teacher. To honor his contributions, the John P. Hoffman Fellowship in Surgical Oncology is being established. The fellowship, funded by colleagues, friends, family, and patients, will ensure that Fox Chase continues to provide the best surgical training program possible.

To contribute to the fund, visit www.foxchase.org/donate/HoffmanFund.

SHINE A LIGHT EVENT
Hossein Borghaei, chief of thoracic medical oncology, talks with patients during the Shine a Light event.

TOGETHER, FACING GYNECOLOGIC CANCER

HONORS & AWARDS
C.M. Charlie Ma, Fox Chase professor, vice chair of radiation oncology, and director of radiation physics, was named a Fellow of the American Society for Radiation Oncology (ASTRO) at the organization’s 56th Annual Meeting. The Fellows Program honors leaders in radiation oncology who have contributed at least 10 years of service to ASTRO and had a substantial impact on the field through their research, leadership, patient care, and contributions to education.

Fox Chase Senior Scientist Alfred G. Kruddau, Jr., was honored as an Oncology Luminary by the American Society of Clinical Oncology during its 50th anniversary celebration. The honor recognizes exceptional individuals who have helped shape the field of oncology and advanced progress against cancer. Kruddau’s “two-hit” theory of cancer causation provided a unifying model for understanding the relationship between hereditary and non-hereditary forms of cancer. Kruddau also predicted the discovery of tumor suppressor genes.

Hilton Klein, director of the Laboratory Animal Health Facility, has received the 2014 Joseph J. Garvey Management Award from the American Association for Laboratory Animal Science (AALAS). The award recognizes an AALAS member for outstanding administration, management, or support of programs relating to the care, quality, or humane treatment of animals used in biomedical research.

Knudson’s “two-hit” theory of cancer causation provided a unifying model for understanding the relationship between hereditary and non-hereditary forms of cancer. Knudson also predicted the discovery of tumor suppressor genes.
Probe any successful institution’s history, and you will naturally find remarkable individuals. Rarer is finding remarkable leadership that comes from an entire family. Such was the case with the Dorrances, whose passion for advancing cancer care helped make Fox Chase Cancer Center into the distinguished place it is today.

The story starts with George M. Dorrance, who set a high bar for medical excellence when he became the first medical director of the American Oncologic Hospital (AOH), one of the founding institutions of Fox Chase, in 1929. An exceptional physician and pioneering plastic surgeon, Dorrance was known for his innovations in head and neck surgery. At the AOH, he encouraged the close dialogue between researchers and clinicians that today continues to characterize Fox Chase. In 1954, five years after Dorrance’s death, the AOH honored his contributions by naming an addition to its campus the George Morris Dorrance Clinic.

The next Dorrance to strengthen the AOH was George M. Dorrance’s son G. Morris “Morrie” Dorrance Jr., who joined the Board of Trustees in 1957. The hospital had been a part of his life for many years prior, as he would go on rounds with his father as a boy. An accomplished banker—he would later become chairman and chief executive of Philadelphia National Bank—he brought with him a keen business sense. “He was a focused businessman, but very kindly,” says Engstrom.

With Dorrance Jr.’s business skills came a leadership style characterized by the personal touch. “He was a focused businessman, but very kindly,” says Engstrom. “He was always very interested in how people felt and if they were getting what they wanted from their hospital.”

Dorrance Jr. advocated for the AOH’s growth and improvement on all levels. “He played a very important role in recruiting some of the more significant physicians for the hospital,” says former AOH president Edward J. Roach, who still serves as a member of the Fox Chase Foundation Board of Directors. What’s more, Dorrance Jr. was instrumental in bringing about the formation of the institution we today know as Fox Chase Cancer Center. In 1968, he worked with Roach to champion the AOH’s move from West Philadelphia to Northeast Philadelphia’s Fox Chase neighborhood, where it settled alongside the Institute for Cancer Research (ICR). Six years later, Dorrance Jr. and Roach worked with ICR leadership to cement the merger of the two entities in order to gain new federal funding designated for a then-new type of healthcare facility: the cancer center, which performs both patient care and research—a legacy that Fox Chase embodies to this day.

Dorrance Jr.’s wife, Mary Carter, also contributed to the hospital’s work. Beginning in the 1950s, she volunteered for the women’s auxiliary of the ICR, now known as the Board of Associates, and later chaired the Women’s Board of Managers at AOH. Her involvement is a testament to the important role women played in the success of hospitals at the time by serving as fundraisers and volunteers.

Despite Dorrance Jr.’s 2011 death, the Dorrance name is still part of the Fox Chase firmament. In 2002, friends, family, and Board members established the G. Morris Dorrance Jr. Chair in Medical Oncology, one of 18 endowed chairs created at Fox Chase to recruit and retain excellent faculty—a principle Dorrance Jr. so vigorously supported. “It was more than just an interest,” says Engstrom. “It was his passion to see Fox Chase succeed, grow, and become what it is today.”