

INNOVATIONS

LEADING THE CURE FOR CANCER • SUMMER 2018



**JOHN WAYNE
CANCER INSTITUTE**
at Providence Saint John's Health Center



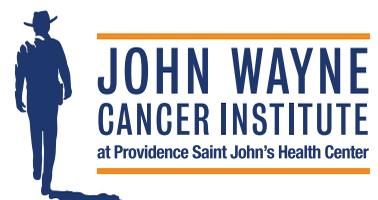
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Illustration by Ajay Peckham



Back Cover: Thank you to Ilene Eisenberg for her support of *Innovations* and many years of friendship.

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**JOHN WAYNE
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at Providence Saint John's Health Center

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THE WIND BENEATH OUR SAILS

It's hard for me to imagine the John Wayne Cancer Institute without the ongoing presence of our two major support groups: the John Wayne Cancer Institute Auxiliary and the Associates for Breast and Prostate Cancer Studies (ABCs). So much of what we've been able to achieve over the years—from the seminal discovery of the sentinel node biopsy to new immunotherapy medications to the training of the next generation of surgeons—was inspired and made possible by the support of these two volunteer groups.

The auxiliary, now in its 36th year, is a large and enthusiastic group of people who give tirelessly to the Institute. Each year we are reminded of their incredibly hard work and devotion to finding cures for cancer when we attend the auxiliary's Odyssey Ball.

The ABCs are a tight-knit group of friends who have persevered in their focus on breast and prostate cancer since the group's founding 28 years ago. The ABCs' Talk of the Town Gala each November is a celebration of life and what can be achieved when people work together.

Speaking of working together, I'm pleased to announce that the previously separate magazines about activities at the Institute and Saint John's Health Center will be combined, starting with the next issue. This will provide our supporters with a more holistic view of *all* the activities that seamlessly come together and produce the remarkable research and clinical results for which we are renowned.

I want to express my deepest thanks to Ilene Eisenberg for her support of *Innovations* magazine over the years. I know she and all of you will find the successor publication to be an exciting new endeavor that is worthy of your reading time.

The combined magazines will serve as a reminder that collaboration is a core value, and that JWCI and Saint John's Health Center have a unique and highly productive interrelationship that rivals the capabilities and productivity of the nation's major medical centers.

This intense and unique collaboration and the results it yields are made possible by the support offered by the Auxiliary, the ABCs and the many charitable gifts we receive from individuals and foundations. Without this support, we could not purchase and utilize the technology needed to unlock the mysteries of cancer; we could not hire the best and brightest to lead us toward the next new treatment or cure; and we could not provide our patients with the personalized, compassionate care that is our hallmark.



Each day your financial support enables the brilliant and creative work of our faculty. You'll read about some of their leading-edge work in this issue of *Innovations*, including pioneering clinical trial research on emerging cancer therapies and our embrace of bioinformatics, a tool that can accelerate molecular research. Thank you for everything you do. Most of all, thank you for your friendship and can-do spirit.

Patrick Wayne
Chairman
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LETTER FROM THE CHIEF EXECUTIVE



As I read the articles for this issue—our final issue of *Innovations* before we launch a new magazine later this year containing all of the news about Saint John's—I was struck repeatedly by how unique the John Wayne Cancer Institute is in so many ways.

One of the most important ways we're different is our size. The Institute is "right-sized." In order to be a leader in cancer research, you have to be big (but not too big). And you have to be small (but not too small).

You have to be big in order to achieve critical mass, which in our case means having the personnel *and* facilities required to do world-class research. Creative, innovative researchers are inspired by the presence of other creative, innovative researchers. When you put these kinds of people together, intellectual sparks fly that ignite new ideas, new initiatives and, eventually, new clinical applications for diagnosing and curing cancer.

You also have to be big enough to have the infrastructure required for major research. Behind our researchers is a team of people who handle grant writing, finance, reporting, travel, purchasing and the many other functions it takes to keep researcher laboratories going. Each grant comes with its own complex accounting, administrative and reporting requirements that must be met.

On the other hand, you have to be small enough to benefit from the informal collaboration that so often takes place outside of laboratories and formal meetings. Many aspects of the research at the Institute are complementary, and the exchange of ideas and data is a nonstop process that happens because our size fosters them. Patients, in turn, benefit from the ongoing collaborations between our researchers and clinicians, which enables new-found knowledge to make its way quickly from laboratory bench to patient bedside.

The Institute is proud to be not-too-big sized and not-too-small sized but rather just-right-sized. And this is what our patients expect. Happy reading!

With utmost respect,

Marcel Loh

Chief Executive

Providence Saint John's Health Center
and John Wayne Cancer Institute

VIEWPOINT ON CANCER

A patient's guide to choosing your doctors and making sure you get the best care



Oftentimes friends and family will ask me to help them find a specialist. They may be in Los Angeles, where I have access to some of the best doctors at Saint John's, but other times they are in different states. Patients always ask me, "Which doctor should I choose?" I think sometimes patients feel lost on how to pick the correct doctor especially when facing cancer. They may lack the confidence to ask certain questions or they don't know what to ask. I like to offer patients advice on how to go about this, because who you pick could mean the difference between life and death. Here are some tips:

- **Ask around.** A lot of patients will just use Healthgrades or search on websites to see whether other people like a doctor or not. I think that's a good start. But don't be blinded by marketing. Use good, old-fashioned word-of-mouth recommendations.
- **Use recommendations from other doctors.** Your primary care physician has experience with sending people to a specialist and having good results.
- **Ask about board certification and fellowship training.** Do your homework. Did they do any fellowship training? Are they an expert in a particular area? Look at what research they may be doing. If they are doing research, that might give you a clue to how on-top they are in their field and everything happening in their field. Board certification is extremely important. You can find that out by calling the doctor's office and asking. Most doctors will have that information on their websites.
- While some patients may be bashful about **asking questions**, it can help you understand if the specialist you're seeing is actually treating patients like you. Ask the specialist how many cases they see or procedures performed and inquire on those patient outcomes. I often will have my patient talk to another patient who went through similar procedures to help them more freely ask questions.
- **Meet the doctor.** Find someone you trust and with whom you can build a good relationship. If you don't feel right about the consultation, find someone else. The doctor-patient relationship is a two-way relationship. If you don't feel the doctor spends enough time with you or explained things well, you need to find someone else.

Jennifer Linchan, MD

Associate Professor of Urology, Section Head of Urology Translational Research



BEYOND OUR WALLS: COMMUNICATING THE INSTITUTE'S RESEARCH AROUND THE WORLD

Members of our Institute staff publish research findings on a regular basis and present their data at scientific conferences. Here's a look at some of their recent presentations and publications.

Melanie Goldfarb, MD, Leland J. Foshag, MD, and Trevan Fischer, MD, were among the authors of a study suggesting that multimodal therapy was linked to improved survival for both adolescents and young adults with rhabdomyosarcoma, a rare cancer that arises in soft tissue. This is the first large national study to suggest that multimodal therapy—surgery plus chemotherapy plus radiation—is underused for this condition. The authors conclude that implementation of multimodal therapy for all patients could potentially improve overall outcomes with rhabdomyosarcoma. The study findings were based on data from the 1998–2012 National Cancer Database and were published in February in the journal *Surgery*.

Ivan Babic, PhD, Santosh Kesari, MD, PhD, and Elman Nurmemmedov, PhD, were among the authors of a study published in October in the *Journal of Translational Medicine* looking at a potential therapeutic target called the p32 mitochondrial protein that is overexpressed in patients with the brain cancer glioma. The study demonstrated a new screening strategy to identify potential small molecule inhibitors of mitochondrial p32 protein. Dr. Babic, Dr. Kesari and Dr. Nurmemmedov were also among the authors of a study published in February in the journal *Human Antibodies* that reviews data on a medication called pritumumab that may have potential as an immunotherapy treatment for glioma brain cancers.

Dave S.B. Hoon, PhD, authored a paper in *Clinical Cancer Research* on the molecular genetics landscape of pituitary adenomas. **Matt Salomon, PhD,** is the first author of the study. Dr. Hoon also has a paper in press with the journal *Clinical Oncology Precision Medicine* on cell-free DNA in melanoma patients. Dr. Hoon is coauthor on two *Cell Systems* journal publications on system biology analysis of targeted gene molecular pathways of multiple cancers.

Anton J. Bilchik, MD, PhD, and Melanie Goldfarb, MD, were among the authors of a study on the survival impact of neoadjuvant chemotherapy (therapy given before surgery) for locally advanced colon cancer. The study, based on data from the National Cancer Database between 2006 and 2014, looked at patients with non-metastatic stage T3 or T4 colon cancer who received either surgery followed by adjuvant chemotherapy (therapy after surgery) or neoadjuvant chemotherapy followed by surgery. Patients with clinical T4b colon cancer treated with neoadjuvant chemotherapy may have an improved survival compared to those who receive adjuvant chemotherapy. The paper was published in February in the *Journal of Gastrointestinal Surgery*.

Jennifer Linehan, MD, and Timothy Wilson, MD, are among the authors of a study published in December in the *Canadian Journal of Urology* that sheds light on new tests that are being developed to predict the recurrence of prostate cancer after prostate cancer surgery. The authors explored methods to validate biomarker-based tests and ways to avoid unnecessary testing in prostate cancer treatment.

Przemyslaw W. Twardowski, MD, is among the authors of a study looking at the safety and efficacy of two chemotherapy drugs—gemcitabine and cisplatin—used in combination with ipilimumab in patients with metastatic urothelial cancer. The paper, published in *European Urology* in December, found combining chemotherapy and immune checkpoint blockade in patients with metastatic urothelial cancer is feasible, but more research is needed to refine optimal combinations and evaluate tests that might identify patients most likely to benefit.

Achal Singh Achrol, MD, is a lead author of a publication in *Neuro-Oncology*, published in July 2017. This article reports a new noninvasive technique, which uses magnetic resonance perfusion imaging combined with advanced computational analyses to identify a distinct angiogenic subgroup of glioblastoma patients with poor survival under standard therapies but better responses with targeted antiangiogenic therapies.

Please mark your calendars for these upcoming events:

June 3

Celebration of Life Cancer Survivors Day Celebration

*Providence Saint John's Health Center
1 to 4 p.m.*

Join us to celebrate life with survivors, family and friends as we showcase the support for cancer survivors at the local and national level. Survivors Day will include music and art, exercise, meditation and opportunities to learn. The cancer survivorship program at Saint John's launched one year ago and is growing strong. The program, directed by Melanie Goldfarb, MD, and managed by nurse practitioner Ana Rocha, provides support for survivors and their loved ones living with, through and beyond cancer. Our goal is to help survivors and their support team on their cancer journey, to experience a life of growth, strength and resilience.

June 9

John Wayne Cancer Institute Auxiliary 2018 Odyssey Ball – Cowboys & Angels

Calamigos Ranch, Malibu

Join the Auxiliary for a fun-filled evening to raise funds for the Institute, honoring the past presidents of the John Wayne Cancer Institute.

June 28

John Wayne Cancer Institute Fellowship Graduation Reception

Private Residence, Brentwood

A private reception honoring the John Wayne Cancer Institute Surgical Oncology Fellows, Class of 2018.

July

Premier Girls Fastpitch Softball Tournament

Orange County, CA

The Premier Girls Fastpitch Softball Tournament will hold its annual summer tournaments while donating fundraising proceeds to John Wayne Cancer Institute. PGF is a longtime supporter of the Institute and attracts star softball players and top teams from around the country.

Fall 2018

Planned Giving Recognition Luncheon

The Guardians of the Future will gather for its annual luncheon and update on the latest news and research at the Institute and Health Center. The Guardians of the Future consists of individuals who have provided support for the Institute through their estate plans or other charitable gift planning. The luncheon also honors Friends for the Future, comprised of individuals who have remembered the Health Center through planned giving.

October 11

QVC Presents "FFANY Shoes on Sale"

New York City

The annual Fashion Footwear Association of New York Charitable Organization (FFANY) fundraiser is the largest charity event of the shoe industry and has funded millions of dollars for "first step" research at nine of our nation's leading research organizations, including the John Wayne Cancer Institute. The annual charity gala event will be held October 11 in a special designer shoe salon. As part of the event, donated footwear is sold on live television through QVC.

October

John Wayne Cancer Institute Auxiliary 2018 Annual Membership Luncheon and Boutique

The highly anticipated Auxiliary Annual Membership Luncheon will be held to support the Institute. The auxiliary has raised more than \$19 million for the Institute over the past three decades. Guests will enjoy a delicious luncheon, awards ceremony and boutique.

October 20

Saint John's Health Center 2018 Gala

Saint John's Health Center Foundation and Irene Dunne Guild will host Saint John's annual gala featuring a powerful program, gourmet dinner and celebrity entertainment.

November 17

Associates for Breast and Prostate Cancer Studies (ABCs) Annual "The Talk of the Town" Gala

The Beverly Hilton Hotel, Beverly Hills

The annual gala honors individuals who have made a difference in the fight against cancer. Celebrities and supporters alike gather to raise funds for the Institute's breast and prostate cancer research. The evening includes dinner, dancing, guest performances, a boutique, and live and silent auctions.

November

Board of Advocates Fall Luncheon

The Luxe Hotel, Beverly Hills

Friends and patrons of John Wayne Cancer Institute and Saint John's Health Center comprise the Board of Advocates. They serve as ambassadors to the community, encouraging support for various projects and programs in need. Attendees to the luncheon will receive Institute and Health Center updates.

December 9

John Wayne Cancer Institute Auxiliary Benefactors Dinner

Montage Beverly Hills – Beverly Hills, CA

In the tradition of the John Wayne Cancer Institute Benefactors Dinner, the Auxiliary will host an event honoring long-standing donors to the Institute.

For more information on any of the events, please call 310-315-6111.

Sahar Rupani Joins the Institute's Fellowship Program



Sahar Rupani has joined the John Wayne Cancer Institute as program manager for the Surgical Oncology Fellowship Program. Her duties will include providing oversight of the operational and financial administration of the fellowship as well as managing internal and external program relations. Sahar worked previously at the University of California, Irvine School of Medicine as the coordinator for medical education.

The Surgical Oncology Fellowship Program is one of the most prestigious in the nation. The multidisciplinary program, approved by the Accreditation Council for Graduate Medical Education, was founded by the late Donald L. Morton, MD, the Institute's co-founder, and remains one of the largest in the country. Many fellowship alumni now work in surgical oncology leadership

positions around the country as deans or division chiefs.

"Medical education is extremely important. The quality of training provided today directly impacts the future of health care," Sahar notes. "I'd like to help with streamlining the processes involved within the fellowship and bring in my experience from medical education to enhance the program. I'm here to provide a fresh perspective."

Sahar, who earned her bachelor's degree at UC Irvine and earned an MBA from West Texas A&M University, will assist in the recruitment of new fellows and will act as a liaison for current and former fellows. "The faculty is dedicated to this program," she says. "It's given a lot of importance, and it's a priority to the faculty here. I think there is no stopping its growth."

Grants and Awards

The **Associates for Breast & Prostate Cancer Studies** (ABCs) recently made grants to three Institute fellows, enabling them to pursue innovative research projects. Each grant of \$62,500 was made following an independent review and scoring process. The Institute is grateful to the ABCs for their continued support.

Diego Marzese, PhD, and Javier Orozco, MD, will study decreasing drug resistance dynamics in breast cancer patients. Dr. Marzese is an assistant professor of translational molecular medicine.

Dave S.B. Hoon, PhD, and Jennifer Lin, MD, will study a noninvasive urine DNA test for monitoring breast cancer recurrence risk in patients receiving treatment hylated DNA. Dr. Hoon is professor and director of translational molecular medicine, chief of scientific intelligence and director of the Genomics Sequencing Center. Dr. Lin is an assistant professor of surgery.

Venkata M. Yenugonda, PhD, associate professor of translational neuro-oncology and neurotherapeutics, will conduct research on the simultaneous disruption of two gene interactions for targeted prostate cancer therapy.

The **Fashion Footwear Association of New York** (FFANY) has made three grants of \$81,333 each for research at the John Wayne Cancer Institute. The organization is a longtime supporter of breast cancer research at the Institute. The grants were made following an independent review and scoring process.

1. Dr. Hoon and Matias A. Bustos, PhD, will study predicting resistance to DNA-damaging chemotherapeutic drugs in metastatic breast cancer.
2. Dr. Yenugonda will perform research on multifunctional drug therapy for triple negative breast cancer.
3. Dr. Marzese, Dr. Orozco and Garni Barkhoudarian, MD, will conduct a study on enhancing the molecular diagnosis and molecular classification of breast cancer brain metastases. Dr. Barkhoudarian is assistant professor of neuroscience and neurosurgery.

The Institute will fund a fourth study that received a high FFANY score but wasn't one of the top three selected for FFANY funds. In this project Dr. Hoon and Matt Salomon, PhD, assistant professor of translational molecular medicine, will study the co-evolution of tumor microbiome diversity and intra-tumor genetic heterogeneity in breast cancer patients across a diverse demographic range.

Dr. Hoon has received funding from the **Dr. Miriam and Sheldon G. Adelson Medical Research Foundation** to continue his research exploring genetic changes that cause brain cancer to metastasize, along with additional research on brain tumors and epigenetics. The Adelson Medical Research Foundation is a longtime supporter of Dr. Hoon's work and allows him to participate in international research projects and share resources and information from some of the leading experts in translational molecular medicine.



Leslie and Susan Gonda

A Legacy of Giving

Noted businessman and philanthropist Leslie Gonda passed away on March 16 at age 98. The legacy of generosity created by Leslie and his wife, Susan (who passed away in 2009), continues to have an enormous impact at the John Wayne Cancer Institute, Providence Saint John’s Health Center and many other institutions worldwide.

THE AMERICAN DREAM

Leslie Gonda (born Laszlo Goldschmied) was a Jewish Hungarian child of the Depression raised in a remote farming village. As a child he tutored children—sometimes his senior—to pay for his tuition.

His studies were interrupted during WWII when he was sent to a labor camp, where he spent two years planning an escape. Posing as Hungarian soldiers and dressed in stolen uniforms, Leslie and two friends used fabricated papers to boldly walk out the front gates.

When the war ended, Leslie met Susan the day she returned from

Auschwitz. It was the beginning of a new chapter in his life that took Leslie, Susan and eventually their children (Lou, Lucy and Lorena) to Venezuela, Canada and ultimately the U.S., with Leslie enjoying success and many adventures along the way.

In the early 1960s Leslie teamed with son Lou to start an aircraft leasing company, which transformed the global commercial airline business. Despite his enormous financial success, Leslie always insisted he was just “an airplane peddler.”

Though Leslie remained active in business his entire life, most often

arriving at the office by 7 a.m., he made philanthropy part of his life and did what made him happy—helping others by sharing his wealth.

THE GONDA RESEARCH LABORATORIES

Leslie and Susan had a personal commitment to the fight against cancer and demonstrated their support by establishing the Gonda Research Laboratories at the Institute. They made an impact in many areas, including breast cancer, sarcoma and molecular oncology. Here, scientists and physicians are able to work side-by-

“Through their philanthropic generosity, Leslie and Susan helped create innovative research that is fundamentally changing how cancer is being treated around the world.”

– Patrick Wayne

Chairman of the Board at the John Wayne Cancer Institute

side—rather than in silos—to share promising, novel ideas.

“Working collaboratively saves precious time and helps lead to crucial insights,” says professor Dave S.B. Hoon, PhD, chief of scientific intelligence and director of the translational molecular medicine department. “Research conducted in the Gonda Research Laboratories is generating more effective techniques to detect, diagnose and treat cancer,” he says.

Research by Dr. Hoon in collaboration with Sant Chawla, MD, director of the Sarcoma Oncology Center in Santa Monica and an adjunct faculty member at the Institute, investigates genetic events in sarcomas and breast cancer. The lab also develops highly sensitive assays to detect metastatic cancer cells and circulating DNA in a single drop of blood. This research is helping provide physicians with an “early warning system” for cancer recurrence and progression and pave the way for early detection for many different types of cancer, such as breast cancer.



Sant Chawla, MD, and Dave S.B. Hoon, PhD, study cancer at the Gonda Research Laboratories.

THE LESLIE AND SUSAN GONDA BREAST IMAGING CENTER

The Gondas also established the Leslie and Susan Gonda Breast Imaging Center. One in eight women will be diagnosed with breast cancer. The center is focused on detecting breast cancer at its earliest stage.

“We are grateful that the Gondas recognized the need and unique opportunity to fund both basic science research at the Institute and life-saving clinical care at the Health Center,” says Robert Klein, Saint John’s Health Foundation president and chief executive officer. “Their generosity is an inspiration to us all and will continue to make a difference in the lives of our patients and their families.”

A VISIONARY LEGACY GIFT

In addition to the support they gave during their lifetime, the Gondas included the Institute as a part of their estate plans that will fund innovative cancer research. “We are grateful that Mr. and Mrs. Gonda were able to see the impact of their gifts during their lifetimes, and we are honored to be included as one of their charitable beneficiaries in the form of a planned gift,” says Andy Trilling, vice president for principal gifts at the Foundation. “Their philanthropic legacy and impact of their generosity will endure in perpetuity.”

In memoriam:
LESLIE GONDA

“Money, title or position didn’t change me. I tried to be the same. There is only one time when I feel really rich. This is the time when I can write out a big check to my many charitable institutions. This is the most important and most beautiful stage of my life.”

– Leslie Gonda

Introducing the Institute's Urology Fellows



CHRISTOPHER SLAYDEN, MD—John Wayne Cancer Institute urologic oncology fellows have an opportunity to gain experience and receive mentorship from the Institute's experts, and fellow Christopher Slayden, MD, is taking full advantage of the opportunity.

Dr. Slayden received his medical degree from the University of Oklahoma College of Medicine, and then did residency training at the University of New Mexico School of Medicine before accepting the Institute's offer of a one-year fellowship in urologic oncology and robotics.

During his fellowship tenure, which began in 2017, Dr. Slayden has been expanding his skill set in the use of robotic and other high-technology techniques for use in urologic oncology. In addition to clinical skills, the unique intellectual environment of the Institute is enabling Dr. Slayden to extend his research interests. Through John Wayne, he has been able to present research on "use of cryopreserved human amniotic membrane and umbilical cord grafts during robot-assisted radical prostatectomy to accelerate return of urinary continence" at the recent North American Robotic Urologic Symposium.

Dr. Slayden is married and has three children. The entire family is enjoying the benefits of the Southern California lifestyle.



RAMKISHAN NARAYANAN, MD—It's a long way from undergraduate to med school to residency to urologic oncology fellow at the John Wayne Cancer Institute. For Ramkishan Narayanan, the path began at Cornell University in New York, where he earned a bachelor's degree, which led to a medical degree from SUNY Buffalo where he also did a surgical internship and then a urologic residency.

During his residency, Dr. Narayanan was elected by his peers to serve for two years on a resident leadership committee. He was a member of a team that received a research grant to study the use of a simulator of robot-assisted radical prostatectomy. He received a dean's letter for academic excellence and was on the dean's list as an undergraduate.

Research efforts by Dr. Narayanan have resulted in several publications and professional presentations including "Effect of pretreatment prostate volume on urinary quality of life following intensity-modulated radiation therapy for localized prostate cancer," "validation of a novel, tissue-based simulator for robot-assisted radical prostatectomy," and "magnetic resonance imaging-ultrasound fusion as the initial prostate biopsy."

Dr. Narayanan joined the Institute team as a fellow last year. His current research at the Institute involves prostate cancer lymph node metastasis.

Dr. Trevan D. Fischer Achieves Certification

Trevan D. Fischer, MD, has been certified in complex general surgical oncology by the American Board of Surgery. The ABS is an independent, nonprofit organization that assesses surgeon qualifications. The certification process is voluntary, and passing the exam demonstrates a surgeon's commitment to the highest standards of patient care and professionalism. Dr. Fischer recently completed a surgical oncology fellowship at the Institute and has since joined the Institute faculty as an assistant professor of surgical oncology. Congratulations to Dr. Fischer on this noteworthy achievement.

New Multidisciplinary Surgical Skills Anatomy Lab Opening Soon At John Wayne Cancer Institute

Good surgeons never stop learning. Advances in medicine and medical technology mean surgeons must continually polish their skills.

The new multidisciplinary Neuroanatomical Surgical Skills Laboratory is an expanded and updated version of the original laboratory located at the hospital. The new, state-of-the-art facility for training physicians and researchers is currently under construction at John Wayne Cancer Institute and set to open in fall 2018.

“There is always room to improve,” says Garni Barkhoudarian, MD, the lab’s director and assistant professor of neuroscience and neurosurgery at the Institute. “I equate surgeons to athletes who are always trying to improve themselves. That’s always our goal—to make the operations we do safer, with better outcomes, incurring less risk and minimizing complications.”

The neuroanatomical surgical skills lab will consist of modular workstations designed to allow a diverse range of specialists to advance their technical prowess by working with cadaver tissues and organs. The space will allow training across diverse surgical disciplines including neurosurgery, skull-base surgery, otorhinolaryngology, ophthalmology, cardiothoracic surgery, robotic surgery (urology, gastrointestinal and gynecology), orthopedic and spine surgery.

The primary aim of this laboratory is to offer Institute faculty, surgical oncology fellows, international fellows and students hands-on instruction in anatomy as well as training in minimally invasive “keyhole” neurosurgical approaches. This type of experience helps surgeons learn novel approaches to surgery, including removing tumors from difficult-to-reach areas of the brain through the smallest possible openings with minimal disturbance to surrounding healthy tissue. Surgeons also have the opportunity to test surgical devices, gaining access to new technologies and instrumentation before taking them into the operating room.

“We’re still learning new aspects of anatomy that weren’t evident even 10 years ago,” says Dr. Barkhoudarian. “Because of our



Above: Dr. Garni Barkhoudarian, director of the Neuroanatomical Surgical Skills Laboratory, shows fellows dissected tissue samples.

Below: Surgeons study the anatomy of the brain.

advanced experience, we’re working alongside industry improving devices to make surgery more efficient.”

Such surgical skills labs are uncommon, Dr. Barkhoudarian notes. “In Southern California, we will be the first site to have a multidisciplinary surgical skills laboratory of this kind. Technology for streaming high-definition video worldwide will also be available, extending our educational reach.”

“We want to educate people outside this facility,” Dr. Barkhoudarian explains. “As a higher-level institution, we see there is a direct benefit to teaching others these specialized surgical skills for the benefit of their patients worldwide. We attract fellows and surgeons from all over the world who don’t otherwise have access to the level of training we offer. We want to be a hub of learning, educating the future generations of surgeons.”



➔ find out more

The Neuroanatomical Surgical Skills Laboratory is sponsored by Karl Storz Endoskope North America, Stryker Corporation, Mizuho Medical Company Ltd, Surgical West Inc. and Providence Saint John’s Health Center. Generous funding is provided by the Pacific Neuroscience Institute Foundation, Amendjian family, Janie Coolidge, Peter Douglas, Karlin family, Nesbitt family and Westervelt family. For information on how to support the Anatomy Lab, please contact Cookie Galanti, director of development at Saint John’s Foundation, at **310-829-8423**.

Q&A:

A Special Doctor for a Special Group of Patients

Dr. Melanie Goldfarb advocates for appropriate care for young adults with cancer.



Cancer is a devastating diagnosis for anyone. However, adolescents and young adults with cancer face unique circumstances and challenges in battling the disease. Melanie Goldfarb, MD, holds a place in her heart for those young patients. Dr. Goldfarb, associate professor of surgery and director of the Center for Endocrine Tumors and Disorders at the John Wayne Cancer Institute, often treats adolescents and young adults (AYA) with cancer. A fellowship-trained endocrine surgeon specializing in minimally invasive surgery for thyroid, parathyroid, adrenal and neuroendocrine tumors, she graduated from Brown University and completed her surgery training at Beth Israel Deaconess (Harvard Medical School) followed by a fellowship at the University of Miami. We asked Dr. Goldfarb, who is also medical director of the cancer survivorship program at Saint John's, to describe her experience working with teen and young adult patients.

What prompted you to take an interest in adolescents and young adults with cancer?

Thyroid cancer is the top female cancer in young adults. That is a cancer I see a lot of. When I took my first job at USC, they happened to be in the planning stages of starting a young adult cancer program. I was lucky enough to be in the right place at the right time, and I got involved in building that program. I also received a grant and was able to spend some time with the oncologists at Children's Hospital Los Angeles who were pioneers in the young adult cancer world.

Why shouldn't AYA patients be treated similar to pediatric patients or adult patients?

There are two reasons. One is medical and one is the psychosocial aspect. From

a medical perspective, for some cancers—like thyroid cancer—there is one treatment that is pretty much the same no matter what your age. But other cancers, like sarcomas and some types of leukemias and lymphomas, we have found that a 25-year-old may do better on a pediatric protocol than on an adult protocol—or vice versa. When you are 16 or 18 or 21, that doesn't mean you should be treated the same way as a 65-year-old.

How are the psychosocial needs of young adult cancer patients different?

An 18-year-old is different than a 10-year-old or a 60-year-old. Young adults are dealing with cancer when they are at a key point in their developmental and maturing journey. You need a doctor who is aware of and in tune with what they are going through in order to offer them support and other things they may need.



BY THE NUMBERS

- Adolescents and young adults (AYA) represent a population of cancer patients who don't always get as much attention as children and adult patients.
- Adolescent and young adult cancer is defined as ages **15 to 39**.
- About **70,000** AYA cancers are diagnosed annually in the U.S.
- The number of cancers in AYA patients is about **6 times the number diagnosed** in children ages 0 to 14.
- **Leukemia, lymphoma, testicular cancer and thyroid cancer** are the most common in people ages 15 to 24.
- **Breast cancer and melanoma** are the most common cancers in people ages 25 to 39.

Source: National Cancer Institute

Do young adult cancer patients have better outcomes if their psychosocial needs are addressed?

We're doing a much better job of either curing or letting people live a really long time with their cancer. So then it becomes a question of quality of life. Better quality of life has been shown to help people do better in terms of survival. We need to make sure you're emotionally healthy, aren't having side effects and to address all of the factors that go along with being a cancer survivor.

What do you find most fulfilling in working with AYA patients?

My favorite patients are people who use the experience for empowerment. I've had a handful of patients who want to give back or talk to other patients going through this or who decide to go into medicine or research because of having cancer. They

use the experience as a point of growth. I also really like the fact that young adult cancer patients have their whole life ahead of them. Any impact I have is something that could affect them for a very long time.

What is the outlook for young adult cancer patients in general?

Part of how the young adult field took shape over the past 30 years was based on the recognition that there has been a really huge improvement in treating pediatric cancers. And there has been improvement on the older adult side. But the survival statistics for young adults have stayed about the same. It depends on the particular type of cancer, of course. And it's not that young adults don't do well. But we haven't seen those improvements for them as much as we have for pediatric patients or older adults.

What are your areas of research?

One of my big areas of research interest is secondary cancers. When you get cancer at a young age and are cured, you have a long survivorship period. But many of these survivors develop another cancer later in life. Approximately 15% to 20% of all cancers are among people who have had cancer in the past. For young adults, this is an extra burden both medically as well as psychologically to have to go through this whole experience again. We need to understand more about secondary cancers. Are these people with genetic cancer syndromes that we're missing? What is it? The other area of research I work on is treatment disparities for young adults with cancer. Are they getting treated differently or the same as their older counterparts?

What do you enjoy about being part of the Institute?

I like being at the John Wayne because it's a small enough place

where you can be known and make a difference and be part of all aspects of the hospital. We have other world-class researchers and colleagues in the Providence system who we can collaborate with. I also like teaching and enjoy working with the fellows and trying to get them interested in these areas.

Do you foresee growth in AYA services at the Institute?

We already treat several types of cancers that we see a lot in young adults: thyroid, breast, melanoma and testicular cancer. Those are some of our sub-specialties. So I think it's going to be a really great fit for us to get a young adult cancer program up and running. We've already launched our survivorship program at the Institute, but we now want to focus on young adults and starting activities and support specifically for them. ■

A Legacy of Philanthropy Continues

Sometimes a tool is just an ordinary tool. Occasionally it builds a legacy.

When Newt Tarble joined three others in founding the Snap-on Wrench Company in 1920, his focus was on selling an innovative product that had (and continues to have) an incredible impact on the industry. The company, now known as Snap-on Corporation, was the first to manufacture and market sockets that would “snap on” to interchangeable handles.

His daughter, Jan Tarble, generously donated \$5 million from the Tarble Foundation to support cancer research at the John Wayne Cancer Institute and Pacific Neuroscience Institute. This gift honors her father’s legacy of creativity, her mother’s tenacity and Jan’s personal dedication to philanthropy. Like the company Newt co-founded, this gift will inspire innovation and have a profound impact on many. It, too, will be a tool—one that saves lives and hastens the day when cancer will no longer be a life-threatening disease.

The Tarble Foundation’s beneficence will enable physicians and scientists to pursue many promising research paths,” says Foundation president and chief executive officer, Bob Klein. “The return on this investment in research will be significant progress in our search for better means of diagnosing and treating various cancers. The results of this research will benefit people around the world.”

In addition to basic research, the Tarble Foundation grant will help initiate and sustain crucial clinical trials that enable researchers to verify and extend their research findings and prepare new treatments for general use.

“Private philanthropy is unique in providing resources that give us the flexibility to move quickly and boldly when researchers want to pursue a new idea,” says Mary Flaherty, chair, Saint John’s Health Center Foundation. “Private support is the seed money that enables new lines of research to prove themselves worthy of major grant support.”

The Tarble family’s legacy of generosity extends across more than half a century, beginning with Newt and his wife, Pat, who were long-time supporters of Saint John’s. They formed the Tarble Foundation, reflecting their belief in giving back to the communities of which they were a part. It is a legacy that Jan continues to honor.

Jan’s support of Saint John’s Health Center and the John Wayne Cancer Institute has been extraordinary. The Tarble Atrium welcomes thousands of visitors a year and honors her parents’ memory and their long-time support of the hospital. It was a Tarble Foundation gift that established an endowment in perpetuity for the Surgical Oncology Fellowship Program at the John Wayne Cancer Institute. The Tarble Foundation provided hundreds of urgently needed infusion pumps and associated equipment for the Health Center. In addition, it funded a clinical nurse specialist in oncology and clinical nurse educators for the emergency department and orthopedics inpatient care center.

The Tarble legacy of philanthropy will now forge new tools for cancer research.



Jan Tarble, above, is a longtime supporter of the Institute and Providence Saint John’s Health Center, continuing a tradition started by her parents. Below, Jan sits with Bob Klein, president and chief executive officer of Saint John’s Health Center Foundation.





Gifts That Make An Impact

The John Wayne Cancer Institute Auxiliary supported the Junior Faculty Development Fund with a gift of \$200,000, bringing their total giving to the John Wayne Cancer Institute to more than \$17,000,000. The Junior Faculty Development Fund was conceived of as a way to support exceptional recent graduates of the John Wayne Cancer Institute Surgical Oncology Fellowship who have an interest in academic medicine and want to jump-start their careers as junior faculty at the Institute. This philanthropic fund provides three years of salary support for the junior faculty members as they grow their new surgical oncology

practice at Providence Saint John's Health Center and while they participate in academic pursuits, which include research and teaching at the John Wayne Cancer Institute. Dr. Trevan Fischer is the first recipient of this new award. Additionally, the **Auxiliary** made a year-end pledge of \$500,000 over two years—the first formal pledge to the Institute in the auxiliary's history.

The Associates for Breast and Prostate Studies Cancer Studies (ABCs) provided an extraordinary gift of \$600,000, bringing their total giving to the John Wayne Cancer Institute to more than \$15,000,000. Monies from 2016 supported these

studies: decreasing drug resistance dynamics in breast cancer patients, a noninvasive urine DNA test for monitoring breast cancer recurrence risk in patients receiving treatment hylated DNA and simultaneous disruption of two gene interactions for targeted prostate cancer therapy.

Bob and Birdie Feldman made three year-end gifts totaling \$300,000. The gifts were to the Surgical Oncology Fellowship and men's health programs, as well as a gift match opportunity for John Wayne's year-end appeal.

The Borstein Family Foundation provided \$300,000 in support of melanoma research and critical Institute infrastructure needs, including fellowship training,

physician recruitment and clinical research. The Borstein family's involvement reached a capstone with Eric Borstein being approved for the Saint John's Health Center Foundation board in mid-2017.

Joanne Bloomfield Hunter, through her family foundation, the Margaret M. Bloomfield Family Foundation, has generously provided gifts totaling \$250,000 to support Dr. Santosh Kesari's Translational Neuro-Oncology and Neurotherapeutics research at the John Wayne Cancer Institute.

Sabrina Johnson has made a generous \$100,000 gift in memory of her mother, Joan Brierton Johnson, to support Dr. Kesari's Translational Neuro-Oncology and Metastatic Cancer Programs.

Surgical Oncology Fellows Appear at Prestigious Cancer Meetings

The Institute's surgical oncology fellows have been traveling the country in recent months to present their research findings. Several of the fellows presented at the one of the most prestigious cancer meetings in the world in March: the annual Society of Surgical Oncology meeting in Chicago, Illinois. In addition to clinical work, the fellows conduct detailed research that targets their interests and addresses key questions in disease prevention, diagnostics, treatment and the biology of cancer.

Daniel Nelson, DO, presented "Secondary Colon Cancer in Young Adults" at the 2018 Annual Cancer Symposium of the Society of Surgical Oncology. This study demonstrated that secondary colon cancer in younger patients presents at an earlier stage and is associated with decreased survival compared to primary colon cancer. Further investigations are warranted to determine if these outcome disparities are due to the cumulative effects of previous cancer treatment or differences in tumor biology. Dr. Nelson also presented a paper at the Pacific Coast Surgical Association's 89th annual meeting in Napa, California, reporting that patients treated with modern melanoma drugs demonstrated longer survival with initial surgery. Based on these results, prospective evaluation of metastasectomy with adjuvant systemic therapy is warranted. Dr. Nelson presented "Adjuvant Radiation is Associated with Improved Survival for Select Patients with Non-Metastatic Adrenocortical Carcinoma" at the 125th Western Surgical Association. The research demonstrates that adjuvant radiation is associated with a decreased risk of death in patients with positive surgical margins. Multi-modality treatment should be considered for this subgroup of patients.

Annabelle Teng, MD, presented "Implications of Prolonged Time to Pancreaticoduodenectomy after Neoadjuvant Chemoradiation: Analysis of the National Cancer Database" at the Society of Surgical Oncology meeting as well as at the ASCO Gastrointestinal Cancer Symposium in San Francisco. She found that a subset of patients with pancreatic adenocarcinoma with a prolonged chemoradiation-surgery interval greater than 12 weeks did not increase adverse short-term events and had better survival, warranting more study into the characteristics of this patient group. Dr. Nguyen also presented "Should Tumor Sidedness Influence Surgical Decision Making in Stage IV Colon Cancer?" at the Pacific Coast Surgical Association's 89th annual meeting.

Amanda Graff-Baker, MD, will present "Molecular Alterations in Secondary Breast Cancers" at the American Society of Breast Surgeons meeting in May. This project utilized the Cancer Genome Atlas to identify differential gene expression signatures in patients with a second breast cancer. Dr. Graff-Baker found that gene expression in second breast cancers differed by the type of breast cancer and identified genes relevant to tumor growth and proliferation as significant. These differences emphasize the importance of performing disease subtype-specific evaluations of molecular alterations.

Abhineet Uppal, MD, presented "Facilities That Service Wealthy Areas Perform Metastasectomy More Often for Patients with Colorectal Liver Metastases" at the Society of Surgical Oncology 2018 annual meeting in Chicago. Using the National Cancer Database, he found that hospitals that treat wealthier patients were more likely to offer surgical treatment of metastatic colon cancer than hospitals treating less wealthy patients, regardless of the patients' backgrounds. This trend was most pronounced in academic centers. These results indicate that more effort needs to be made to ensure all patients have access to the latest, most effective cancer care. Dr. Uppal also presented "Can High-Volume Anesthesiologists Decrease Perioperative Costs for Pancreatic Surgery?" at the 2018 American Hepato-Pancreatico-Biliary Association in Miami Beach, Florida. He will present "Superior Survival of South and East Asians with Colorectal Carcinoma in the United States" at the Society of Surgery of the Alimentary Tract 2018 annual meeting. Using the National Cancer Database, he found that Americans of South Asian and East Asian descent had better survival for both colon and rectal cancer than previously reported. South Asians were also noted to present with cancer at an earlier age. This suggested that there may be differences in the biology of colorectal cancer in different ethnicities, with the authors proposing that genetic comparisons of these tumors is warranted.

Brooke Vuong, MD, presented "The Impact of American Indian and Alaska Native Ethnicity on the Presentation and Surgical Treatment of Gastric Cancer: An NCDB Analysis from 2004–2014" at the Society of Surgical Oncology 2018 annual meeting in Chicago. She found that there are both biological and social disparities evident for American Indian and Alaska Natives with gastric cancer.

Ahmed Dehal, MD, presented "Accuracy of Nodal Staging is Influenced by Sidedness in Colon Cancer: Result of a Multicenter Prospective Trial" at the annual meeting of the Society of Surgical Oncology in Chicago. He found that the current recommendation of harvesting at least 12 lymph nodes in patients undergoing surgery for colon cancer may result in inaccurate staging in right-sided compared to left-sided colon cancer. Based on these findings, the current threshold of 12 lymph nodes as a quality-of-care measure would need to be re-evaluated for right- and left-sided colon cancer.

A Love of Medicine and the Military

Dr. Daniel W. Nelson combines a fellowship with active-duty service in the U.S. Army.

WRITTEN BY SHARI ROAN



When he graduated from high school, several of Daniel Nelson's buddies enlisted in the U.S. Marine Corps while he headed to Arizona State University to study biology. As his college years unfolded, he was intrigued with the path his high school friends had chosen in the military as well as the future facing a group of new college friends.

"I had some classmates who were pre-med, and they were enthusiastic and motivated," he recalls. "I didn't have any family members who were physicians, and I didn't know anyone who was a physician other than my own personal doctor. I started to think maybe I could do this too. But my friends from high school had gone into the Marine Corp, and I had always felt I missed an opportunity to serve with them."

Today Dr. Nelson has managed to become a surgeon and serve his country as an active duty major in the U.S. Army. He is in the second year of the John Wayne Cancer Institute's Surgical Oncology Fellowship Program.

"I've found that with each step along the way you meet people who inspire you, and you discover what you're really interested in by the people who influence you," he says.

Today, he says, those spheres of influence include the Institute faculty who instruct the surgical oncology fellows. "All of the faculty strongly encourage academic inquiry," Dr. Nelson explains. "They want us to constantly ask

“I think one of the strengths of our program is how expansive our alumni network is.”

ourselves: Is what we know now right? How can we do better?"

Dr. Nelson, who is the Harold McAlister Charitable Foundation fellow this year, says he has relied on strong mentors and supportive friends. While enrolled at Arizona State's prestigious Barrett Honors College, he met with an advisor who encouraged him to follow his dream of becoming a doctor.

Then, attending a health fair of medical school recruiters, he met with an Army recruiter. It was an ah-ha moment.

"I realized it was serendipity," Dr. Nelson says. "I thought: This is my opportunity to serve as well."

The Army awarded Dr. Nelson a Health Professional Scholarship, and he attended medical school at Des Moines University, an osteopathic medical school, before beginning a six-year residency at Madigan Army Medical Center in Tacoma, Washington. Before beginning his fellowship Dr. Nelson was required to complete an overseas tour of duty. He worked as chief of general surgery for one year in Seoul, South Korea, at the 121st Combat Support Hospital. Then it was on to the John Wayne Cancer Institute where he has settled into life in Los Angeles with his wife, Heather, and sons, Lucas, 7, and Paul, 4.

His two years at the Institute have been marked by a growing interest in hepatobiliary and pancreatic cancers. "They are the most technically challenging procedures, and they can also be some of the most challenging disease processes to take care of. You have to incorporate both good technical skills and advanced multidisciplinary care. The complexity is fascinating."

After graduation, Dr. Nelson will be assigned to William Beaumont Army Medical Center in El Paso, Texas. He says he will be delighted to work with the chief of surgery there—Col. Jason Hiles, MD, a former Institute surgical oncology fellow.

True to his nature, Dr. Nelson continues to be inspired by the people he meets, especially those associated with the Surgical Oncology Fellowship Program at the Institute. "I think one of the strengths of our program is how expansive our alumni network is, and to see the alumni who are now deans or division chiefs. Each conversation with them has been so inspiring. The Institute has established a tremendous legacy."

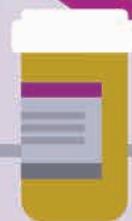
[➔ find out more](#)

For more information on how to support the Surgical Oncology Fellowship Program, please call Michael Avila, vice president for development, **310-825-8351**.

STEPPING UP THE PACE

The surging cancer clinical trials program at the Institute means patients have access to rapidly evolving therapies.

WRITTEN BY **TRAVIS MARSHALL**





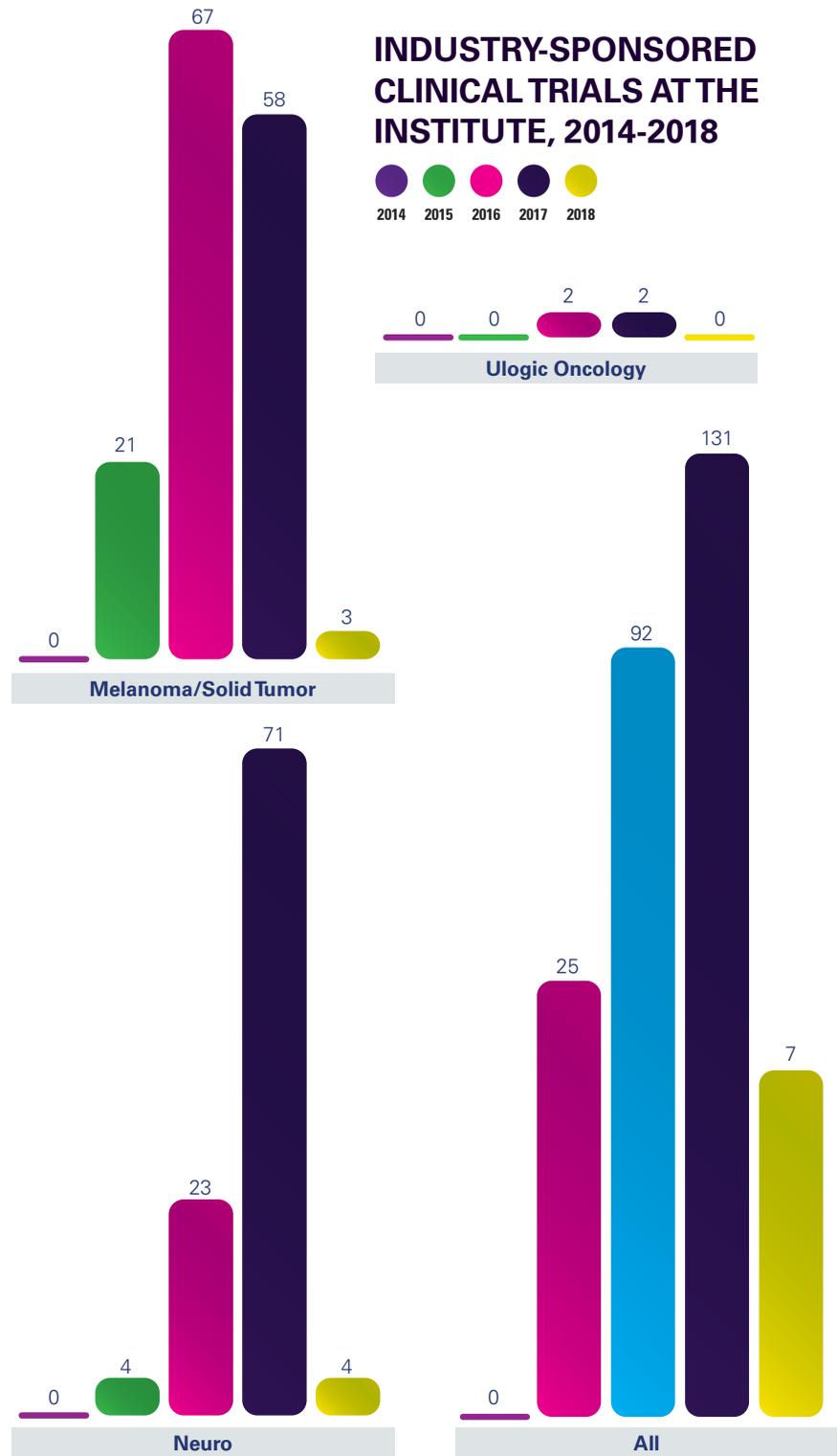
Cancer treatment today is evolving at a dizzying pace—and that has made access to clinical trials more important than ever. At the John Wayne Cancer Institute, the faculty has met the challenge of matching more patients to potentially helpful investigational therapies.

Whole new categories of life-saving cancer drugs, including immunotherapies and targeted therapies based on the genomics of cancers, have become available in just the past few years. The science of the field has advanced so rapidly that the discovery of these therapies easily outpaces the speed at which they can be approved for all possible uses. The result for many patients, especially those with hard-to-treat cancers, is that clinical trials are often the only way to access these next-generation treatments.

“In oncology more than any other area of medicine, access to novel treatments through the clinical trial process is an essential part of high-level care,” says Steven J. O’Day, MD, professor of medical oncology, director of immuno-oncology and clinical research at the John Wayne Cancer Institute. “Patients demand excellence. They want to go to excellent doctors who work closely together across cancer specialties. They want access to the best clinical trials. That’s what we’ve built here.”

Prior to 2014 the Institute was primarily focused on surgical oncology, with no patients enrolled in medical oncology clinical trials. In 2017, however, there were more than 140 patients enrolled in oncology clinical studies. The Institute has since grown into a world-class oncology treatment and research facility offering clinical trials that push the frontier of cancer around precision genomic and immunotherapy medicine. This change has been vital for patients with cancers that don’t have established effective treatments, like the brain cancer glioblastoma.

“With standard-of-care, most glioblastoma patients die within two years, and these are often young patients,” says Santosh Kesari, MD, PhD, professor of neurosciences and chair of the department of translational neurosciences and neurotherapeutics. “So the vision and hope for many of our trials is to improve the standard of care.” (Read more about Dr. Kesari’s phase 1 trial on precision immunotherapy in the sidebar on page 25.)



MULTIDISCIPLINARY COLLABORATION, FROM BENCH TO BEDSIDE

One reason for the Institute’s success in this new era of oncology is its dedication to combining the best and brightest minds from around the world into a multidisciplinary team that collaborates to bring new treatments from the laboratory bench to the patient’s bedside as quickly as possible,

including doctors like O’Day and Kesari and scientists like Dave S. B. Hoon, PhD, professor and director of molecular oncology for the Institute.

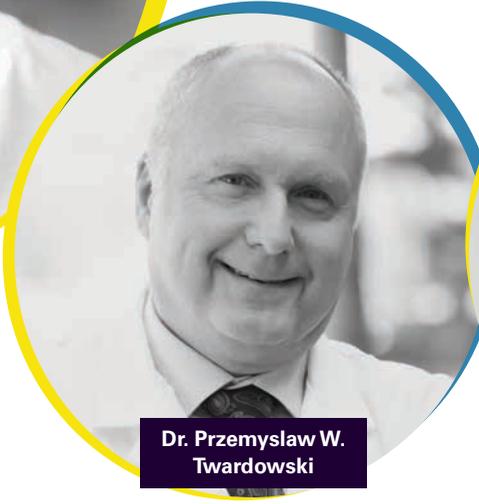
“We’ve built a very lean infrastructure,” Dr. O’Day says. “The real strength is all about recruiting top-level medical oncologists paired with world-class surgeons who are thought leaders in a disease on an international level and have relationships



Dr. Steven J. O'Day



The real strength is all about recruiting top-level medical oncologists paired with world-class surgeons who are thought leaders in a disease on an international level.”



Dr. Przemyslaw W. Twardowski



Dr. Achal Singh Achrol

with the companies sponsoring clinical trials. That has made us hugely successful at getting the drugs we want into our clinics.”

One highly regarded medical oncologist who recently joined the Institute is Przemyslaw W. Twardowski, MD, previously at City of Hope, who has spent the last 20 years leading and participating in clinical trials to find new treatment options for genitourinary malignancies like prostate and bladder cancer.

“We’re applying precision medicine to prostate cancer, dissecting the tumor DNA molecules and matching drugs based on specific errors in the code,” Dr. Twardowski says. “It’s highly likely these strategies will yield new drugs for prostate cancer in the next few years.”

Dr. Twardowski is currently collaborating with Dr. O’Day, contributing patients to a first-of-its-kind, national clinical trial that tests three immune agents together against a wide range of solid tumor types. Such trials are typically found only at major academic medical centers, Dr. O’Day says. Yet Saint John’s was the first center to open the study and the first to enroll a patient. The highly anticipated results of the trial will likely be presented by Institute faculty next year at international cancer meetings.

“We just opened as the first of five sites conducting a very exciting triplet immunotherapy protocol for patients with a variety

of solid tumor types,” Dr. O’Day says. “Two of the drugs are well-established antibodies that activate T cells (the immune system’s foot soldiers), while the third is a novel drug that helps the T cells work by preventing the tumor cells from fighting back.”

Another expert who has recently joined the Institute is Achal Singh Achrol, MD, a neurosurgeon from Stanford Medical Center who now serves as chief of the Institute’s Glioma Surgery Program. Alongside cutting-edge trials using stem cells to treat stroke and traumatic brain injury patients, Dr. Achrol is conducting a clinical trial that uses a minimally invasive technique for injecting an immunotherapy drug directly into the tumors of patients with glioblastoma.

“We’re using this technique for trials because the drugs don’t get into the brain well otherwise,” Dr. Achrol says. “For immunotherapy, it’s much better to deliver the drug locally, where this bioengineered fusion protein will bind to receptors on the tumor cells but not brain tissue, causing organized cell death within the tumor.”

HOW CLINICAL TRIALS WORK

Clinical trials go through three separate phases designed to study the safety, efficacy and effective dosing of a new agent. Many of the cutting-edge trials happening at the Institute are in the initial, phase 1 stage of this process.

Phase 1 trials generally have small groups of patients, with different patients receiving varying doses or different combinations of drugs. Unlike other fields of medicine, where a subset of clinical trial participants may receive a placebo, oncology clinical trials almost never use placebos.

“Patients with cancer always get an active agent,” Dr. O’Day says. “Sometimes we’re studying combinations with active agents paired with unknown agents, but patients are never not getting treatment.”

If a phase 1 trial establishes a treatment’s safety in a small group of patients, it moves to phase 2 where the drug’s efficacy is tested on a larger group. Phase 3 trials are designed to establish whether a medication works better than existing options, and often involve

“The vision and hope for many of our trials is to improve the standard of care.”

relatively large groups of patients who are randomized to either the new medication or an existing medication.

Within oncology, most patients welcome the opportunity to participate in clinical trials if they are eligible for them, as it's often the only way to access the latest therapies for cancers that might otherwise not have effective treatment options. However, Dr. Achrol says that one misconception he sees among patients is concern about the cost of participating in a trial.

The vast majority of clinical trials are completely covered by the grants and funding sources of the trials, with no cost to the participants,” Dr. Achrol says. “That's not something they need to worry about.”

Dr. O'Day adds that clinical trials have a tightly regulated consenting process that ensures patients are given ample information ahead of time—in language that's easy for them to understand—so they can make an informed decision about participating. Patients' best interests are protected by Institutional Review Boards that oversee the research protocols. “Informed consent is very important, and participants have every right to withdraw at any time and for any reason,” he says. “We always want them to feel like we're doing what's best for them and that any trial we recommend will add value to their care.”

AN ENVIRONMENT WHERE INNOVATIVE TRIALS CAN THRIVE

The unique environment of the Institute, as part of community-focused Providence Saint John's Health Center and the wider Providence St. Joseph Health system, truly helps nurture the type of innovation necessary to move the field of oncology forward.

“The infrastructure here is both big and small,” explains Dr. Kesari. “It's small and personal enough that we can collaborate and move quickly, while the reach of the system lets us utilize resources we wouldn't otherwise have.”

And the level of research currently being done at the Institute not only provides life-saving treatments to patients who need them, but it also raises the profile and influence of the center within the research community—helping boost fundraising for vital research and attract even more cutting-edge clinical trials in the future.

“The pace of progress in cancer is a global thing. We participate in advisory boards, help develop clinical trials, and when we have results, we're out there presenting the data,” Dr. O'Day says. “That's good for the Institute, and it helps build energy behind new treatments.”



Dr. Santosh Kesari

DR. SANTOSH KESARI RECEIVES PHASE ONE FOUNDATION GRANT AIMED AT PRECISION IMMUNOTHERAPY

Glioblastoma is one of the most challenging forms of cancer to treat, with no real cure in existence. That's why Santosh Kesari, MD, PhD, a John Wayne Cancer Institute physician and researcher, wants to try a completely different approach to this deadly brain cancer. And thanks to a recent \$300,000 grant from the PHASE ONE Foundation, Dr. Kesari, professor of neurosciences and chair of the department of translational neurosciences and neurotherapeutics, can launch his innovative project.

The Santa Monica-based PHASE ONE Foundation funds studies on concepts that are so new and unusual they may not attract government or other types of funding. Clinical trials range from very small, preliminary studies testing safety of concepts—typically classified as phase 1—up to phase 3 trials that are performed on large groups of people to test

the efficacy of the new treatment.

“When we fund researchers, it’s because they are innovative,” says Stacy Valner, co-founder of the PHASE ONE Foundation and co-chair of the granting committee. “They are thinking differently. They are really trying to tap into areas that haven’t been covered. We just feel like we know how hard it is for these investigators to get their work funded.”

The PHASE ONE Foundation was launched 20 years ago when Stacy’s husband, Alberto Valner, was diagnosed with Stage IV testicular cancer. While Alberto was treated and survived, his mother was undergoing cancer treatment at the same time and passed away.

“At that time we felt very lucky my husband had survived, but we were so disappointed in the lack of choices for her,” Stacy says. “There were no clinical trials available to her.”

Phase 1 trials offer hope where there is none, says Mieke Neumann, co-chair of the PHASE ONE Foundation granting committee. “Every cure started out as a phase 1 trial. It’s a way to be hopeful and innovative,” she says.

The PHASE ONE Foundation has issued grant money to some of the most prestigious cancer centers in the region, including UCLA and City of Hope. The grant to Dr. Kesari reflects the creativity and innovation that are hallmarks of the



organization’s grantees. Dr. Kesari will test his concept of “precision immunotherapy,” which involves giving two immunotherapy drugs to glioblastoma patients before using radiation and chemotherapy.

“We want to see if giving immunotherapy in the beginning can result in better responses and lead to better outcomes,” Dr. Kesari says. “No one else is doing this. If it’s successful, it will change the game for brain cancers, and we can possibly expand it to other tumor types.”

Also during this trial, Dr. Kesari is implementing a protocol to repeatedly biopsy the tumors of glioblastoma patients to assess if, and how, the tumor and surrounding immune cells may be changing. Researchers now know that tumors evolve biologically over time. Having real-time information on the makeup of a tumor is critical in guiding effective treatment.

“This is novel and exciting to us because this is a cancer with no cure,” Stacy says. “Twenty years ago, being on

a clinical trial felt like you were a guinea pig. That has changed now as well. This trial is a perfect example of that. Dr. Kesari wants to take these tumors and examine them and biopsy them multiple times. It’s much more cutting edge.”

In addition to supporting established researchers with big ideas, like Dr. Kesari, the PHASE ONE Foundation has recognized the promise of young investigators over the years. “PHASE ONE Foundation is amazing because they want to support innovative, early-phase studies that show a lot of promise,” Dr. Kesari says. “These are high-risk, high-impact ideas that can potentially lead to transformative clinical outcomes. With the PHASE ONE support of this pilot study, we plan to build upon and expand to larger studies across multiple centers.”

“Even if the trial isn’t successful in finding a cure, a lot of the doctors we have funded when they are junior investigators have—because of our seed money—had their careers launched and have gone on to do unbelievable things,” Mieke says. “We take a lot of pride in spotting those talented investigators.”

The bottom line, says Stacy, is “we aim to fund the best research out there.” ■

find out more

For more information on cancer clinical trials or to support the Institute’s research, please contact Mary Byrnes, director of development, at **310-582-7102**.



A Flying Start

Dr. Przemyslaw Twardowski lands at the Institute to share his expertise in urology.

WRITTEN BY TRAVIS MARSHALL

PHOTOGRAPHED BY KRISTIN ANDERSON

When Przemyslaw Twardowski, MD, wants to avoid the long commute to the Westside, he'll leave his car at home in Pasadena and navigate his airplane, a single-engine Mooney, to Santa Monica Airport. Flying has been one of his greatest passions for more than 30 years, surpassed only by his commitment to

physicians, which immersed him in science and medicine from a young age. His father, a nephrologist, was the first to immigrate to the U.S., when he was given an opportunity to work in Missouri for six months in the mid-1980s.

"You could say he was a defector because he just didn't

At first Dr. Twardowski planned to focus on hematology, but during his residency a research project on the relationship between blood clotting and cancer opened his eyes to the innovative changes that were on the horizon in oncology. "It looked like oncology was about to become

Dr. Twardowski is also excited to participate in research around the cancers he deals with, including prostate, bladder, kidney and testicular cancers. "Compared to what I've seen before, the people here are so nimble and efficient in their ability to activate clinical trials with new compounds," he says. "Not to mention the incredible caliber of the people here, including world-class clinicians like Dr. Steven O'Day and Dr. Timothy Wilson and scientists like Dr. Dave S.B. Hoon."

Among the advances Dr. Twardowski is most excited about are the development of immunology therapies, especially for bladder and kidney cancers, and the possibility for genomic testing to uncover targetable mutations in prostate cancer. In the last two years we have seen five new drugs approved for bladder cancer, two in kidney cancer, one in prostate cancer with several more approvals likely in the next few months," he says. "And there is some evidence that prostate cancer has similarities to breast and ovarian cancers on a molecular level, which may lead to new treatment options for prostate cancer in the near future."

As for his high-speed commute, it's easy to see why Dr. Twardowski is in a hurry to get to work. ■

“There was always this thought in the back of my mind that we could make it to the U.S. And I knew that having a medical degree would be one way of ensuring security and success in America.”

treating patients as a medical oncologist with the department of urology and urologic oncology at Providence Saint John's Health Center.

As a young man, Dr. Twardowski never would have imagined he'd one day have the freedom to fly his own aircraft and to work at one of the leading cancer treatment and research centers in the United States. Originally from Krakow, Poland, he grew up behind the Iron Curtain amid the stifling repression of the USSR. "We were tired of living under the communist system," he says. "But even near the end, it didn't seem like it would ever fall."

Both of his parents were

come back," Dr. Twardowski says. The rest of the family joined him shortly after, when the Soviet system began to crumble under Mikhail Gorbachev.

"There was always this thought in the back of my mind that we could make it to the U.S. And I knew that having a medical degree would be one way of ensuring security and success in America," Dr. Twardowski says of his decision to study medicine in Poland. After arriving in Missouri at age 23, he completed his medical degree at the University of Missouri's Columbia School of Medicine and then did his residency and fellowship at Northwestern in Chicago.

one of the most dynamic fields in medicine," he explains. "I made a good bet, because today we're seeing truly exciting progress."

In October 2017 Dr. Twardowski took a position as director of clinical research, professor of medical oncology, urology and urologic oncology with the John Wayne Cancer Institute at Saint John's Health Center. He was excited to join the small yet dynamic team.

"This place is experiencing major growth and incredible development of clinical research," he says. "It's also a very patient-friendly place. It's hard to maintain that human connection with patients in some larger centers."



Charting a Course for Philanthropy

Birdie and Bob Feldman help
where need is the greatest.

WRITTEN BY **NANCY SOKOLER STEINER**
PHOTOGRAPHED BY **KRISTIN ANDERSON**

Boats play a key role in the lives of Roberta (Birdie) and Robert (Bob) Feldman. The couple met in Marina del Rey where Bob lived on a boat that was docked near the apartment Birdie shared with a girlfriend. Late one night, Birdie heard a commotion as Bob helped a friend get his car started. Stepping on the balcony to investigate, she and Bob struck up a conversation. The two soon became crewmates for life.

Birdie came to love the water as much as Bob did. When they owned a sailboat, the couple participated in international races and spent months exploring Mexico. Today the couple enjoys their powerboat. They spend time boating throughout



Southern California and the Pacific Northwest. Birdie handles the logistics and navigation while Bob skips the craft.

On land, they turn to Providence Saint John's Health Center for their medical needs while offering their friendship and financial support to the faculty of the John Wayne Cancer Institute. Both of Birdie's parents received care at Saint John's, and the couple rely on health center physicians for their own care. Bob, for example, had cataract surgery with neuro-ophthalmologist Howard Krauss, MD, and sees urologist Mehran Movassaghi, MD, for his men's health needs.

"The care here is a cut above in so many ways, from the facility to the staff to the compassion," says Bob.

The Feldmans became aware of the good work of the John Wayne Cancer Institute when two dear friends experienced superior treatment under the care of oncologist Peter Boasberg, MD. In fact, quite a number of their friends have been touched by cancer in recent years, and the couple wanted to take action to help alleviate the scourge.

So Bob and Birdie embarked on a new voyage—philanthropy. And they approached it the same way they approach their cruising: setting a specific destination—helping to seek better diagnosis and treatment of cancer—while showing complete flexibility within that realm. They wanted to let the needs, rather than their own preconceptions, dictate where to direct their gifts.

After learning about ways to help the John Wayne Cancer Institute, the Feldmans chose to generously support the Surgical Oncology Fellowship Program. In this program, surgeons who have completed their residency receive advanced training in surgical oncology, working under the direction of Institute faculty. Participants emerge among the best trained in their field, going on to positions of authority around the country. The Institute's fellowship program is one of the most highly regarded in the country and was the first to receive accreditation.

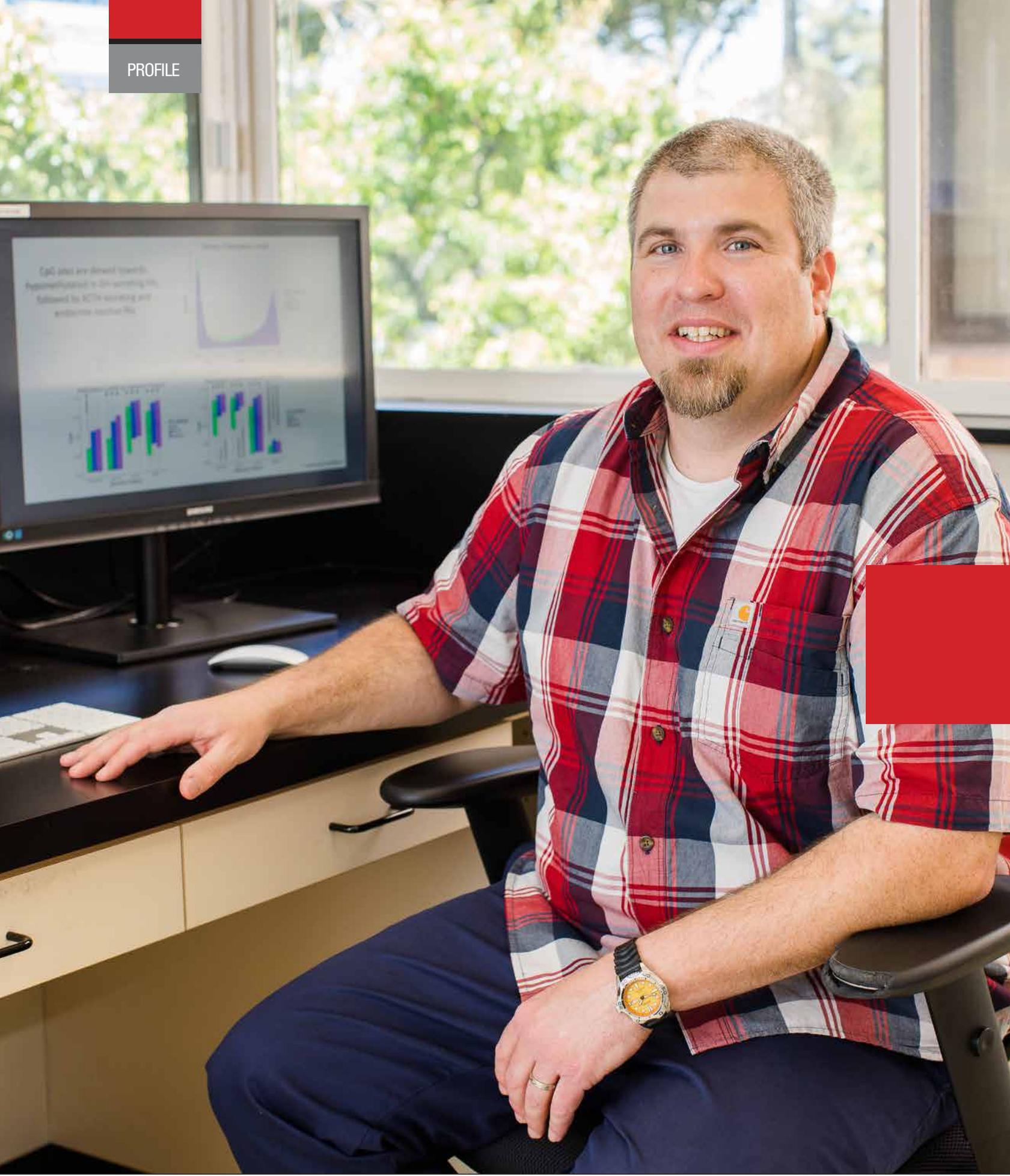
“The care here is a cut above in so many ways, from the facility to the staff to the compassion.”

Trevan Fischer, MD, assistant director of the fellowship program, describes Bob and Birdie as “truly two of the most selfless people I've met.” He adds, “Their generosity and kindness is evident by their actions. Their commitment to the Institute's fellowship program shows their commitment to fighting cancer.”

The couple also funded novel research within the Men's Health program. “The Feldmans provided a grant for us to be able to enhance the quality of life of prostate cancer patients,” says board-certified, fellowship-trained urologist Mehran Movassaghi, MD. “The study we've undertaken is using patients' own stem cells to help with the repair of nerves in men who have undergone treatment for prostate cancer. Having Bob and Birdie's gift allows us to do things we can't do in our regular practice.”

The couple is grateful they can help. Bob and Birdie realize that just as their boats require continuous investment in order to be seaworthy, medical research requires sustained private financial support in order to yield optimal results.

“We think Saint John's Health Center and the John Wayne Cancer Institute are doing good things for the community,” Bob says. Birdie finishes his thought: “So we're doing whatever we can to help. We just want to help wherever it's needed.” ■



Bring on the Bioinformatics

Dr. Matt Salomon sifts through mountains of data to find answers.

WRITTEN BY LAUREN DIGANGI
PHOTOGRAPHED BY KRISTIN ANDERSON

As an expert in the hot new field of genomic bioinformatics, Matthew Salomon, PhD, spends his days at the John Wayne Cancer Institute examining terabytes of biological data. According to Dr. Salomon, bioinformatics uses computer science and statistics to study genomic sequencing—a patient's or tumor's DNA and RNA—to answer biological questions.

the work we do," says Dave S. B. Hoon, PhD, professor and director of translational molecular medicine, chief of scientific intelligence and director of the Genomics Sequencing Center at the Institute. "It's critical to saving time and accelerating advances in translational molecular medicine. Dr. Salomon's work helps put us on the cutting edge of information technology in medicine."

tumors," he says.

Dr. Salomon is also studying microRNAs, or short pieces of a RNA that influence the expression of genes. "Tumors shed microRNAs into the blood," he says. "By analyzing these microRNAs, we hope to build computer models that can classify patients as having had tumors or not, then teach the computer what it looks like when someone has a recurrence."

of Southern California, he transitioned from nematodes to humans, working on trying to identify genes or mutations that gave people a predisposition to colon cancer. In 2016 he was hired by the Institute.

The field has come far in less than a decade, he notes. "To put it in context, the Human Genome project cost \$2.7 billion and took over 10 years to complete—for one genome. Today we can sequence a genome in a few days for under \$1,000."

Dr. Salomon lives in Glendale with his five-year-old son and wife, also a genomics scientist who focuses on pediatric cancers. "You could say genomics is the family business," he says.

When not sifting through metaphorical mountains of data, Dr. Salomon enjoys the literal mountains of San Bernardino, where he snowboards with his family. He also loves surfing at Topanga Beach in Malibu. "My son is just learning to snowboard this year," says Dr. Salomon, "but is still working on bike riding and swimming."

Back at his desk after a weekend on the snow or surf, mountains of data await him. He believes that the future of bioinformatics is bright. "The ability to use computers and programming is opening up all sorts of previously unimaginable ways to learn about tumors and cancers. For me, this is the most exciting place to be in medicine." ■

“To put it in context, the Human Genome project cost \$2.7 billion and took over 10 years to complete—for one genome. Today we can sequence a genome in a few days for under \$1,000.”

Today, under the guidance of Dr. Salomon, assistant professor of translational molecular medicine, and with a retooled informatics IT infrastructure, the Institute is at the forefront of this new field. Through bioinformatics, researchers analyze staggering amounts of data to understand the genomics of a tumor, a single patient or a population of patients, Dr. Salomon says.

The hope is that bioinformatics will unlock information that leads to more personalized cancer treatments and cures. "We look at how cancers change over time, how they metastasize and how they resist therapy," he says.

"Bioinformatics is critical to

"My job is to collect and interpret data using these tools, and to connect the dots," says Dr. Salomon, "but Dr. Hoon provides us with the vision and guidance—the master plan."

Dr. Salomon collaborates with Dr. Hoon and other clinicians, researchers and fellows to help them interpret mountains of data. One of his projects concerns studying the biology of tumors using a holistic approach. He analyzes not only the tumor's genome but also the transcriptome or expression of all the genes and the epigenome or chemical modifications that influence the genome. "If you just look at genes or mutations, you might miss other important information about

The turning point of Dr. Salomon's career came when he was a graduate student at the University of Florida, studying evolutionary genetics in nematode worms. The field of genomics was exploding exponentially as the cost of genetic sequencing plummeted.

Then, in 2010, the results of the 1,000 Genomes Project—a massive research project to decipher the complete catalogue of human genetic variation—were published in *Nature*, and Dr. Salomon became excited about applying these tools to medicine. He made a conscious transition to the field, taking as many classes and workshops in computer languages and programming as possible.

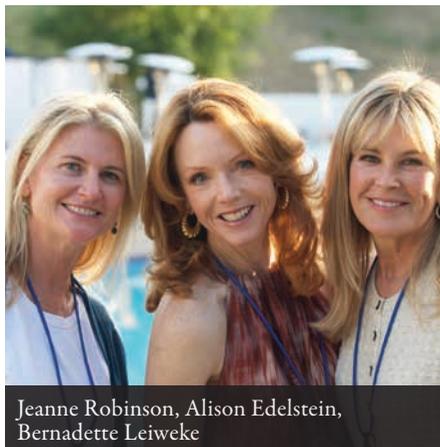
As a postdoc at the University

2018 CHAUTAUQUA WEEKEND

The Saint John's Health Center Foundation hosted its 39th Chautauqua Weekend April 27–29 with three days of education, camaraderie, enlightenment and relaxation for trustees, donors, physician partners, Health Center leadership and special friends. With hard work and planning from the Chautauqua committee, led by co-chairs Lisa Nesbitt and Garni Barkhoudarian, MD, the 2018 Chautauqua Weekend was one of the best ever! It began with a poolside gathering of friends and colleagues and lots of food, drink and good times before getting down to business on Saturday and Sunday with a lineup of brilliant speakers discussing topics ranging from exciting updates in radiation oncology, neurosciences and cancer research to re-thinking charity and future trends in virtual and augmented reality. This year's theme, "The Power of Partnership," highlighted the importance of collaboration and innovation in all of these endeavors. Local and regional executives also presented status reports to the audience, and Saint John's Foundation leadership unveiled a compelling case for support of our campus entities, John Wayne Cancer Institute, Pacific Neuroscience Institute and Saint John's Health Center.



Chautauqua Planning Committee (from left): Dr. David Krasne, Dr. Ernie Prudente, Dr. Garni Barkhoudarian, Margot Armbruster, Dr. Rob Amonic, Su-Z Schneider, Marcel Loh, Loraine Sinskey, Bob Klein and Lisa Nesbitt



Jeanne Robinson, Alison Edelstein, Bernadette Leiweke



Andy Trilling, Marcel Loh, Michael Wayne, Patrick Wayne



Dr. Daniel Kelly, Dr. Howard Krauss



Chautauqua Planning Committee co-chairs: Lisa Nesbitt and Dr. Garni Barkhoudarian



Dan Pallotta



Mary Flaherty, Bob Klein, Gretchen Willison



Dr. Przemyslaw Twardowski, Dr. Santosh Kesari, Dr. Robert Wollman, Gretchen Case and Dr. Steven O'Day



Ted Schilowitz



Bill Apfelbaum, Bonnie Apfelbaum, Dr. Paul Natterson



Michael Wayne, Margot Armbruster, Patrick Wayne, Carole Schwartz, Alex Fragen

SEAN HUNTER: RESEARCH IN ACTION WALK

The Sean Hunter Research in Action Walk was held February 25 at the Corpus Christi School in Pacific Palisades. The walk was conceived by Sean's mother, Michele Hunter, after he was diagnosed with an inoperable brain tumor. In its second year, the event was organized by the John Wayne Cancer Foundation and family and friends of Sean, while attracting dozens of local sponsors and grossing more than \$200,000. Team Shawna raised \$100,000. Proceeds from the walk will support brain cancer research under the direction of Santosh Kesari, MD, PhD. Event program speakers included Marie Jacobson, Monsignor Liam Kidney, Santosh Kesari, MD, PhD, Michele Hunter, Bob Klein, Daniel Kelly, MD, and Rusty Doms.



Mary Byrnes, Cindi Smith, Lisa Updegrath, Tess Csiszar, Anne Irvin, Michele Hunter, Dr. Santosh Kesari, Mara Hunter Redden, Cindy Reese, Greg Graber



Mary Byrnes, Dan Redden, Mara Hunter Redden, Dr. Santosh Kesari and Brad Hunt (husband of Shawna)



Dr. Daniel Kelly, Michele Hunter, Dr. Santosh Kesari



Sneh Kesari, Jyothsna Kesari, Dr. Santosh Kesari, Venkata Yenugonda, PhD., Ariana Waters, Natsuko Nomura, Judy Troung PA-C, and Anand Moses



Monsignor Liam Kidney and Marie Jacobson

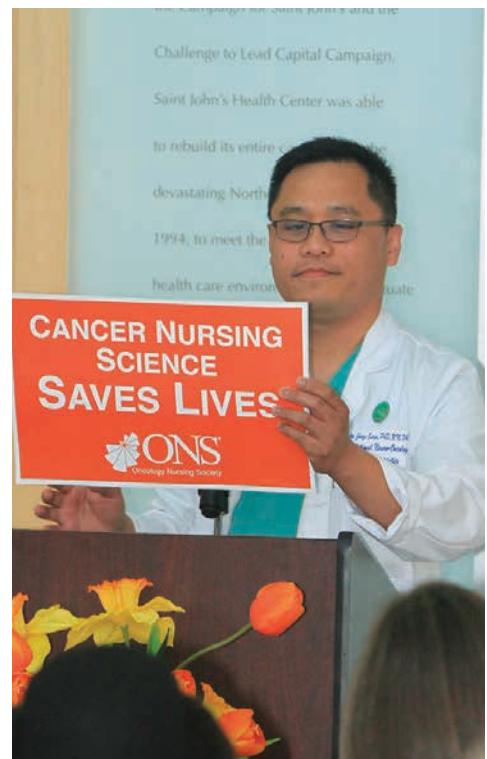
RECEPTION OF GRATITUDE

Providence Saint John's Health Center nurses enjoyed a Reception of Gratitude stewardship event hosted by the Foundation on March 23. The reception offered nurses the opportunity to express their gratitude and show the impact of the generous gifts made in support of the Nursing Education Fund.



Clockwise from above:

- Lynn Voskamp, chief nursing officer, vice president of patient care services, addresses the crowd.
- Marlon Saria, clinical nurse specialist, oncology
- Dr. John M. Robertson
- Cassandra Munro, Magnet Program practice manager
- Laura Bass, RN



THE AGENCY GOES PINK

The Agency Goes Pink was a fundraising event hosted by Kyle Richards, Mauricio Umansky and Monique Navarro. The event was held at the Kyle - AleneToo store in Beverly Hills (9647 Brighton Way), November 7, 2017. The Agency Goes Pink event was conceived by Monique Navarro (a supporter of the Institute and real estate agent at The Agency) in collaboration with Kyle - AleneToo store owner Kyle Richards and Mauricio Umansky, Kyle's husband and CEO and co-founder of The Agency. The event supported breast cancer awareness with 15% of the evening's sales benefiting the Institute.



Celebrating The Agency Goes Pink in support of breast cancer awareness.



Monique Navarro and Michael Wayne

MARTIN M. COLLINS GOLF TOURNAMENT

The 12th annual Martin M. Collins Charity Golf Tournament was held February 12 at the Rio Secco Golf Club in Las Vegas. The event, which is held in memory of Martin M. Collins, grossed more than \$45,000 and benefited the research of Timothy Wilson, MD, and the Urologic Oncology and Prostate Program at the John Wayne Cancer Institute. ■





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70	5.1%	8.56%
75	5.8%	10.04%
80	6.8%	12.12%
85	7.8%	14.53%

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*Minimum to fund gift annuity is \$25,000.

Please call Andy Trilling, Vice President of Principal Gifts at **(310) 449-5246** or email Andy.Trilling@StJohns.org for more information and a personalized illustration with no obligation.

You can also visit www.SaintJohnsFoundation.PlanMyLegacy.org as resource for your overall charitable estate planning.



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Ilene Eisenberg

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