

2016 Volume I

# Dialogue

Wilmot Cancer Institute | University of Rochester Medical Center



**Coming to consensus**  
Wilmot's multidisciplinary  
approach p. 6



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MEDICINE

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# Letter from the Director



Jonathan W. Friedberg, M.D., M.M.Sc.  
Director, Wilmot Cancer Institute

Hello Friends of Wilmot Cancer Institute,

Since our last issue, we learned of the \$1 billion “moonshot” initiative for cancer research announced by President Obama and Vice President Biden. Although many details are still unknown, we are excited about what this announcement means for Wilmot, and most importantly our patients.

At Wilmot, we continue to grow our robust research programs. We are studying the common features of cancers – including cells’ ability to thrive and spread despite aggressive treatment – to find new ways to attack the core of what makes cells cancerous. We also have our own “moonshot” project underway to accelerate the pace of drug discovery by studying the additional properties of approved cancer therapies and finding ways to repurpose them.

Our team-science approach, advocated by the “moonshot” initiative, includes more than 100 investigators. It is yielding promising results in immunotherapy, which engages the immune system to fight cancer, and in precision medicine, which uses specific features of a person’s cancer to help diagnose and more effectively treat their disease. With additional federal, state and philanthropic resources, we are actively recruiting additional senior scientists to synergize with our existing teams, enabling us to compete for program grants, the highest level of support from the National Cancer Institute.

Research also informs our approach to care every day, and it allows us to offer cutting-edge therapies and technology. Each year, we enroll hundreds of patients in clinical trials where they have access to novel treatments before they’re widely available. Our multidisciplinary clinics and the collaboration among our scientists and clinicians yield new questions for us to explore and new opportunities to advance the care of our patients.

The renewed national focus on cancer holds great promise for all of us. Additional investment in cancer research is an investment in our region. It draws top scientific and medical talent, and most importantly, it gives our loved ones facing cancer the chance to live longer and better. It is our responsibility to ensure that families across upstate New York continue to have access to the latest advances in prevention, diagnosis and treatment of cancer. Our goals at Wilmot are perfectly aligned with the President’s: to find cures and end suffering from cancer in our lifetimes.

A handwritten signature in black ink that reads "Jonathan Friedberg MD".

Jonathan W. Friedberg, M.D., M.M.Sc.

## On the Cover

More than a dozen physicians from Wilmot’s Head & Neck Cancers team discuss treatment options for patients during a tumor board review meeting.

cover photos: Matt Wittmeyer

The Wilmot Cancer Institute is a component of Strong Memorial Hospital.

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COVER STORY

**Coming to consensus**

With so many more options for treatment, decisions about cancer care have become much more complex. Wilmot's multidisciplinary approach to treatment planning allows a diverse team to assess treatment decisions from all angles, encourages scientific interaction, and factors in the patient's goals and preferences to come up with the best personalized plan.



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**Testing a bold hypothesis**

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## Finding answers to MDS in the cellular 'neighborhood'

Wilmot Cancer Institute investigators have shown direct evidence of how changes in the blood-cell manufacturing environment can cause cells to malfunction and turn cancerous. The research, reported in *Blood*, is believed to be the first of its kind and suggests new options for treating serious blood disorders.

Led by Laura Calvi, M.D., the team is studying the bone marrow in connection with myelodysplastic syndromes (MDS), which can progress into acute leukemia.

Calvi's lab identified some of the complex changes such as expansion of abnormal cells and growth factors linked to cancer that occur in the blood microenvironment – the diverse group of cells in the neighborhood of bone and blood-producing cells – in response to MDS.

The study also showed that by restoring the bone marrow microenvironment to health, researchers could reduce malignant MDS cells in mice. Although more research is needed, Calvi wrote, the findings provide a strong rationale for treating the entire bone marrow microenvironment and not just the cancer cells. This strategy is unique, and Calvi's team believes it can be useful for identifying new ways to treat several blood cancers.

The National Institutes of Health, as well as a charitable donation from Frank and Barbara Strong, funded the research. Other Wilmot investigators include Sophia Balderman, M.D.; Allison Li; Benjamin Frisch, Ph.D.; Michael Becker, M.D., and Jane Liesveld, M.D.

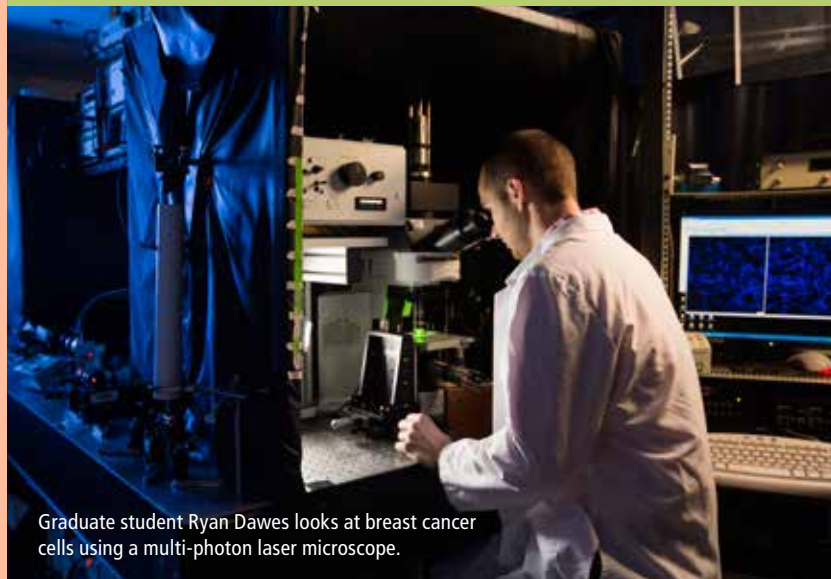
## URMC Partners with Private Company to Create Tissue Bank for Cancer Research

The University of Rochester Medical Center is collaborating with Indivumed, a Germany-based company, to establish a bank of human tissues and tumor samples that are expertly preserved and stored for use in cancer research.

Approximately 15 other research institutions in the U.S. and Europe have formed similar partnerships with the company enabling a worldwide network for researchers to access the biological specimens.

"Collecting and properly preserving human tissue is critically important to cancer research, but it's difficult to fund and requires a specialized set of skills and expertise to build such a program," says David C. Linehan, M.D., Chair of the URMC Department of Surgery, and director of clinical operations at the Wilmot Cancer Institute. Linehan will be the supervising investigator for the URMC-Indivumed partnership.

Wilmot patients will be asked to consent to having their tissue included in the bank for research purposes.



Graduate student Ryan Dawes looks at breast cancer cells using a multi-photon laser microscope.

## Scientists use optics to predict breast cancer's spread

A University of Rochester biomedical engineering lab has discovered a new way to judge whether breast cancer cells are likely to spread, by viewing tumor biopsies with a powerful multi-photon laser microscope and watching for certain optical patterns emitted by cancer.

New data published by *BMC Cancer* shows that the optical signals independently predicted metastasis-free survival and overall survival based on 125 tissue samples obtained from patients in the Netherlands. The women, with an average age of 52, each were diagnosed with a common form of early-stage breast cancer – lymph-node-negative, estrogen-sensitive, invasive ductal carcinoma – and were not treated with chemotherapy. Scientists followed their cases for 15 years and correlated the outcomes to the optical signature of each tumor.

Lead author Edward Brown III, Ph.D., built the multi-photon microscope used to analyze the breast tumors. It shines lasers on cancerous tissue and then allows scientists to study how the light scatters as malignant cells move. Because the scattered light patterns can seemingly predict how cancer will behave later on, Brown believes the data could perhaps add new information to what is currently provided to patients at diagnosis.

"Our goal is to aid in treatment decisions by complementing the information that's already available, to help women avoid being over-treated," says Brown, UR associate professor, National Institutes of Health New Innovator awardee, Pew Scholar, and Era of Hope Scholar.

The next step is to confirm the data in a larger study of breast cancer patients who have been treated with chemotherapy, and to devise a predictive formula or "score" based on the light patterns from their tissue samples. The score could be included in a patient's pathology report, Brown says.

## Immune-stimulating drug, with chemo, shrinks pancreas tumors

The results of an early-stage clinical trial for pancreatic cancer show that an experimental therapy can control tumors well enough to make some patients eligible for surgery, according to data published in *The Lancet Oncology* by a Wilmot Cancer Institute investigator.

Since surgery currently provides the best chance for survival of pancreatic cancer, any research that helps to move more patients toward that goal is exciting, says lead author David C. Linehan, M.D., director of clinical operations at Wilmot and Chair of Surgery at the University of Rochester Medical Center.

This study is also significant, Linehan says, because there is no consensus on the best way to treat locally advanced pancreatic cancer that cannot immediately be removed. The median five-year survival rate is less than 5 percent. Doctors typically use chemotherapy and combinations of other therapies to try to control the disease – but if the experimental therapy proves to be helpful, it gives patients another option.

Pancreatic cancer has a unique characteristic that's the focus of Linehan's research: Approximately 80 percent of a pancreatic tumor is comprised of cells that are not cancer cells. Many of these



non-tumor cells, called tumor-assisted macrophages (TAMs), play a vital role in promoting cancer and preventing the immune system from attacking cancer cells.

Linehan primarily investigates the TAMs in the dense tissues and cells surrounding pancreatic tumors, often referred to as the microenvironment. He discovered that patients with pancreatic cancer who also have high levels of TAMs in their tumors are more likely to have a recurrence of cancer after surgery. In earlier mouse studies, he

found that an experimental therapy, called PF-04136309, blocked the mobilization of these cells. The phase 1b trial confirmed those results.

In the clinical study, researchers also wanted to know if PF-04136309 was hitting the intended molecular target, a receptor known as CCR2 on inflammatory monocytes, the precursors of TAMs. In *Lancet Oncology*, scientists described the mechanisms by which PF-04136309 inhibits CCR2 and also reduces the number of cells critical for sculpting the harmful microenvironment. When used in combination with chemotherapy, the drug also appeared to galvanize a proper immune response in the patients.

## Wilmot pilot research grants awarded to three teams

Wilmot's competitive pilot-grant program funds projects that will generate the preliminary data necessary to apply for federal funding. The pilot funding, which has been generously donated by local community groups and foundations, supports research costs only.

The awardees in this most recent rounds of grants are:

- Luoqing Chen, Ph.D., who received a \$25,000 junior investigator award to study metastatic squamous cell carcinoma of the skin. Most squamous cell skin cancers are curable but researchers have identified a protein associated with a more aggressive subtype, and effective treatments for this type are lacking. Chen is seeking to confirm the role of the protein in a mouse model, and to

develop new treatment strategies for this aggressive and metastatic form of skin cancer.

- Elizabeth Guancial, M.D., who received a \$25,000 junior investigator award to study the feasibility of using iPads to



assess a patient's distress after a cancer diagnosis. Nearly 40 percent of newly diagnosed cancer patients experience a level of emotional distress, pain, and

anxiety that interferes with their ability to cope and complete treatment. Guancial is developing ways to link the assessment to the electronic medical record so that oncology teams can evaluate how a patient's distress changes over time, and if better distress management helps more patients complete cancer therapy.

- Lynne Maquat, Ph.D., and Rudi Fasan, Ph.D., who received \$50,000 for a collaborative breast cancer study. They are investigating the role of a protein-protein interaction (PGC1b-CBP80) involved in promoting the growth and proliferation of estrogen-positive tumors, a very common type of breast cancer. They're also studying the potential to develop a drug that could interfere with the PGC1b function in cells.



Kristin A. Skinner, M.D.

## Comprehensive Breast Care at Pluta receives prestigious accreditation

Comprehensive Breast Care at Pluta has been granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.

Comprehensive Breast Care has been accredited by the program since 2011, and it is the only breast center in the Rochester region to receive this accreditation.

Accreditation by the NAPBC is given only to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. Centers are evaluated on their compliance with

NAPBC standards for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of: center leadership, clinical management, research, community outreach, professional education, and quality improvement.

"We are pleased to be recognized for our commitment to providing high-quality breast cancer care and for our dedication to our patients," says Kristin A. Skinner, M.D., director of Comprehensive Breast Care at Pluta. "From diagnosis through survivorship, we offer patients a full range of options for their care and the support they need along the way."



13WHAM's Jennifer Johnson interviews Wilmot's director, Jonathan W. Friedberg, M.D., M.M.Sc.

## Wilmot Cancer Research Day raises \$24,000 in 24 hours

The Rochester community raised more than \$24,000 to support cancer research during Wilmot Cancer Research Day, held Jan. 20 in partnership with 13WHAM/FOX Rochester. In addition to its new name and website, the annual telethon-style event featured host Jennifer Johnson, Wilmot doctors and researchers, and many community groups who raise funds for research at Wilmot.

The event also highlighted stories of patients who had participated in clinical trials, including Judy Jansson, a pancreatic cancer patient of Aram Hezel, M.D., and Melanie Haers, who had a brain tumor and was treated by Nimish Mohile, M.D.

Over the course of the event, 55 volunteers – including faculty, staff and community members – fielded 205 call-in donations. Donations made online were double what was given online in 2015. The campaign website remains open and the community may still donate at [HOPE.urmc.edu](http://HOPE.urmc.edu). Thank you to all who helped make this event a success.



Wilmot investigator Karen Mustian, Ph.D., holds warrior pose with 13WHAM's Jennifer Johnson.

## New program helps cancer patients quit tobacco



Many cancer survivors continue to smoke during and after cancer treatment, which not only puts them at risk for additional health problems, but also makes cancer treatments less effective. To help them quit, Wilmot Cancer Institute has established an outpatient smoking cessation program.

"It's hard for people to quit smoking, and it's hard for them to undertake treatments for a new disease at the same time," says Geoffrey C. Williams, M.D., Ph.D., who is co-director of Wilmot's smoking cessation program with oncologist Chunkit Fung, M.D. "This kind of intervention is very important for providing the kinds of clinical support that are needed for success in both sides of that treatment."

Through the program, Williams and Patricia Mallaber, N.P., work with patients to develop an individualized plan that can combine counseling and medication. To learn more about the program, call (585) 275-5823.

## Radiation Oncology accredited by American College of Radiology

All seven of UR Medicine Radiation Oncology's locations in Rochester and the Finger Lakes region have been accredited by the American College of Radiology for demonstrating high practice standards and quality care.

The three-year accreditation follows an extensive evaluation and site visit by physicians and medical physicists who assessed personnel, equipment, treatment-planning and treatment records, as well as patient-safety policies and quality control/quality assessment activities.

"The accreditation of UR Medicine Radiation Oncology by ACR reflects our long-standing commitment to our patients and to excellence in providing radiation therapy," says Yuhchayau Chen, M.D., Ph.D., chair of UR Medicine Radiation Oncology. "We have held this designation since 2002, and we are proud that all seven of our practice sites

provide the highest quality care to patients in the Rochester and Finger Lakes region."

The Radiation Oncology sites that have been accredited include:

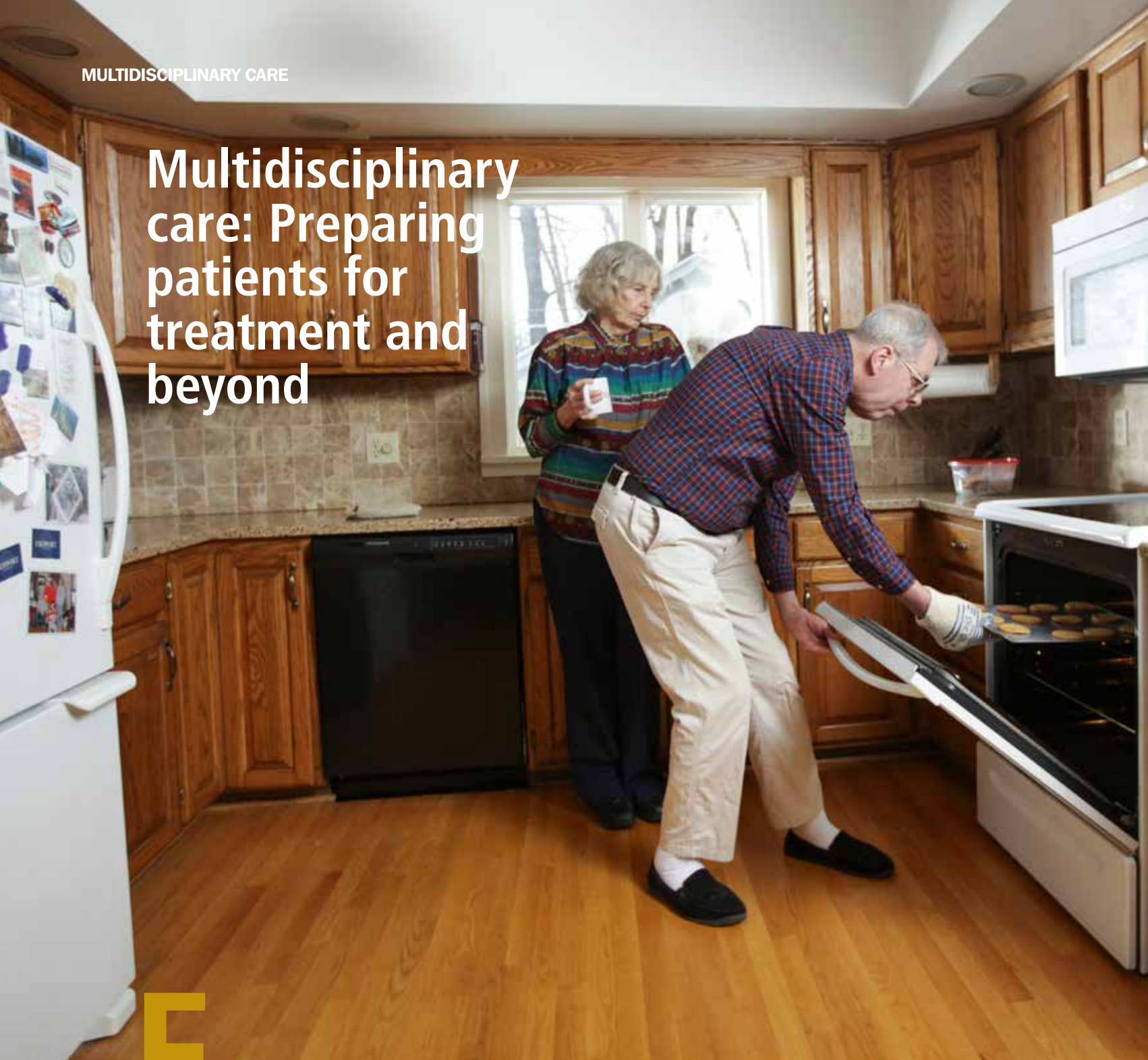
- Wilmot Cancer Center at Strong Memorial Hospital
- Highland Hospital
- Pluta Cancer Center in Henrietta
- Sands Cancer Center in Canandaigua
- Wilmot Cancer Institute at Park Ridge in Greece
- Wilmot Cancer Institute Batavia
- Wilmot Cancer Institute Hornell

The ACR is a national professional organization serving more than 36,000 diagnostic/interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists with programs focusing on the practice of medical imaging and radiation oncology and the delivery of comprehensive health care services.



Yuhchayau Chen, M.D., Ph.D., chief of Radiation Oncology, seated, and members of her team.

## Multidisciplinary care: Preparing patients for treatment and beyond



**F**or Jim Stinehour, the days following his diagnosis — with advanced head and neck cancer in 2013 — were overwhelming. The retired estimator from Brighton needed to have surgery to remove his voicebox and lymph nodes, then reconstruction. He was facing four weeks of daily radiation, four weekly chemotherapy treatments and an intense, long-term recovery.

**“When something like this happens, it’s like being hit by a freight train,” Stinehour recalls.**



For Jim Stinehour, the support of his wife Judy, family and friends helped keep him motivated during his intense treatment and recovery.

As he and his family grappled with this news, a large team at Wilmot Cancer Institute – including experts in pathology, radiology, surgery, dentistry, speech pathology, nutrition and occupational therapy – began the elaborate choreography of planning and coordinating his care.

This multidisciplinary approach is central to Wilmot’s philosophy and part of what differentiates Wilmot from other providers in upstate New York. But multidisciplinary care is much more than just having a large team that works well together. It’s about scientific interaction, looking at the pros and cons of treatment decisions from all angles, holding each other to the highest standards possible, and considering the patient’s goals and preferences – particularly in cases where the cancer is very rare or very complex.

“It gives patients the broadest perspective on their therapy, and it brings so much expertise into the process,” says

Paul van der Sloot, M.D., who coordinated Stinehour’s care at Wilmot’s Comprehensive Head & Neck Cancers Clinic. “It’s not just how best to treat their cancer. It’s also about how to get them through treatment and what comes after.”

### **Communication and consensus**

At Wilmot, this process often begins with a weekly meeting called a tumor board review or multidisciplinary conference. In a large conference room, experts from pathology, radiology, surgery, medical oncology and radiation oncology gather to review patients’ cases. Magnified images of biopsied cells stained pink and purple are projected on three large screens, and the conversation begins.

The oncologists clarify the diagnosis, and images from PET and CT scans replace the cells on the screens. The group assesses the tumor’s location and the possibilities for

surgery, radiation and chemotherapy. They discuss each patient’s preferences and goals, emotional state, family situation and overall health. Their conversation is dominated by the long-term implications for the patient’s quality of life, the risk of recurrence and possibilities for future therapy. They debate, question each other and provide evidence for pursuing one treatment over another.

“There are all kinds of things that go into decision-making,” says radiation oncologist Alan Katz, M.D., adding that each of these factors can influence not just the recommendations for treatment but how treatment is delivered.

With more options for combining surgery, radiation, chemotherapy and other therapies than ever before, treating cancer has become more effective, but also more complex. Even if the type, stage and location of their cancer are the same, nearly every patient will have a personalized plan that might involve very diverse approaches



Radiation oncologist Deepinder Singh, M.D., above, with ENT surgeons Matthew Miller, M.D., and Paul van der Sloot, M.D., at a tumor board review meeting.



and a large team of people with diverse perspectives to weigh in.

"Twenty years ago, we had a few drugs that were mixed and matched for all tumors, often with poor response rates," says Jonathan W. Friedberg, M.D., M.M.Sc., director of Wilmot Cancer Institute. "Today, with precision medicine, we understand that tumors are different, and different approaches are needed."

Treating cancer today requires deep and diverse expertise, and a multidisciplinary approach coordinates the perspectives of every provider who could have a role in a patient's care. It helps to ensure the quality and timeliness of treatment, as well as improve survivorship.

In addition, this approach presents opportunities to consider whether patients might be eligible to participate in a clinical trial. Wilmot has a large portfolio of research studies testing new therapies, many of which are not available anywhere else in the region, and they present another treatment option for patients who have advanced or complex cancers.

During a tumor board, biopsied cells stained pink and purple, like these head and neck cancer cells, are reviewed closely by every physician in the room.

Multidisciplinary care can also advance research by opening the door to new questions for scientists and clinical investigators to pursue.

"Several research topics have emerged from case discussions at our lymphoma conference over the years," Friedberg says. "It is how we are constantly moving the field forward."

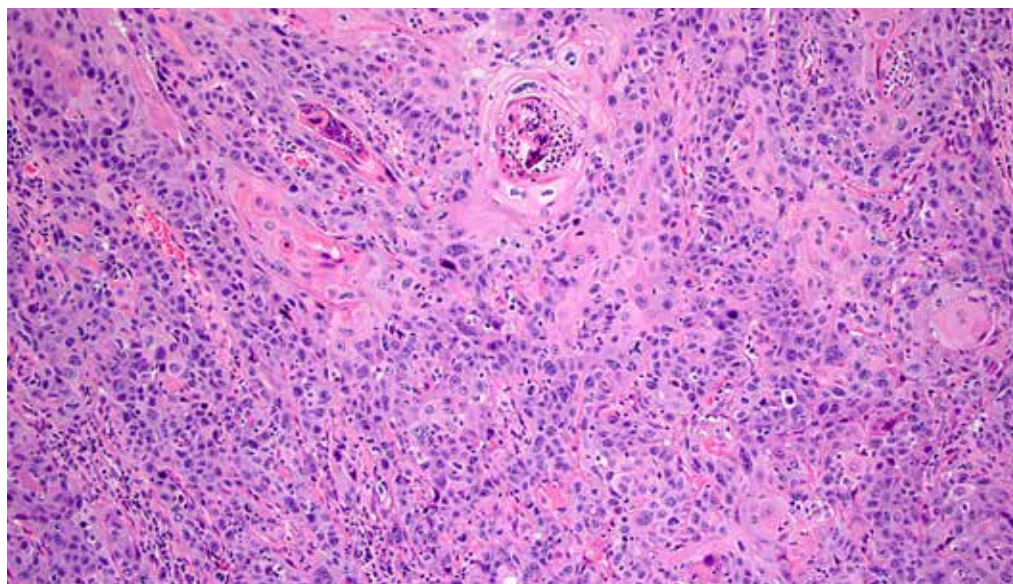
The conversations that begin at tumor board meetings continue throughout a patient's treatment – often picking up in the large central workrooms of Wilmot Cancer Center's clinic which were designed to encourage interaction and collaboration. That proximity allows doctors and nurses to consult each other on questions or unexpected issues, making the process seamless for patients.

"It's not on the patient to call and find out, and we're not running around trying to get information while the patients are waiting," Katz says. "In the background, we're coordinating it all so the patients don't have to."

### Preparing patients for treatment and beyond

More than a dozen head and neck cancer specialists have been involved in Stinehour's treatment and recovery. Yet with every appointment, Stinehour had the sense that whoever he'd seen first had spoken to the next person and filled them in.

"So many functions are involved in head and neck cancers – voice, swallowing, important cosmetic issues, chewing, hearing," van der Sloot says. "It really takes a village."





Speech pathologist Catherine Sligar, MA, CCC-SLP, and nurse coordinator Jo Ann Snyder, R.N., work closely to help patients navigate treatment for head and neck cancers.

Multidisciplinary teams like Wilmot's Head & Neck clinic physically bring that village together, locating specialists in a single place for patients and coordinating appointment schedules.

"A lot of patients come from hours away, and this guarantees that they get the service they need without having to come back multiple times," says speech pathologist Catherine Sligar, MA, CCC-SLP.

In the Head & Neck clinic, the teamwork begins before a patient's case is presented at the tumor board review and can continue for years after treatment. Patients are connected with the clinic's speech pathologist and dietitian often before their treatment even begins to help prepare them for what's ahead.

"We want them to be educated and start with exercises from day one," Sligar says. "We want them to be prepared before surgery."

For Sligar and dietitian Joanna Lipp, RD, CNSC, CSO, that preparation is really about ensuring patients' long-term well-being. They try to anticipate patients' needs and plan visits around appointments that patients already have scheduled.

"We're focused on quality of life from the get-go," Lipp says. "Getting through treatment is just a small part of what we do."

**" Today, with precision medicine, we understand that tumors are different, and different approaches are needed."**

— Jonathan W. Friedberg, M.D., M.M.Sc., director of Wilmot Cancer Institute.

They help with many behind-the-scenes, non-clinical issues such as coordinating with insurance companies and helping patients plan for travel with special equipment or supplies. They also provide an understanding environment for patients who undergo procedures that can drastically alter their appearance.

"When you're going through an event as traumatic and life-changing as cancer, you want to feel confident and secure in your team," Sligar says. "This provides an environment where patients can feel that way."

### **Essential expertise for rare cancer**

For Susan Mathew of Brighton, having a trusted team with the right expertise was essential. She was diagnosed in 2014 with an extremely rare form of liver cancer. She'd had no symptoms, and the mass on her liver was discovered in a scan she'd had for unrelated stomach pain. At first, doctors didn't think it was malignant,

but it continued to grow. Six months later, she had a complex surgery to remove it, along with large portions of her liver and other tissue.

Because Mathew's cancer was so rare, there were no widely accepted approaches for treatment beyond surgery. Her case was presented at Wilmot's gastrointestinal cancers tumor board, where her surgeon Luke Schoeniger, M.D., medical oncologist Aram Hezel, M.D., and radiation oncologist Alan Katz, M.D., began working on a recommendation for treatment.

The three focus, or sub-specialize, in gastrointestinal cancers, which deepens their knowledge of and experience with these diseases. As a result, they see many liver cancer cases each year and have an overlapping understanding of each other's expertise, which is crucial for evaluating complex cases.

"It's rare to have an alignment of specific specialty care — a medical oncologist in gastrointestinal cancers, a radiation oncologist in gastrointestinal cancers and a surgeon with expertise in these cancers,"

**"A lot of  
people are involved.  
It's not a one-person  
thing."**



Susan Mathew was diagnosed in 2014 with a rare form of liver cancer. Her team of gastrointestinal cancer specialists collaborated to ensure she had the best treatment possible.



Radiation oncologist Alan Katz, M.D., medical oncologist Aram F. Hezel, M.D., and surgeon Luke Schoeniger, M.D., worked closely together to plan Susan Mathew's treatment.

Hezel says. "That's really what makes a truly high-functioning multidisciplinary team."

Together, they discussed what Mathew's surgery had entailed and their areas of concern. They also debated the timing and dose of radiation and chemotherapy – an important conversation because newer chemotherapy drugs are often too toxic to give with radiation.

"All treatments have the potential for significant toxicity and have to be given at the right time to have the most benefit," Katz says. "It's almost like a ballet."

Hezel then presented the treatment options and the team's recommendation to Mathew.

At the same time, Mathew and her family sought a second opinion on her treatment in Boston. The oncologists there knew Wilmot's team and that they had strong expertise in treating liver cancers.

"They said, 'You are in good hands. Don't worry,'" says Mathew, who then underwent four months of chemotherapy and five weeks of radiation at Wilmot.

The teamwork wasn't limited to her treatment planning. Mathew was impressed by the way the nurses double-checked each other in the infusion center and by the way her team worked together to ensure that she could travel during her treatment for important family events.

"A lot of people are involved," she says, recalling the collaboration she saw among her nurses and doctors. "It's not a one-person thing."

Even with such a large care team, Mathew has still been able to develop a strong relationship with Hezel, who coordinates much of her care.

"His smile lets me know that everything is normal," she says. "He takes the tension out of things, and he is always asking if there's anything I need."

### More than medicine

Social and emotional support is also an important aspect of multidisciplinary care.

"You can't let sympathy consume you," Stinehour says. "It's very easy to do because everyone is feeling sorry for you."

He joined the local chapter of Support for People with Oral, Head and Neck Cancer (SPOHNC), which meets monthly at Wilmot Cancer Center. He attended the group's spring banquet shortly after his surgery – at a time when he couldn't speak or eat. There, he met others who had undergone similar treatment and gained insight from their experiences.

He's continued to stay active with the group, and Stinehour, who loves to bake, has joined Wilmot's monthly Cooking for Wellness classes, held at Gilda's Club Rochester.

The support of his family, friends and church has helped keep him motivated. Since his treatment ended, Stinehour and his wife Judy have been to Ireland and Germany, and they toured the National Parks out west. He regularly volunteers at his church, and he's looking to help others with head and neck cancers prepare for treatment.

For Mathew, the support of family and friends also kept her spirits up.

"I had a lot of prayers from around the world," she says. Friends and neighbors would bring meals, and her husband and daughter made sure she ate well and kept her weight and strength up. Even before she finished treatment, she went back to the gym for brief stints, and now she's doing full Zumba classes. She is playing with her 11-month-old granddaughter, and she's traveling to India.

Attitude, she says, makes a big difference from the start, but so has being actively involved in decisions about her care.

"Be your own advocate and do your homework," Mathew says. "Find the best treatment for you." 

## Oncology services expand as Myers Cancer Center takes shape

Even before construction started on the new Ann and Carl Myers Cancer Center, Wilmot Cancer Institute began expanding oncology care in the Finger Lakes and Southern Tier. The new services in Allegany, Livingston and Steuben counties are part of Wilmot's mission to ensure that patients throughout the region have access to cancer care closer to where they live and work.

Medical oncology services returned to Wellsville, Allegany County, last fall. Brian D. Smith, M.D., started seeing patients weekly there at Jones Memorial Hospital, in addition to his weekly clinic in Dansville. His clinic marks a return of cancer care to Wellsville after many years.

"There is no question that establishing a regional cancer center in Dansville is an exciting opportunity to improve access to cancer care for all of our communities," says Eva Benedict, CEO of Jones Memorial Hospital. "With Dr. Brian Smith at Jones Memorial, patients have access to the

expertise and cutting-edge therapy of the Wilmot Cancer Institute without having to travel to Rochester. This project is an example of how important it is for rural hospitals and health centers to form partnerships. In the challenging financial environment all healthcare facilities face, we must work together to bring the specialty care that our patients need closer to home."

In December, Pradeep Sharda, M.D., and Varsha Sharda, M.D., of Southern Tier Oncology LLC in Hornell, Steuben County, joined Wilmot. They continue to see patients weekly in Hornell for medical oncology office visits and consultations, and they also began seeing patients in Dansville at the Wilmot offices at Noyes Health. All infusions are now taking place at the Noyes Health infusion center.

The mild winter allowed progress to continue on construction of the Myers Cancer Center, based at Noyes. Since the groundbreaking in October, tons of concrete

have been poured to form the floor and walls of the vault that will hold the linear accelerator in the radiation oncology clinic. Renovations have begun on the space that will become the radiation oncology clinic. A 4,500-square-foot, lower-level addition will connect the linear accelerator suite to the current building. On the hospital's main floor, renovations are also underway for the new medical oncology clinic, which will feature three exam rooms and five chemotherapy infusion bays.

"The partnership of Wilmot, Jones and Noyes has enabled the development of the Myers Cancer Center. The lead gift from Ann and Carl Myers has turned the dream into a reality," says Amy Pollard, CEO of Noyes Health. "The partners and the communities we serve are looking forward to the opening of the cancer center."

The Myers Cancer Center is expected to open in early 2017. 

Amy Pollard, left, CEO of Noyes Health, and Eva Benedict, CEO of Jones Memorial Hospital prepare for the Myers Cancer Center groundbreaking.



Wilmot Cancer Institute director Jonathan W. Friedberg, M.D., M.M.Sc., speaks during the groundbreaking ceremony for the Ann and Carl Myers Cancer Center in Dansville.

Leaders from Wilmot, Noyes Health, Jones Memorial Hospital and the community broke ground for the Myers Cancer Center on Oct. 28 in Dansville.

## URMC, community partners to create Virtual Rural Oncology Community

A cross-disciplinary team from the University of Rochester Medical Center is partnering with the Livingston County Department of Health, Tri-County Family Medicine, Noyes Health, Wilmot Cancer Institute and local cancer survivors to develop ways to improve the health and quality of life of rural cancer patients.

This group is creating an online portal to connect patients, survivors, family caregivers, and health care providers in the community. The goal of developing this Virtual Rural Oncology Community (V-ROC) is to improve communication and decision-making about treatment options, support and other needs that arise after initial cancer treatment ends.


"Cancer care is increasingly complex, and it can be overwhelming to make decisions

about your treatment. As a patient, you are an important member of your care team and have the right to discuss your options,



understand their implications and decide what is best for you," says Katia Noyes, Ph.D., MPH, professor of Surgery and Public Health Sciences, who is leading the project. "Our project is aimed at providing resources and information to help you make those decisions. We are excited to work with our partners in Livingston County to ensure that we are designing a resource that truly meets the unique needs of rural communities."

In addition to empowering patients and survivors, this project aims to develop training and materials for rural health care providers who see many patients with a history of cancer. The University of Rochester School of Nursing's Center for Lifelong Learning and Irfan A. Rizvi, M.D., a clinical assistant professor of colorectal surgery, are also partners in the V-ROC project to help address these needs.

Katia Noyes received a Eugene Washington PCORI Engagement Award for \$300,000 over two years from the Patient-Centered Outcomes Research Institute (PCORI) to support this project. The funding will be used to pilot the V-ROC project in Livingston County and design ways to introduce it to other rural communities. 



Crews poured tons of concrete to build the walls of the linear accelerator suite for the new Myers Cancer Center in Dansville.

ONLY AT WILMOT

## Hairy cell leukemia treatment among the world's best

**T**wenty years ago when Phillip DeGrazia was diagnosed with extremely rare hairy cell leukemia, he felt lucky for two reasons. First, that his primary care physician at Highland Hospital discovered it, and second, that he was able to receive the newest drug at the time. He remained in remission for two decades.

Then in 2012 he had a heart attack and triple-bypass surgery. DeGrazia believes the heart trauma “woke up” the leukemia—but luck was still on his side despite the relapse, he says.

By then, the Wilmot Cancer Institute had recruited Clive Zent, M.D., one of the nation’s leaders in treating this type of cancer. Zent came to Wilmot from the Mayo Clinic, and brought a wealth of knowledge and a newer tool kit for hairy cell leukemia.

Working with Richard Burack, M.D., Ph.D., in Pathology, Zent was able to use a precision test to confirm a specific gene mutation (BRAF) that’s often present in hairy cell leukemia. They analyzed DeGrazia’s tissue samples and put DeGrazia on a drug that blocks the mutant BRAF protein. He remained on that therapy for about six weeks and his cancer went back into complete remission.

Later, Zent transitioned DeGrazia to a maintenance medication, rituximab, and he has been feeling well for the last two years.


“I couldn’t ask for anything better,” says DeGrazia, 72, of Webster. “I feel so secure with Dr. Zent. He can pinpoint stuff just by looking at my blood work and my numbers. It was scary in the beginning but I felt very confident in Dr. Zent because he’s right to the point, he understands the disease, and he’s a great guy.”

Zent’s expertise allowed him to establish a North American Center of Excellence for Hairy Cell Leukemia at Wilmot. Hairy cell is a blood cancer that makes too many white blood cells. The disease got its name because the cancer cells look “hairy” under a microscope. It grows slowly but can be serious if left untreated.

Wilmot is one of only 23 institutions in the world with a Center of Excellence dedicated to improving treatment of hairy cell leukemia through research. Others in the U.S. include the National Institutes of Health, M.D. Anderson, Mayo Clinic, and The Ohio State University. A handful of additional centers are located in Canada, Europe, Australia, and the Middle East.

Only about 800 new cases of hairy cell are diagnosed each year in the U.S. It’s difficult to detect because symptoms such as malaise, weakness, and change in blood counts, occur for many other medical conditions.

Most other cancer centers don’t offer the BRAF diagnostic test that Zent and Burack used in DeGrazia’s case. “Precision medicine and targeted therapy have become very routine for us,” Zent says. “It’s what we do every day.”

The advanced level of care has given DeGrazia a good life, he says. He’s on the job most days as a supervisor at Mark IV Construction, likes to visit Florida, and enjoys the company of his wife, Joan, children, stepchildren, and 12 grandkids. 



## BUILDING ON STRENGTH

# Wilmot's chief of Gyn Oncology seeks to expand clinical programs, research on women's cancers



Richard G. Moore, M.D., left, leads Wilmot's Gynecologic Oncology program and works with Kyu Kwang Kim, Ph.D., in the Targeted Therapeutics Laboratory for Gynecological Cancers.

**R**ichard G. Moore, M.D., thought robotics would be his future. As an undergraduate, he studied mechanical and industrial engineering. Then medicine caught his interest, and with his rotation in obstetrics and gynecology, he'd found his passion. The complexity, technical demands and challenges of treating gynecologic cancers appealed to Moore, but so did the opportunity to be involved with every aspect of his patients' care from diagnosis forward.

"It's an honor and privilege to be allowed to be part of that," he says.

As chief of Gynecologic Oncology, Moore is building on Wilmot's clinical strength in this area to create a nationally prominent multidisciplinary program in women's cancers. In addition, he is establishing a research program that includes basic and translational science, as well as clinical trials that will bring novel treatments to women here long before they're widely available.

"The care of women is very different from the care of men — physically, emotionally and medically," Moore says. The differences go beyond hormones, pathology or even the way in which tumors develop. Women are more educated about their disease, he says, and the impact of their cancer can be more deeply felt by those around them.

"We're caring for people who are used to taking care of us," he says, which makes social work, nutrition, integrative care and other services essential to a gynecologic oncology program.


Moore, who has special interests in ovarian and endometrial cancers, came to Rochester in October from Brown University and Women & Infants Hospital of Rhode Island. There, he had

served as the Associate Director of the Program in Women's Oncology since 2009 and as the Director of the Center for Biomarkers and Emerging Technology as well as the Molecular Therapeutics laboratory. He led the team that developed the Risk of Ovarian Malignancy Algorithm (ROMA), a test that is cleared for use in Europe and Asia and was recently cleared by the U.S. Food and Drug Administration to detect ovarian cancer in women who have an ovarian cyst or pelvic mass.

ROMA detects a protein called HE4 that is overexpressed when ovarian cancer is present. In addition to indicating the likelihood that a cyst or mass is malignant, HE4 can also be used to monitor how well a patient is responding to treatment and can indicate a recurrence after treatment.

"It has really changed how we approach ovarian cysts and allows us now with some confidence to tell a patient if she has ovarian cancer," Moore says. Because survival for women with ovarian cancer is better among those who have surgery done by gynecologic oncologists, a test like ROMA can help ensure women get appropriate care.

At Wilmot, Moore is continuing to study HE4 and other biomarkers. With the ultimate goal of developing a definitive test for ovarian cancer, he and his lab team are evaluating new diagnostic technology that filters cancer cells from the blood. Moore would also like to see HE4 or another biomarker used to develop a reliable screening test for ovarian cancer. Although researchers worldwide have been trying to develop a screening test, they have not yet succeeded for this difficult-to-detect cancer.

"Hopefully with newer technologies, we'll find new biomarkers that will help us get to cancer screening." 

# Survivors Night at Frontier Field

Friday, July 29  
Frontier Field  
Rochester, NY



All cancer patients, survivors and their family and friends as well as Wilmot employees are invited to join us for Survivors Night at Frontier Field. Tickets cost \$4 each and the game starts at 7:05 p.m. Details will be available at [wilmot.UMC.edu](http://wilmot.UMC.edu).



To sign up for the survivors parade on field or ask questions, contact Tiffany Paine-Cirincione at (585) 276-4715 or [tiffany.paine@rochester.edu](mailto:tiffany.paine@rochester.edu).





Hartmut "Hucky" Land, Ph.D., center, with members of his laboratory team.

## Wilmot's research director wins NCI Outstanding Investigator Award

Hartmut "Hucky" Land, Ph.D., the Robert and Dorothy Markin Professor of Biomedical Genetics at the University of Rochester, received a newly established multimillion dollar award from the National Cancer Institute that supports exceptional scientists with seven years of uninterrupted funding.

The NCI Outstanding Investigator Award is in its inaugural year. It was designed to reward productive and influential researchers by giving them the freedom to pursue long-term goals without having to re-submit grants each cycle.

Land will continue to test a bold hypothesis that's been the cornerstone of his work for 30 years – that different cancers have many shared features, and understanding the common characteristics of cancer might unlock the next generation of targeted treatments.

"I feel very grateful and a bit humbled," says Land, director of research and co-director at UR Medicine's Wilmot Cancer Institute. "It's a wonderful affirmation of

our focus on the common core of cancers and the work of our research team."

Land's approach to cancer is different than that of many scientists.


Most investigators are looking for the cancer gene mutations specific to individual malignancies. From there, scientists search for drugs that target those mutations. This allows patients with some types of lung cancer, for example, to receive a drug that acts upon the specific gene mutation found in their tumors. Personalized, genomic-based approaches like this are becoming a standard in cancer care.

However, because hundreds of cancer mutations exist and only a few of them can be successfully targeted by drugs, not all patients will benefit from the current approach.

To confront that major shortcoming, Land has flipped the current approach on its head and shifted his focus to studying the similarities between diverse types of cancer. Instead of searching for single cancer gene

mutations, his laboratory studies the genetic programs that control all of cancer's worst shared features – such as a cancer cell's ability to quickly divide and survive despite aggressive treatment. The goal is to look for new ways to block or interfere with the genetic programs at the core of what makes cells cancerous, Land says.

"Cancer research is moving at a faster pace and the field is poised to make important discoveries," says Jonathan W. Friedberg, M.D., M.M.Sc., director of the Wilmot Cancer Institute. "Hucky has always understood the complexity of cancer, and has developed a unique territory to explore. He has an innovative style that pushes the boundaries of what's possible. We're extremely proud of his leadership and this achievement."

The new NCI funding is known as an R35 award; 60 other scientists in the United States will receive R35 grants on a rolling basis this year, with Land among the first. 

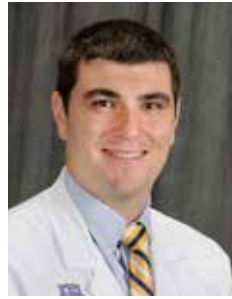
# New Faculty Appointments at Wilmot



**Varun K. Chowdhry, M.D.**, an Assistant Professor of Clinical Radiation Oncology, joined the Wilmot team after completing a fellowship at Massachusetts General Hospital in Boston. He completed his undergraduate studies at the University of Rochester and medical school at SUNY Upstate Medical University in Syracuse. He comes to the University of Rochester with extensive training in advanced techniques including radiosurgery, brachytherapy, intensity-modulated radiation therapy (IMRT) and 3D conformal radiotherapy. He sees patients at Wilmot Cancer Institute Hornell.



**Richard F. Dunne, M.D.**, a senior instructor in Medicine, completed his residency and oncology fellowship at the University of Rochester Medical Center before joining University of Rochester faculty in his current role. He treats esophageal, gastric, liver, pancreatic, colorectal and anal cancers. His research interests include pancreatic and biliary tract cancers, specifically looking at weight loss and muscle-wasting related to cancer. He graduated from the University of Notre Dame and SUNY Downstate Medical Center College of Medicine. He sees patients at the James P. Wilmot Cancer Center in Rochester.



**Patrick M. Reagan, M.D.**, a senior instructor in Medicine, completed his residency at the University of Virginia Health System before undergoing a hematology fellowship at the University of Rochester and then joining the faculty in his current role. He sees patients with non-Hodgkin lymphoma, Hodgkin lymphoma and chronic lymphocytic leukemia. Holding a strong belief in the importance of clinical trials, he is leading efforts for a clinical trial involving CAR T-cell therapy. He sees patients at the James P. Wilmot Cancer Center in Rochester.



**Nayana R. Kamath, M.D.**, is a clinical instructor in Medicine. She received her medical degree from the University of South Alabama College of Medicine, also participating in breast cancer research at the time. She completed her internship, residency and oncology fellowship at the University of Rochester. She sees patients at Wilmot Cancer Institute Batavia and Wilmot Cancer Institute Park Ridge.



**Pradeep Sharda, M.D.**, is an associate professor of Clinical Medicine. He sees patients for cancer care and benign hematology office visits and consultations at Wilmot Cancer Institute's offices in Dansville and Hornell. He will become Director of Medical Oncology at the new Ann and Carl Myers Cancer Center, which will have offices in Dansville, Hornell and Wellsville. Sharda has provided medical oncology, hematology and chemotherapy infusion services in Hornell for 20 years through Southern Tier Oncology LLC. Sharda is board-certified in medical oncology and graduated from the Mahatma Gandhi Institute of Medical Sciences in India. He completed his residency in Internal Medicine at Harlem Hospital, Columbia University, and his fellowship in Hematology and Oncology at East Tennessee State University.



**Varsha Sharda, M.D.**, is an associate professor of Clinical Medicine. Board certified in Medical Oncology, she sees patients at Wilmot Cancer Institute's offices in Dansville and Hornell. She has provided medical oncology services in the Southern Tier for more than 15 years. Sharda completed her anatomic and clinical pathology residency at Westchester County Medical Center and an internal medicine residency at the East Tennessee State University as well as an internship at King Edward Memorial Hospital, India. She also finished a fellowship at the University of Rochester Medical Center and is a graduate of the Mahatma Gandhi Institute of Medical Sciences in India.

# NEW FACULTY @ WILMOT

# WILMOT | 2016 WARRIOR WALK

1 Mile Family Walk ■ Certified 5K Run ■ Certified 10K Run

September 11, 2016

## Highland Park

Please note the new date and location for our 4th annual celebration of survivorship honoring all those impacted by cancer. Funds raised through the 5K, 10K and 1-mile walk support the Judy DiMarzo Cancer Survivorship Program and cancer research at Wilmot Cancer Institute.



Learn more or register at  
[warriorwalk.urmc.edu](http://warriorwalk.urmc.edu).



# DISCOVERY BALL

## FOCUSES ON BREAST CANCER RESEARCH

The 17th annual Wilmot Cancer Institute Discovery Ball raised \$662,250 to support the growth of the breast cancer research program. Wilmot plans to build this already-thriving program to national prominence, reinforcing Rochester's role as a hub for progress against cancer.

The event honored the late Fran Mann, who became an ardent advocate for women with advanced breast cancer, with a posthumous Inspiration Award. Mann, who was first diagnosed with breast cancer in 1996

and died in 2012, became a well-known ambassador in the breast cancer community and a source of strength and support to other survivors.

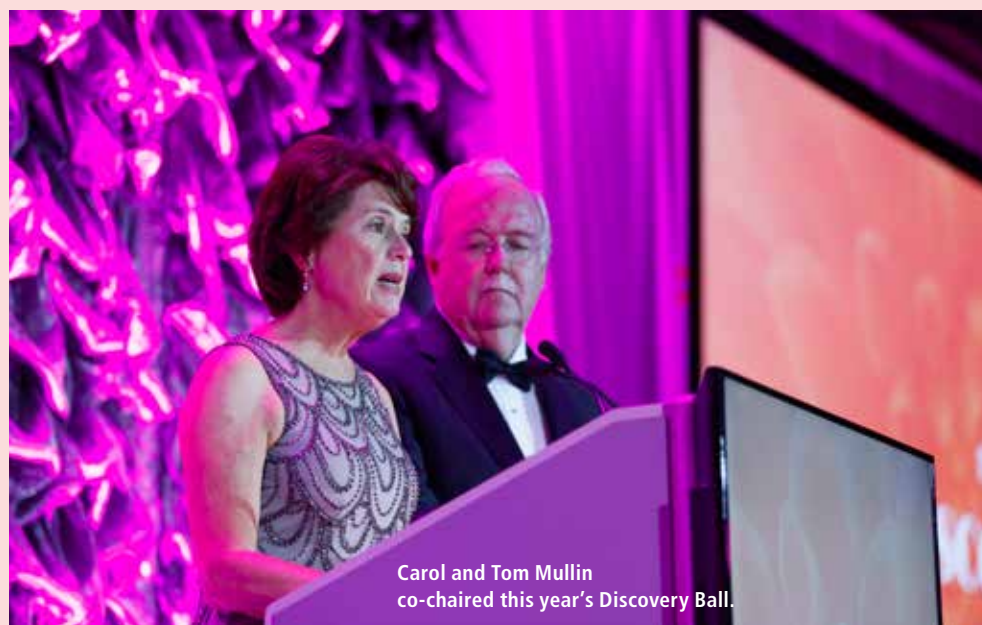
Wilmot board member Carol Mullin co-chaired the Discovery Ball with her husband Tom. She is among the founders of the Breast Cancer Research Initiative, a giving circle that awards seed grants to Wilmot investigators who are seeking support for the early stages of their work.



The Bucci family attended the Discovery Ball.



Michelle Mann accepted the Inspiration Award in honor of her mother, Frances Mann.



Carol and Tom Mullin co-chaired this year's Discovery Ball.



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## Stafford Lyons and Henry Offermann

**F**or Stafford Lyons and Henry Offermann, funding cancer research is about supporting what can make a difference today and have impact decades into the future.

"We want to support things that are important to us, but also bigger than us," Lyons says.

The couple, who live in Bath, Steuben County, began supporting research at Wilmot Cancer Institute several years ago with modest annual gifts. As they learned more about Wilmot's research programs, they increased their support.

Last year, they gave \$25,000 to match gifts pledged during Planting Seeds of Hope, a telethon that raised seed grant funds for research at Wilmot. Several months later, they gave an additional \$100,000 for seed grants and arranged for a \$2.5 million bequest to establish a professorship dedicated to basic science research.

"We weren't interested in anything flashy," Lyons recalls. "We wanted to do something that Wilmot thought was most important and that they had trouble funding."

They had toured Wilmot Cancer Institute's laboratories and met with Hartmut "Hucky" Land, Ph.D., Wilmot's director of research, to learn about one of Wilmot's biggest needs – funding for basic science research.

"Every treatment comes from basic science," Land explains.

Basic science research expands our understanding of biological mechanisms and serves as a foundation for the development of new cancer treatments. Despite its importance, federal funding for basic science research has been declining, making it more difficult to enable discoveries that could one day advance care.

To Lyons and Offermann, basic science research presented the opportunity to have an exponential impact.




"Basic science affects everything, and this is one place we can fill in the gap," Offermann says.

By endowing a professorship, their bequest will make a difference for decades into the future.

"This is the greatest honor for a faculty member to receive an endowed professorship of this kind," Land says. "This will impact questions we don't know how to ask yet."

While Lyons and Offermann say funding an effort with this kind of potential is thrilling, they also say it's an important way of supporting their community. Even though the University of Rochester Medical Center is almost 90 miles from Bath, it plays a major role in the health and well-being of their friends and neighbors.

"You support those things that have huge value to you and your neighbors' lives," Lyons says, adding that the size of the gift doesn't matter. "Even if you can only give \$25 or \$50, that's a good gift." 

**"We want to support things that are important to us, but also bigger than us."**

— Stafford Lyons

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### About this feature

Every donor and community organization has their own reasons to give to cancer research. In this space in Dialogue, we'll share what motivates Wilmot Cancer Institute supporters.

## Community Focus

Community events are vital to Wilmot's success and the ability to help patients and further research. To learn more about third-party events or to host your own, please contact Tiffany Paine-Cirincione at [tiffany.paine@rochester.edu](mailto:tiffany.paine@rochester.edu) or (585) 276-4715.

- 1 The 2015 Strollin' for the Colon raised \$30,000 to fund colon cancer research and care in our region.
- 2 Keeping the Hope Alive secured \$8,060 to support breast cancer research.
- 3 Kovalsky Carr continues to champion cancer research with an annual event.
- 4 Steve's 5K to Run Down Cancer gathered \$5,000 in support of sarcoma research.
- 5 The Edelman Gardner Ladies Golf tournament continues to raise money annually for research seed grants.
- 6 The Dado Fashion Show worked it on the runway to raise over \$20,000 for Wilmot's patient needs fund.
- 7 The Pancreatic Cancer Association of WNY had another successful Step It Up! Walk, raising awareness and funds for pancreatic cancer research.
- 8 The Ray Dutcher Jr. Memorial Golf Tournament gave \$7,000 to support brain cancer research.
- 9 The Palmer/Head-Strong Tournament earned \$9,500 for pancreatic and lung cancer research.
- 10 The Scare Brain Cancer Away 5K secured \$12,000 to help patients impacted by brain cancer.
- 11 Adding Candles set the bar by raising \$50,000 for brain cancer research in its inaugural year.
- 12 The Contestabile Golf Tournament raised \$18,500 for pancreatic cancer research.
- 13 The Occhipinti Pong Tournament raised \$2,000 to benefit Wilmot's patient needs fund.
- 14 The Stand Against Cancer pumped up patient care efforts by raising \$5,750.
- 15 The Coop Cup golf tournament raised \$4,000 for brain cancer research.





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23

## CALENDAR OF COMMUNITY EVENTS

**June 18**

### **Second Annual Steve's 5K to Run Down Cancer**

This race is back for its second year and benefits sarcoma research at Wilmot. The event starts at 7:30 a.m. and will take place at Mendon Ponds Park. Learn more at [steves5ktorundowncancer.com](http://steves5ktorundowncancer.com).

**June 18**

### **Mo Golf Tournament**

This golf tournament in memory of Maureen Scantlin begins at 10 a.m. at Cragie Brae Golf Club in Scottsville. A portion of the proceeds will benefit Wilmot. To learn more, call (585) 319-0306.

**June 26**

### **Fifth Annual KM Memorial Golf Tournament**

This golf tournament supports brain cancer research. It starts at 11 a.m. and takes place at Victor Hills East Golf Club. Learn more at [kmmemorial.com](http://kmmemorial.com).

**July 1**

### **Ninth Annual Coop Cup**

This golf tournament supports brain cancer research. Start time is to be determined. It will take place at Mill Creek Country Club. To learn more, contact Josh Kent at [joshdkent@gmail.com](mailto:joshdkent@gmail.com).

**July 10**

### **Fifth Annual For Pete's Sake Golf Tournament**

This golf tournament benefits Dr. Aram Hezel's research fund/bile-duct research. It starts at 9 a.m. and takes place at Victor Hills Golf Course. To learn more, contact Kait Osterling at [kosterling17@gmail.com](mailto:kosterling17@gmail.com).

**July 11**

### **7th Annual Michael Contestabile Memorial Golf Tournament**

This golf tournament supports the pancreatic research of Aram Hezel, M.D. The start time is 9 a.m. and the event takes place at its new location: Deerfield Country Club. To learn more, contact Faye Casey at [fayemkc@rochester.rr.com](mailto:fayemkc@rochester.rr.com).

**July 25**

### **Edelman Gardner Ladies Golf Tournament**

Proceeds from this event support the Edelman Gardner Research Fund. The tournament kicks off at 9 a.m. at Timber Ridge Golf Club. To learn more, contact Karen Hermance at [khermanc@rochester.rr.com](mailto:khermanc@rochester.rr.com).

**July 29**

### **Wilmot Cancer Institute Survivors Night at Frontier Field**

Back again, a night at the ballpark to celebrate cancer survivorship. Game starts at 7:05 p.m. and a survivors parade takes place at 5:30 p.m. Tickets will cost \$4 each and more information will be available at <http://bit.ly/WCIevents> as the event date gets closer.

**July 30**

### **Northwest Music Festival at the Bay**

Proceeds from this event benefit the Edelman Gardner Cancer Research Foundation. The event features live music, food, raffles, cash prizes and fun. It will take place from 12 to 7 p.m. at Forks Park on Manitou Road in Hilton. The cost is \$20 per person. Kids under 12 are free. For ticket information, contact Drifters Cover at (585) 366-4977.

**Aug. 6**

### **Kyle J. Button Memorial Golf Tournament**

This golf tournament supports the Ann & Carl Myers Cancer Center on the Noyes Memorial Hospital campus. To learn more, contact Jon Shay at [jshay7337@gmail.com](mailto:jshay7337@gmail.com).

**Aug. 15**

### **Palmer/Head - Strong Golf Tournament**

The tournament will start at 11 a.m. at Greystone Golf Club. Proceeds will be split between research for non-smokers lung cancer and pancreatic cancer. To learn more, contact Keith Greer at [keith.greer59@gmail.com](mailto:keith.greer59@gmail.com).

**Aug. 19**

### **Batavia Survivors Night at Dwyer Stadium**

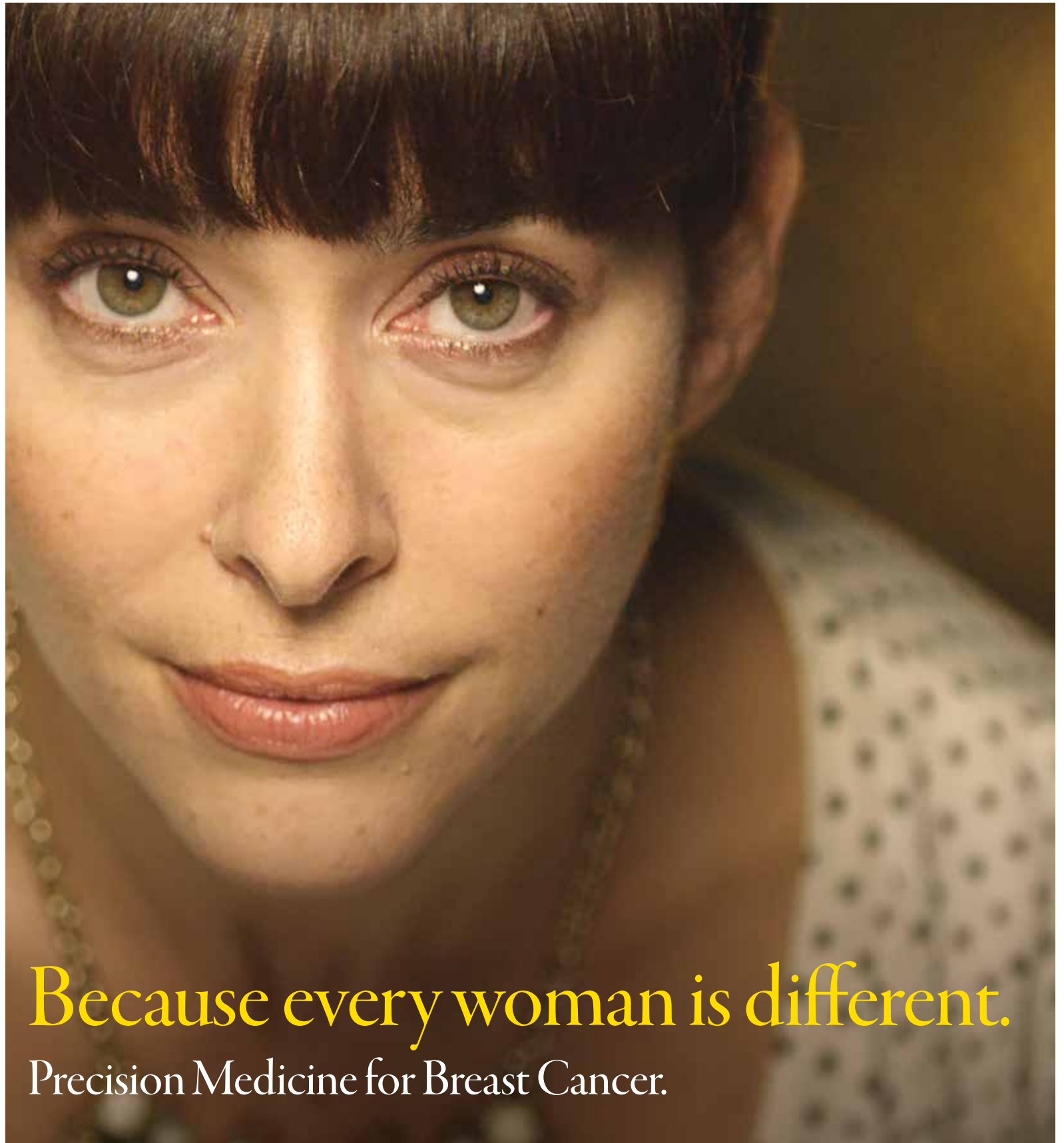
For the first time, Wilmot Cancer Institute is hosting a cancer survivors night at Dwyer Stadium in Batavia on Friday, Aug. 19. All cancer survivors and patients as well as their friends and family are invited to attend. The event will include a survivors parade. Tickets will cost \$4 and will be available to purchase at Wilmot Cancer Institute Batavia, 262 Bank St. Learn more at <http://bit.ly/WCIevents>.



#### **Stay Up To Date on Community Events**

Looking for the most recent information on community events that support Wilmot Cancer Institute?

Visit us at [Facebook.com/WilmotCancerInstitute](https://www.facebook.com/WilmotCancerInstitute) or <http://bit.ly/WCIevents>.



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Living with cancer changes everything. We're here every step of the way.

LEARN MORE

Visit our new and improved website at [wilmot.urmc.edu](http://wilmot.urmc.edu)!

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