



YES! Beat Liver Tumors
Newsletter

877-937-7478

2021 is appearing with renewed hope as the pandemic begins to dissipate. From YES to you we are wishing you and yours a very HOPEful, and Happy year!

As we move past COVID we will continue to keep you informed about a myriad of upcoming events, news, and activities on the horizon. You will find awareness, support, motivation, inspiration, and FRIENDS for the Journey as we share our knowledge and understanding of cancers of the liver and make a road often hard to travel easier to navigate.

YES welcomes you to join us in our efforts to make a difference. Your suggestions for stories, articles, and questions are greatly appreciated. If you are in need of brochures and information packets about YES, or a Survivor Bag, please let us know by email at info@beatliver Tumors.org

Remember, your donations make deLIVERing Hope possible. Please consider making a recurring monthly donation. Just \$10.00 will provide a Survivor Bag!

Resolutions for the New Year

The dawn of a New Year often propels us to make resolutions for the coming year. This calendar change provides the perfect opportunity to make a fresh beginning but for those of us living with cancer, the New Year can evoke a number of feelings ranging from the relief of seeing another year to the anxiety of establishing goals. The following tips were given to me a few years ago and have helped me to keep my resolutions simple:

Focus on an enjoyable activity, not a specific outcome.

Set goals that are comfortable and reasonable for you.

Don't overload yourself or your schedule.

Make short term goals that will lead up to those that are long range.

Tell others of your goals so that they can help with inspiration and motivation.

Keep a daily log or diary.

Practice your plan because practice makes perfect.

Make your resolution a habit and begin each morning with the same resolve.

Reward yourself when a goal is met!

HAPPY NEW YEAR!!!!

Charity Fundraiser Gala

SAY YES TO HOPE
BeatLiverTumors.org

PLITZS
New York City
FASHION WEEK

THURSDAY
FEB. 7
7pm - 11pm

W
NEW YORK

NYC Fashion Week
Charity Fundraiser Gala
Benefiting YES
BeatLiverTumors.org
Presented By

YES Exhibits at the Liver Meeting In Boston, Massachusetts



YES exhibited at The Liver Meeting®, organized by the American Association for Liver Diseases, for the third year in a row. The meeting was held November 4-8, 2012 in Boston, Massachusetts. YES once again deLIVERed Hope and information to the attendees about the support services that YES offers. 5000 “bee bands” were distributed along with 1000 information packets. YES members in attendance were Ellen LaVoun, Ronnie and Suzanne Lindley, and Tami Thennis (Hope Quote Lady).

More than 7,000 hepatologists and hepatology health professionals came to the meeting and were able to exchange the latest liver disease research, treatment outcomes, and surveillance methods with their international colleagues.

Attendees shared groundbreaking basic, translational and clinical research in diseases – including cancer - of the liver and biliary tract, and in liver transplantation. This meeting created a forum for the presentation and interchange of opinions on state-of-the-art care and management of the full spectrum of patients with liver disease. Overall goals and objectives included understanding new evidence and articulating how it might improve clinical care goals; understanding how new advances might advance and broaden research discoveries; voicing how the new knowledge impacts post-transplant.

Phase II Trial Goal to Extend Ablation to Larger Liver Tumors

Efforts to extend treatment options for patients with large liver tumors are being spear-headed by Rebecca Miksad, MD, MPH, and her colleagues. This is an important initiative, especially for patients who are on the transplant list or who are not surgical candidates. Dr. Miksad developed a randomized clinical trial to determine if the anti-angiogenic effects of the multi-kinase inhibitor sorafenib can make larger tumors susceptible to destruction by radiofrequency ablation (RFA).

“Studies have shown in humans and mice that if you can decrease the blood supply to the tumor, you can increase the size of the RFA coagulation zone, a measurement of the amount of the dead tumor,” Miksad says. This phase II randomized, double-blind, placebo-controlled trial of 20 patients is designed to test if a short course of sorafenib prior to RFA increases the size of the RFA coagulation zone for tumors sized 3.5 to 7 cm.

RFA destroys tumor tissue directly with the heat generated from radiofrequency waves passing through a probe placed within the tumor under image guidance. This minimally invasive technique boasts a published 80 percent complete response rate in tumors measuring less than 3 cm across, with 80 to 90 percent one-year survival rates for patients with small tumors. For larger tumors, RFA efficacy falls off, plummeting to less than 25 percent complete response for tumors larger than 5 cm in diameter. These efforts with the hope of increasing the size of tumors that RFA can treat, such as those investigated in this trial, may greatly improve the treatment options for patients with larger tumors.

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Sirtex to Investigate Nanoparticle Anti-Cancer Technology

Sirtex Medical has teamed up with Singaporean medical researchers to explore the potential of a technology known as Carbon Gage Nanoparticles in fighting hard-to-treat cancers.

SingHealth, a public academic healthcare cluster, will collaborate with Sirtex on research into the applications of the ANU-originating nanoparticle technology.

The first in one of several planned research programs will evaluate the technology's use in the treatment of advanced ovarian cancer that has spread within the abdominal and pelvic cavities.

Sirtex said the treatment approach also has potential applications in gastro-intestinal, hepatobiliary and other female genito-urinary cancers.

Carbon Gage Nanoparticles are capable of carrying high internal payloads of radioactive material inside an inert outer carbon shell. This gives the technology applications in carrying cancer-target agents to cancerous cells while evading detection by the immune system. The underlying technology, Technegas, was originally developed by Dr. Bill Burch at the ANU and the Royal Canberra Hospital in 1984.

Sirtex and the ANU have since 2006 been working on an injectable form of the nanoparticles capable of carrying therapeutic radioisotopes, and Sirtex has in-licensed this technology from the university.

Sirtex CEO Gilman Wong said the company chose to partner with SingHealth because the organisation “has the expertise to effectively conduct pre-clinical development and quickly translate these findings into clinical use.”

Stivarga Approved for Metastatic Colorectal Cancer

In September, Bayer HealthCare and Onyx Pharmaceuticals, Inc. announced that the U.S. FDA approved Stivarga® (regorafenib) tablets for the treatment of patients with metastatic colorectal cancer who have been previously treated with currently available therapies. The approval of Stivarga is based on results from the pivotal Phase III study (CORRECT) that demonstrated improvement in overall survival (OS) and progression-free survival (PFS) compared to placebo in patients with mCRC whose disease had progressed after approved standard therapies.

“The approval of regorafenib adds to the treatments we have for metastatic colorectal cancer, which is important for those patients who have no further options,” said Heinz-Josef Lenz, MD, FACP, CORRECT investigator and associate director for clinical research and co-leader of the Gastrointestinal Cancers Program at the USC Norris Comprehensive Cancer Center. “The drug has been shown to prolong survival and slow the progression of cancer in patients whose disease has progressed after treatment with currently available therapies. It provides patients another avenue to fight this cancer.”

Liver Seminars Series Continues!!

Since September, “The Liver Seminar” has traveled to four more states. In collaboration with YES! nurses, physicians, and hospitals have helped to continue the inspiring and educational liver seminar series being held around the country. Each informational session combines the expertise of a multidisciplinary team that discusses surveillance methods, clinical trials, chemotherapeutic and biologic (immunotherapy) options, and maintenance therapies available for cancers of the liver and how those treatments can be accentuated by surgical approaches or through liver-directed therapies such as Radio Frequency Ablation, TACE, and Radioembolization or Selective Internal Radiation Therapy. Suzanne Lindley shares her journey with cancer and the importance of self-advocacy as well as the many patient support options and resources that YES! provides. Local survivors are also invited and highlighted to discuss their treatments and experiences and the medical team interacts in an open forum of discussion.

The first of these stops was Hinsdale Hospital. With Noelle Colglazier, RN at the helm, an elite team of physicians was assembled. Dr. Donald Sweet, Medical Oncologist at Hinsdale Hospital, started the discussion on emerging biologics and chemotherapy. He shared how far these treatments have come in the past few years and how cancer metastatic to the liver is often treated as a chronic disease when it isn't down staged to No Evidence of Disease. Dr. Malcolm Bilimoria, Surgical Oncologist at Hinsdale Hospital, presented an inspiring talk about the surgical options and techniques that are available to patients and how these approaches may be augmented both by chemotherapy and liver directed therapies. Dr. Michael Sichlau closed the seminar with an inspiring lecture about interventional radiology and the various liver directed treatments, such as TACE and SIRT, which can be used in a multidisciplinary setting. Eric Biegansky, Stage IV GIST patient, discussed his treatment by this wonderful team and how all three had played an important role in his survival by combining surgery, chemotherapy, and SIR-Spheres.

Next stop for The Liver Seminar was Louisville, Kentucky at University of Louisville Hospital. Medical Oncologist, Dr. Vivek Sharma, gave an encouraging discussion about chemotherapy and biologics and the role they play in not only extending the life of a patient but also in balancing that time with quality of life. Dr. Douglas Coldwell, Interventional Radiologist, discussed interventional procedures that can augment systemic treatment including Radio Frequency Ablation, chemoembolization, and radioembolization. As one of the pioneers in radioembolization, Dr. Coldwell was able to offer valuable insight to the treatment. Both physicians answered numerous questions following the meeting.

For the second time, Carolinas Medical Center in Charlotte, North Carolina was the host of a wonderfully informative seminar. The seminar explored cutting edge treatments for cancers of the liver and gave hope to those diagnosed with liver tumors. Attendees were able to learn more about available treatment options and resources. The dream team included dialogue from Dr. Anthony Crimaldi, Radiation Oncologist; Dr. Stuart Salmon, Medical Oncologist; Dr. Paul Schmelzer, Transplant Surgeon; Dr. David Sindram, Surgical Oncologist; and Dr. Eric Wang, Interventional Radiologist. Two survivor speakers were in attendance. Melissa Hadley is a returning survivor who remains cancer free after her multidisciplinary treatment of surgery, chemotherapy, and SIR-Spheres for metastatic melanoma. Wendy Repchick, a colon cancer survivor, also shared her inspirational and incredible story of survival.

“The Liver Seminar” made a final stop of the year in Boston, Massachusetts at Beth Israel Deaconess Medical Center with a robust line-up of physicians. The meeting started with Medical Oncologist Dr. Rebecca Miksad, who spoke about the importance of a team approach and shared exciting information about her clinical trial which is extending RFA to patients with larger liver tumors. She was followed by Dr. Amy Evenson, Surgical Oncologist and Transplant Surgeon; Dr. Eric Cohen, Hepatologist; Dr. Anand Mahadevan, Radiation Oncologist; and Dr. Muneeb Ahmed, Interventional Radiologist. This multidisciplinary team of professionals shared how important it is to work as team to accentuate treatments, extend longevity, increase options, and improve quality of life. Both a neuroendocrine cancer survivor and a primary liver cancer survivor were on hand to share their inspiring stories.

Phase III EMILIA Trial Results

Baylah David

Data from the ASCO Annual Meeting held in May show primary results from the Phase III EMILIA trial demonstrate promising results in that the antibody-drug conjugate of T-DM1 was superior to the standard capecitabine-lapatinib regimen in both progression-free survival (PFS) and overall survival at 24 months.

An absolute improvement in median PFS of 3.2 months with T-DM1, and an absolute improvement in overall survival of 17.9 percent was reported by Kimberly L. Blackwell, MD, Director of the Breast Cancer Clinical Program and Professor of Medicine at Duke Cancer Institute.

She discussed that emtansine has been shown to be 25 to 500 times more potent than paclitaxel in in-vitro assays, and the combination-T-DM1-incorporates the antitumor activities of trastuzumab and the HER2-targeted delivery of DM1.

Capecitabine-lapatinib is currently the only approved combination for trastuzumab-refractory HER-2-positive metastatic breast cancer.

"T-DM1 is a brand new way of treating breast cancer, and I think it is the first of many antibody-drug conjugates to follow that will link a potent anticancer agent to a targeted delivery system of an antibody," states Dr. Blackwell.

EMILIA was conducted in 213 sites in 26 countries. Patients received T-DM1 at 3.6 mg/kg IV every three weeks, or oral capecitabine at 1000 mg/m² twice daily on days 1-14 every three weeks plus oral lapatinib at 1,250 mg daily. Either regimen was continued until progressive disease or unmanageable toxicity.

All patients with metastatic disease had received a prior taxane and trastuzumab.

A total of 991 patients were enrolled and 978 received treatment. The median duration of follow-up was 12.9 months for patients receiving T-DM1 and 12.4 months for capecitabine-lapatinib.

The overall survival rate was 47.5 percent at 24 months for patients receiving capecitabine-lapatinib versus 65.4 percent for those receiving T-DM1, a 17.9% absolute difference.

Median progression-free survival was 6.4 months for capecitabine-lapatinib with 304 death events, vs. 9.6 months and 265 events for T-DM1, an absolute improvement in median PFS of 3.2 months. Median overall survival at interim analysis was 23.3 months for capecitabine-lapatinib with 129 events. Median survival has not yet been reached though there were 94 events with T-DM1.

Dr. Blackwell is optimistic saying, "T-DM1 is a brand new way of treating breast cancer, and I think that it is the first of many antibody-drug conjugates to follow what will link a potent anticancer agent to a targeted delivery system of an antibody."

"Opportunities are usually disguised as hard work, so most people don't recognize them."~

Ann Landers

Keep On Keepin' On Corner

By Tami Thennis

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."

~ LEO BUSCAGLIA

"Sometimes our light goes out but is blown into flame by another human being. Each of us owes deepest thanks to those who have rekindled this light."

~ Albert Schweitzer

"If you don't design your own life plan, chances are you'll fall into someone else's plan. And guess what they have planned for you? Not much."

~Jim Rohn

"Free will is the ability to choose to do gladly that which I must do."

~Carl Jung (from Baylah David)

"Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned."

~Buddha

"Lessons often come dressed up as detours and roadblocks."

~Oprah

"You're not going to make me have a bad day. If there's oxygen on earth and I'm breathing, it's going to be a good day. It's all in the attitude"

~Unknown

"There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something tomorrow."

~ Orison Swett Marden

Hope never spreads her wings but on unfathomable seas.

~Ralph Waldo Emerson

Trial Continued from Page 2

In larger tumors, blood flow dissipates the heat generated by the radiofrequency probe, limiting the size and uniformity of the coagulation zone. Computer models suggest that blocking tumor blood flow can increase the coagulation zone up to 6.4 cm. Other groups have confirmed the concept in humans.

Although improved RFA efficacy can be obtained by stopping blood flow during surgery (with balloons or with chemoembolization), these procedures are relatively more invasive and add risks, said co-principal investigator Salomao Faintuch, MD (BIDMC), an interventional radiologist at BIDMC who performs the 12-minute ablation procedure in the study.

The trial builds on published pre-clinical work by Miksad's colleagues at BIDMC to harness the antiangiogenic properties of anti-cancer therapies to limit tumor blood flow and, by doing so, increase RFA efficacy. A team led by Nahum Goldberg, MD (BIDMC), found that sorafenib increased the zone of RF heating and tumor destruction in mice transplanted with human renal cell carcinoma.

For a secondary objective, Miksad is evaluating a novel magnetic resonance imaging (MRI) technique to assess changes in blood flow in the liver tumor.

Donate \$20 or more and receive a beautiful hand painted "Angel of HOPE" pendant inspired by colon cancer survivor,
Jean Di Carlo-Wagner



Sirtex Unveils New Website to Learn More About SIR-Spheres Microspheres

Sirtex Medical unveiled a new, comprehensive and easy-to-use global website (www.sirtex.com) for doctors, nurses, patients and investors interested in learning more about SIR-Spheres microspheres, a form of radiotherapy targeting liver tumors that is gaining increasingly wide acceptance worldwide.

"We faced some interesting challenges to make this website genuinely helpful to the wide range of people who might visit it," said Gilman Wong, Chief Executive Officer of Sirtex Medical Limited.

"For example, administering SIR-Spheres microspheres to patients requires the skills of a team of doctors and nurses from medical oncology, hepatology, gastroenterology, liver surgery, interventional radiology, nuclear medicine and radiation oncology. Each discipline is critical to meeting the needs of a patient with liver tumors, but all have different perspectives and informational needs relative to SIR-Spheres microspheres," he explained.

"The same holds true of patients. A patient with primary liver cancer, or hepatocellular carcinoma (HCC), has a disease that is quite different from a patient with metastatic colorectal cancer (mCRC), who may have already undergone extensive surgical, radiation and chemotherapy treatments before considering SIR-Spheres microspheres," Mr. Wong stated.

The new web-site has specialized content for all these diverse audiences, as well as for patient groups, through to those interested in investing in this rapidly emerging technology. Content is also regionalized for Europe, Asia-Pacific, Australia and the Americas.

"In addition to making our website useful to a cross-section of people that is quite extensive for a therapy that is itself highly specific, our other big challenge was to stay current with a rapidly growing research data base, including a number of new studies that may lead to the use of SIR-Spheres microspheres earlier and in a larger population of patients with liver cancers," Mr. Wong added.

Celebrity PSA for YES

During Debbie Durkin's ECO Emmy celebrity gifting suite, YES was given the opportunity to film a celebrity PSA. We were fortunate to be gifted the time and talent of famed director, John Orland. He pulled together an incredible team of film elites including Howard Wexler, Director of Photography and Andy Theiss, Sound Technician. For two days they worked tirelessly with celebrities to create video clips that now bring awareness of the information and support that YES provides. Next, the very talented Marcia Orland, Afterglow Media, pulled these segments together to develop our emotional, informative, and powerful celebrity public service announcement.



NEWS TO USE



Toll Free SURVIVOR Line:

Our toll free Survivor Line provides an outlet for patients and concerned others. It is a place to access resources, advocacy, and support regarding treatment options for cancers of the liver. You can also receive information on how to become a part of our survivor support program, "FRIENDS for the Journey."

Call 1-877-937-7478



Survivor Support Program:

We offer a unique survivor mentoring program called "FRIENDS for the Journey" that matches survivors, caregivers, family and friends who are going through a similar experience. Comparing options is a vital way to maintain a positive outlook. FRIENDS can communicate via phone, email, snail mail, or in person.



YES! You Can Too

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