



THE STORIES BEHIND THE SCIENCE

A REPORT FROM THE
ABRAMSON CANCER CENTER





A WORLD BEYOND CANCER

MESSAGE FROM THE DIRECTOR

We are excited to share the latest progress report of the Abramson Cancer Center. This report highlights just a few of the many recent accomplishments of the past two years. We have much to be proud of, and still far to go. Solving cancer requires a united effort. We invite you to review this report and join us in our quest to eradicate cancer.

The Abramson Cancer Center is driven by and for people – people who study, treat, and support those affected by, and are personally touched by, cancer. This report is not just a story of research progress; it is a story of the people behind the research.

Teamwork is a theme that resonates throughout this report and in everything we do. It is evident in how Penn researchers are tackling two common, challenging cancers – lung and pancreas. It is reflected in the discovery of new immunotherapies, and captured in the way in which population sciences researchers generate, share, and implement strategies to decrease cancer risk. Teamwork is a critical ingredient in translational research, a signature trait of the Abramson Cancer Center. It also forms the basis for our success in understanding and treating children's cancers.

This report also features a section on women in medicine. Penn Medicine recently received national recognition from *Forbes Magazine* as the second best employer for women. While we celebrate this honor, we recognize that there is work to be done. Conversations with just a few of the many exceptional female physicians and scientists at Penn offer insight into how far we have come and where we want to go.

We are fortunate to have trusted philanthropic partners who provide resources that enable us to aim high – to do the kind of work that transformed CAR T research from a vision to an FDA-approved treatment, extending and improving lives for so many. Some of our most innovative research relies on the generous support of friends who are bold enough to think big and invest in the future, such as the FairHarbor group described in this report.

We are grateful to the researchers and staff who have participated in this report, and even more so to the patients and donors who have shared their stories. Without their trust in our purpose, and commitment to our vision of a world beyond cancer, we would not accomplish as much.

Sincerely,

Robert H. Vonderheide, MD, DPhil
John H. Glick Abramson Cancer Center Professor
Director, Abramson Cancer Center



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ENSURING QUALITY CARE

VOLUME STATISTICS

Patients looking for excellence in cancer care choose Penn's Abramson Cancer Center. Our physicians treat more cancer patients than any other cancer center in the region. Our patients come from Philadelphia, New Jersey, Delaware, and beyond to benefit from Penn's expertise in cancer surgery, immunotherapy, targeted therapy, chemotherapy, and radiation therapy; personalized approach to recovery; and caring environment. The wide breadth of clinical trials ensures that our patients have access to the latest and best treatments available.

	2018
Inpatient Discharges	10,230
Outpatient Visits	305,248
Chemotherapy Treatments	81,471
Conventional Radiation Therapy Treatments	60,110
Proton Therapy Treatments	17,951
Patients Enrolled in Clinical Trials	9,069

SOURCES OF FUNDING

Federal funding enables us to quickly translate new research discoveries into treatments and provide personalized, compassionate care. But challenges exist as federal dollars shrink and insurance reimbursement rates drop or won't cover novel therapies.

Private philanthropic support allows us to continue to lead the way with dramatic new treatments, breakthroughs in the laboratory, and essential supportive programs for our patients and their families.

	2018
Research & Training (Federal)	\$168,273,985
Research & Training (Non-Federal)	\$17,726,688
Research & Training (Industry/Other)	\$68,618,894
Core Grant from the NCI	\$7,716,753
Commonwealth of Pennsylvania	\$1,488,480
Abramson Family Cancer Research Institute	\$2,045,774
Private Philanthropy	\$39,337,086
TOTAL	\$305,207,660

“THE UNIVERSITY OF PENNSYLVANIA IS A HUGE PLACE BUT IT FEELS LIKE A SMALL TOWN. HAVING ALL OF PENN'S SCHOOLS AND CENTERS ON ONE CAMPUS, ALL WITHIN WALKING DISTANCE, HAS INCUBATED A CULTURE WHERE COLLABORATION IS EASY, EXPECTED, AND ENCOURAGED.”

Katherine L. Nathanson, MD
Pearl Bassar Professor For BRCA-Related Research
Deputy Director, Abramson Cancer Center



WOMEN IN ONCOLOGY

A ROUNDTABLE DISCUSSION

In 2018, *Forbes Magazine* declared Penn Medicine the second best large employer for women in the country. This honor came amid a provocative national conversation on women in the workplace, and the challenges they face. These events inspired us to bring together three Abramson Cancer Center physicians to discuss their careers, and the rewards and challenges they have presented.

The conversation was led by Lynn M. Schuchter, MD, C. Willard Robinson Professor and Chief of the Division of Hematology Oncology. She spoke with Julia C. Tchou, MD, PhD, Professor of Clinical Surgery, and Neha Vapiwala, MD, Associate Professor of Radiation Oncology.

L Neha, Julia, it's wonderful to sit with you today. It's rare that we can sit and talk and reflect. I'd like to talk about your experience as women physicians, not just at Penn but how you've experienced your careers. You've accomplished so much. Neha, why did you become a physician and why radiation oncology?

N I immigrated to this country when I was five. My parents encouraged me to take full advantage of this opportunity. I always enjoyed science and math, and helping people. Medicine had all of that. I'd never heard of radiation oncology but I always gravitated towards cancer patients during my medical school rotations. The path of radiation oncology first became apparent when I took the clinical elective. It opened up my world – that there were options within oncology.

L Julia, tell us why you became a physician and why surgery. Even today, women in surgery are the minority.

J I wanted to be a physician since I was seven. After watching my grandmother die of lung cancer, I decided that treatment for cancer should be better, and no one should have to suffer from cancer. I was only seven but I knew that I wanted to be a medical oncologist.

L It's not too late. We would still have you in our field. [Laughter] But we need you in surgery.

J I entered a medical science training program (MSTP) because I wanted to develop better cancer drugs. My PhD research involved pharmacological work on DNA repair. I was dead set on medical oncology until I tried surgery. I loved it. Yet, I second-guessed myself because I didn't think I'd be able to do both research and surgery. My MSTP director said I could not do it. He said that I should not choose surgery.

L I want to be clear. It was "he said, don't do"?





I'M STILL THE PERSON WHOSE JOB IT IS TO HEAL

J Yes, correct, but I stayed with it because my gut told me I could do it. I knew it would be hard, and it was. I trained at a time when attending physicians talked to the male residents like they were their buddies and invited them to ball games and golf. Women residents weren't part of the conversation and were excluded.

L How many women residents were there in surgery?

J In my class there were two, which was good at the time. Despite this, I almost switched to radiation oncology in my second year.

L Was it the career of surgery that was dissuading you or was there something about the culture affecting your decision?

J I think both. The culture did not offer the mentorship to let me know I could do both surgery and research. I talked to several people during the decision-making process. Don Coffey told me to do breast surgery and breast cancer research. I listened to him, and I never looked back.

L Don Coffey helped so many people. He was a great mentor. Neha, did anyone discourage you from going into medicine or radiation oncology?

N My parents are not doctors, and they didn't exactly discourage me, but were concerned that I was choosing a long road. They assumed that I would want to have a family and suggested that I think long and hard about whether this would be the best career choice. The conversation just made me more committed. It helped me understand that I was choosing a path for life. Since then, I've had patients refer to me as the nurse or support staff but I never felt that I needed to apologize for anything.

L How do you handle it when people assume that you are not a doctor?

N I usually handle it with humor because the patient is in a position of vulnerability. No matter what the patient says, I'm still the person whose job it is to heal. Sometimes, I give a very direct response such as, "Sir, as I mentioned yesterday, I am your physician."

L Julia, have you experienced this?

J Oh, yes. Being smaller in stature and Asian always puts me at a disadvantage when I'm standing next to a tall white male medical student.

L It's happened to me too. I tell medical students and fellows to wear their white coats so people know they are doctors. You will never see me in clinic without my coat. Patients now sometimes mistake my [female] nurse practitioner for a doctor. This is progress.

WHAT I DO EVERY DAY IS SO MEANINGFUL BECAUSE I CAN HELP WOMEN

N Yes, I think the white coat inspires confidence on the part of patients that the individual taking care of them is competent to do so, despite whatever biases they may have.

L What's the most rewarding aspect of practicing medicine? What are you most proud of?

J I feel like what I do every day is so meaningful because I can help women individually and advance breast cancer research at a larger level. It's a privilege to be able to do this.

N I agree. It's such a privilege to be able to do what you love, to have an impact as Julia describes, and to impart that to trainees. Some of my proudest moments are when I see my medical residents follow in some way the steps I've helped pave for them.

L Penn Medicine is an incredible place for women. Yet, I still occasionally see and hear challenging situations or inappropriate comments. Julia, what obstacles have you faced and is it still happening today?

J Women have to make so many sacrifices at home and at work compared to our male counterparts. I feel like I have to work so much harder than my male colleagues. There's a subconscious bias in everyone including myself. I don't know how to get around it except to mentor the younger generation and to set examples for them. We need to encourage them in a way that is not gender based.

N As an example, I took 12 weeks off when I had my first child. When I told people I planned to do this, they acted as if it was extreme. I had a stressful maternity leave because I kept questioning whether I had closed a door on my career that would never open again. I was on the computer nearly every day working, yet I still worried that I would be written off. I got through it because I knew that I wasn't going away or compromising my career. And, at a very difficult time, a male mentor reassured me that I would be fine. He told me to enjoy my family. It really helped. This experience has stuck with me. I don't know any male colleague who has gone through this.

L I've been the chief of hematology/oncology for 14 years. I've only recently seen how a woman leader has the potential to influence the culture. For example, it is the expectation that women in the Hem Onc Division take three months of maternity leave. Yet, the last few times a woman has come to tell me she's pregnant, she's walked into my office as if she is delivering terrible news. I've thought there was a medical crisis or a death in the family. This is joyous news but they focus on the inconvenience and coverage. I have to reassure them that we've got this. For the first time, a male physician in Hem Onc took a three-month paternity leave. I'm hopeful that this will provide some balance and help change the culture.



MENTORS PAY IT FORWARD

N Your being in this position speaks volumes. I was extra productive on maternity leave because I felt the need to prove that I was committed. We often overcompensate. People still talk about the “mommy track.”

L I was 42 when my boys were born and my career was already established. I delayed starting a family, which was not ideal. The best time to get pregnant often coincides with the time when we need to be very productive from an academic perspective.

On a different topic, we’ve heard a lot about sexual harassment in the workplace this year, and no work environment is immune. In my career, I’ve experienced it and addressed it. As we know, it still happens today. It’s important to be willing to have those conversations. Julia, have you seen or experienced sexual harassment?

J I haven’t experienced it directly but the operating room is an intimate environment. There’s a lot being said, some appropriate and some not so appropriate. As a resident, I felt pressure to think of a joke with sexual innuendo to amuse one of the attending physicians so he would be in a good mood.

L What would you tell young women who are considering a career in medicine or already in medical school?

N This generation is not ashamed to state their needs. They speak up about their limits and work/life balance. It’s our job to let female trainees know that they can have it all. It’s not easy. They will have to prioritize and decide when to have children. It helps to find mentors who have done it. We should encourage them to get advice from different mentors. It also really helps to have a supportive life partner. My husband is 110% helpful at home. It takes a village; I want the male students to hear this message as well.

L Would you recommend that young women go into medicine?

J Yes, women bring many strengths to medicine. They may be more detail oriented, and bring a different quality to treating patients and the healing process.

L It’s the most, most wonderful career. You hear people discouraging their children from going into medicine due to the changes in health care or the hours. But I still love doing this and can’t think of a more rewarding career. You make sacrifices at home but our children are very proud of us.

J I agree. [Smiles] I will never retire.

L I treat melanoma so more than 60 percent of my patients are older men. I’ve been impressed by their acceptance of a female physician. There’s no issue. Research suggests that some patients even prefer women physicians because we listen well and interrupt less.

N When I first started in prostate cancer, people questioned whether patients would open up to me. Male mentors in urology and oncology supported me, especially early on. They let patients know that it was okay to see me. Now that I’ve built my career, I don’t need this as much, but I still don’t take it for granted. I’m always appreciative that my male patients feel comfortable with me.

L A final question, as a medical community, what can we do to support women in medicine?

J Mentorship is key – having mentors set concrete milestones and be more transparent about how to succeed. Many mentors are mentors in name but they don’t spend a lot of time or energy to concretely mentor younger physicians.

N Some of the work-life balance steps being taken by the Abramson Cancer Center and Penn Medicine (like opening a daycare) speak volumes. They send a positive message.

L So much in medicine depends on who you know. Male and female leaders need to be proactive in thinking about opportunities for women. Women are often offered tasks or leadership roles that come without funding. Women don’t always negotiate as well or initiate conversations about money. We, as leaders, have to have this at the front of our minds. We also have to create an environment in which it’s acceptable to go to our child’s soccer game or take care of a family situation. When I do these things, I let people know that I’m doing them so I’m modeling that it’s okay to do that.

N In GU radiation oncology, there are a lot of male giants in the field. I always felt that I lacked opportunities in the professional community. Lynn, when you were chair of the Scientific Program Committee at ASCO, you appointed me to the GU group. I never would have gotten this opportunity otherwise. It opened the door to so many things. Many of us need a chance to show that we can do meaningful committee work. I’ll never forget that you did that for me. You weren’t even my formal mentor.

L You both are incredibly successful. Your respective fields are lucky to have you. I know that you mentor both men and women beautifully. We’ll keep paying it forward.





WOMEN BRING A DIFFERENT QUALITY TO TREATING PATIENTS AND THE HEALING PROCESS



INTERVIEW WITH A

BREAST SURGEON

DAHLIA M. SATALOFF, MD, FACS

Professor of Clinical Surgery and Chair of Surgery, Pennsylvania Hospital

WHY DID YOU DECIDE TO BECOME A PHYSICIAN, AND HOW DID YOU CHOOSE SURGERY?

I wanted to work in science and have an impact on people. Medicine offers both. Surgery fits with the way I approach things. I am very goal-oriented, and I like to fix things. Being able to work with my hands was important to me. I am an accomplished pianist so it felt natural to do procedures. Surgery is technically very gratifying.

At the time, it was very rare for women to go into a surgical field. Only about 2 percent of surgical residents were women. I started out practicing in general surgery but since patients were looking for female breast surgeons, that part of my practice grew, and ultimately became my focus.

WHO ENCOURAGED YOU TO PURSUE A CAREER IN MEDICINE?

My father was very encouraging. He wanted me to do something interesting with my life and be able to support myself, which was unusual for his generation.

DID ANYONE DISCOURAGE YOU, AND IF SO, HOW DID YOU HANDLE IT?

I experienced some pushback in the early years from surgeons who felt that women didn't belong in medicine, let alone surgery. Rather than get discouraged, I worked even harder and did a good job. In my career, I have been selective in the issues I've taken on. I try to focus on what's really important, where I can have an impact.

HOW DOES IT FEEL TO HOLD THIS LEADERSHIP POSITION AT PENNSYLVANIA HOSPITAL?

There are not many chairs of surgery who are women. I am the first woman to hold the position at Pennsylvania Hospital. It's important for younger women to see women in leadership roles. This is part of why I considered the position.

OF WHAT ACCOMPLISHMENT ARE YOU MOST PROUD?

I'm very proud of my children. They are great kids. One of them is in medical school, and the other works as a senior business analyst for a medical center.

WHAT, IF ANY, CHALLENGES HAVE YOU FACED IN YOUR CAREER?

A surgical career is very demanding. When I trained, it was the norm to work more than 100 hours/week or be up for several days in a row. Being a woman in the surgical field was challenging at times as well, but I choose to focus on the positive. I always see the glass as half full.

WHAT HAS BEEN THE MOST REWARDING ASPECT OF PRACTICING MEDICINE?

Taking care of my patients has been a great source of satisfaction for me. I feel like I make a difference in people's lives.

WHAT HAS CHANGED SINCE YOU STARTED PRACTICING MEDICINE?

It's very exciting to see all the changes in cancer management. When I compare what we were doing at the beginning of my career to what we are doing now, it's a sea change of difference. We're much better at curing patients and giving them better quality of life. Our best results five years ago are our worst results now.

WHAT DO YOU ENJOY ABOUT YOUR JOB?

I enjoy coming to work. I enjoy the patients and the professional relationships with other doctors. Breast oncology allows me to work collaboratively with physicians and professionals in a variety of different fields. I am constantly learning from my colleagues.

It's always been important to me to learn and grow. I don't want to do exactly what I did five years ago. I want to be on the cutting edge. In order to do that, I need to work with people who know more about their fields than I do. It's one of the special things about Pennsylvania Hospital. We have a rich professional environment.

WHAT DO YOU TELL YOUNG WOMEN WHO ARE CONSIDERING MEDICAL SCHOOL, OR ALREADY THERE?

It is a wonderful career. You feel like your work is valuable, like you've done something meaningful. I tell young people to think about what they can do, their passion, and how they will support themselves.

Medicine is demanding. You have to be willing to work hard. Women especially need to think through how it will fit into their lives. They may want to start a family at the same time that they are ramping up their careers. It is all doable.

HOW WOULD YOU LIKE TO SEE THE MEDICAL COMMUNITY BETTER SUPPORT WOMEN IN MEDICINE?

We need to do more to promote women in leadership roles. Many women start off well then don't get as far at the academic level or in leadership positions. There are multiple reasons for this. Women advocate for themselves differently, or may not consider opportunities. There are still gender equity issues in compensation that need to be addressed – equal pay for equal work.

PENN MEDICINE WAS RECENTLY RECOGNIZED BY FORBES MAGAZINE AS THE SECOND BEST EMPLOYER FOR WOMEN. WHAT IS SPECIAL ABOUT PENN AND PENNSYLVANIA HOSPITAL?

Penn Medicine is a wonderful place to work. Penn is a great employer. I love being able to teach and mentor staff and fellows. This is why I'm at a teaching hospital. I'm not a researcher but, if I were, there are so many resources here. There are tremendous opportunities to be collaborative and innovative at Penn.

WHAT DO YOU DO WHEN YOU'RE NOT WORKING?

Music is my major interest outside of medicine. I am an accomplished pianist, and my husband is a singer (and a doctor). We've collaborated on musical endeavors and performed together. I've also done concerts on my own. I also like to run and stay fit.

YOU HAVE
TO BE
WILLING
TO WORK
HARD

“ IT'S A WONDERFUL THING TO BE ABLE TO LOOK BACK ON YOUR LIFE AND FEEL LIKE YOU MADE A DIFFERENCE FOR PEOPLE. EVERY ONCE IN A WHILE, I FEEL LIKE I SAVED SOMEONE'S LIFE. EVERY ONCE IN A WHILE, I FEEL LIKE I DID SOMETHING DIFFERENT THAN SOMEONE ELSE WOULD HAVE DONE. IT MAKES ME FEEL LIKE ALL THE TRAINING AND ALL THE HARD WORK WERE WORTHWHILE. ”

Dahlia M. Sataloff, MD, FACS
Professor of Clinical Surgery





HOPE, FAITH, AND SECOND CHANCES

BARBARA BEAUDRY'S STORY

When Barbara and John Beaudry married in 1971, they envisioned a simple life. John built their first house, a cabin in the woods, placing every single nail. Barbara raised their children and was active in their church. She was always game to challenge herself and take on more – going back to school to finish her bachelor's degree after their children had grown. Never did they expect to be a part of history-making new cancer therapy.

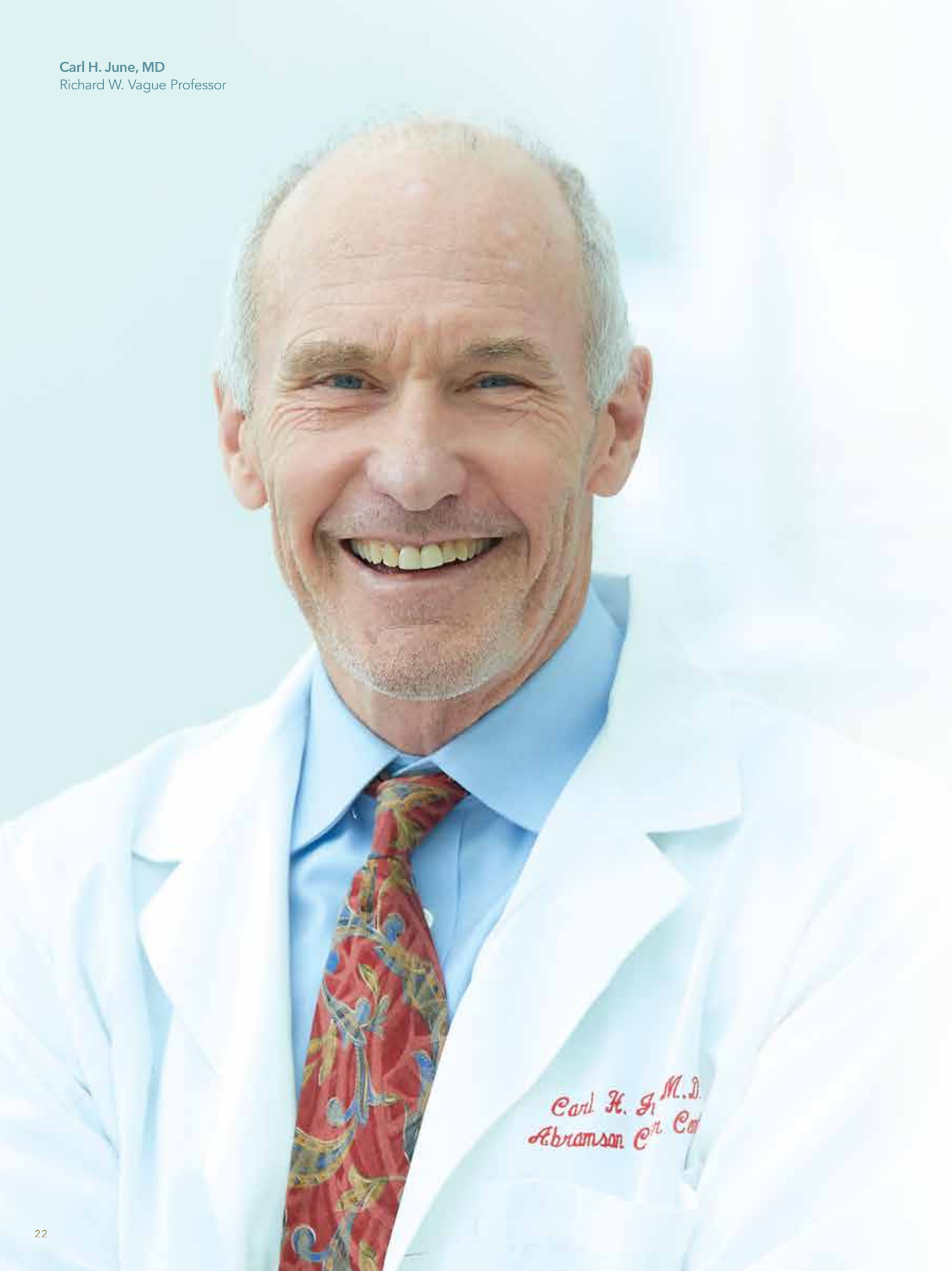
Barbara's cancer journey began in 2006 when routine blood work revealed an abnormality. The next year she was diagnosed with indolent, non-aggressive non-Hodgkin lymphoma, kicking off a three-year period of watchful waiting with regular blood work, doctor visits, and scans.

Over the next 10 years, as her cancer progressed, Barbara underwent four different drug therapies, speech therapy, and countless hospitalizations for everything from shingles to pneumonia to surgery for a fractured hip. She saw her children married and her grandchildren born, and experienced her "worst/best day" when her daughter got engaged at her hospital bedside. As time went on, Barbara continued to relapse and was beginning to run out of options.

In 2013, she came to the Abramson Cancer Center where she began seeing Jakub Svoboda, MD, Assistant Professor. In 2015, Dr. Svoboda enrolled her in a clinical trial of the CAR T-cell therapy Kymriah®. One month after re-infusion, Barbara was cancer free. She "graduated" from the trial in 2017, and now needs only a monthly booster.

After decades of taking care of others, Barbara turned to Penn's Abramson Cancer Center to take care of her. Her coordinated care teams worked together to get her strong enough to be home to help prepare for and attend her daughter's wedding.

A woman of deep and unwavering faith who believes nothing is random, Barbara has had to reconcile her own survivor's guilt for being put on a path that led her to this CAR trial while others were not. "I feel better and better, the ongoing improvement in my health is definitely noticeable. I'm so grateful to have been given this opportunity for a second chance, and even more so to be part of something that can help others through their journeys in the future."



A REMARKABLE THING HAPPENED HERE

August 30, 2017 was a momentous day for cancer immunotherapy researchers at Penn and around the world. In a historic decision, the Food and Drug Administration (FDA) approved the first cellular therapy for cancer: tisagenlecleucel (Kymriah®) for pediatric acute lymphoblastic leukemia (ALL).

Within eight months, FDA approval was expanded to include adult diffuse large B-cell non-Hodgkin lymphoma (NHL). Stephen J. Schuster, MD, Robert and Margarita Louis-Dreyfus Professor, led two key studies in NHL. One included 27 sites in 10 countries across North America, Europe, Australia, and Asia.

Kymriah® works by reengineering a person's own T cells to fight cancer. It's unique in that it is a living drug. Years beyond treatment, patients retain powerful T cells in their bodies. The drug was developed at Penn by Carl H. June, MD, Richard W. Vague Professor, in collaboration with Novartis Pharmaceuticals.

Pediatric researcher Stephan A. Grupp, MD, PhD, Novotny Professor of Pediatrics, provided critical testimony to the FDA on behalf of CAR T. He has worked closely with Drs. Carl June; Bruce Levine, Barbara and Edward Netter Professor in Cancer Gene Therapy; and David Porter, Jodi Fisher Horowitz Professor, to make T-cell therapy a reality since first meeting Dr. June in 2000. Dr. Grupp led the first global registration trial for CAR T-cell therapy, which in turn led to FDA approval. He also oversaw the treatment of the first child treated with CAR T-cell therapy, Emily Whitehead. Now more than 7 years cancer-free, Emily, is a typical 13-year-old who loves animals, school, spending time with friends, and late night slumber parties.

“READING THE WORDS IN
THE FDA PRESS RELEASE, WHERE
THEY CALLED IT HISTORIC,
WHERE THEY CALLED IT THE FIRST
FDA GENE THERAPY APPROVAL,
YOU REALIZE THAT WHAT YOU
WERE THINKING, WHAT YOU
WERE HOPING, WHAT YOU WERE
WORKING ON, THAT OTHERS,
ESPECIALLY THE FDA, VIEWED IT
THAT WAY, WAS AMAZING.”

Bruce L. Levine, PhD
Barbara and Edward Netter Professor in
Cancer Gene Therapy

FDA APPROVED

- ▶ Kymriah® for Acute Lymphoblastic Leukemia
AUGUST 30, 2017
- ▶ Kymriah® for Non-Hodgkin Lymphoma
MAY 1, 2018

ONGOING RESEARCH

- ▶ Acute Myeloid Leukemia
- ▶ Autoimmune Disease
- ▶ Chronic Lymphocytic Leukemia
- ▶ Diabetes
- ▶ Heart Disease
- ▶ HIV
- ▶ Hemophilia
- ▶ Multiple Myeloma
- ▶ Neurodegenerative Disease
- ▶ Solid Tumor Cancers
 - Brain
 - Breast
 - Lung
 - Medullary Thyroid
 - Melanoma
 - Ovarian
 - Pancreas
 - Prostate





TURNING CANCER FEARS INTO CANCER FIERCE

“WE OFTEN STRUGGLE TO GET DRUG COMPANIES INTERESTED IN STUDYING NEW MEDICINES IN RARE PEDIATRIC DISEASES. TO HAVE THEM COMMIT TO DOING THIS FIRST IN PEDIATRICS AND TO SEE MORE BROADLY THE IMPACT THIS HAS HAD ON THE FIELD IS AMAZING.”

Shannon L. Maude, MD, PhD
Assistant Professor of Pediatrics

The FDA maintains a rigorous review process for all drug approvals. The process is more so for a completely new kind of drug. Dr. Grupp recalls the pressure, “This testimony defined a new field of medicine. There were many issues that had to be settled because it was a new kind of product. We had to answer the questions in a way that would be useful in the future and help get this therapy to more patients.”

Dr. Grupp leads the cancer immunotherapy program at Children’s Hospital of Philadelphia (CHOP). CHOP has treated over 325 children with CAR T since 2012, more cell therapy patients than any other institution.

Moving forward, Penn and CHOP plan to capitalize on the connection between today’s cellular therapies and bone marrow transplant (BMT). Both institutions have established cell therapy and transplantation programs under the direction of Drs. Porter (Penn) and Grupp (CHOP). Penn’s program creates an umbrella, linking the existing BMT and cellular therapy groups. “There is a lot of synergy in combining these disciplines. We can take advantage of the expertise gained over the years in BMT, cell collection, cell manipulation, and clinical care and combine it with expertise in pioneering cell therapies,” says Dr. Porter.

ON A COURSE TO CURE

ACCELERATING THE IMMUNOREVOLUTION

"We know that the platform is effective. The question is how can we make it work better." Penn's Saar I. Gill, MD, PhD, Assistant Professor, discusses the future of CAR T-cell therapy research. Dr. Gill is one of many scientists spurring the ImmunoRevolution at Penn's Abramson Cancer Center.

The 2017 landmark FDA approval of T-cell therapy drugs to treat specific kinds of leukemia and lymphoma opened the door to new avenues of cancer immunotherapy research.

Dr. Gill describes the rationale behind one of his studies that combines a targeted therapy with T-cell therapy in people with chronic lymphocytic leukemia. "If you can decrease the disease burden, you can come in with CAR T cells at a time when the patient is feeling well, has less disease, and therefore is likely to respond better and have fewer side effects."

Dr. Gill was drawn to immunotherapy early in his training. "At every step of the way, I was very interested in how we could recruit the power of the immune system to do more than it is doing now."

Immunotherapy extends beyond T-cell therapies to include vaccines, checkpoint inhibitors, and monoclonal antibodies. The field is wide open for young researchers and students, many of whom gravitate to Penn because of the accomplishments of Carl H. June, MD, Richard W. Vague Professor, who developed CAR T-cell therapy, and others.

NEW PARTNERS

The National Cancer Institute recently awarded Drs. June, Gill, and colleagues a prestigious multi-investigator program project grant to continue studies of T-cell therapy. Penn also benefits from many generous donors and partnerships with other institutions through efforts such as Stand Up to Cancer. Penn was one of six founding members of the Parker Institute for Cancer Immunotherapy, a national network of leaders in cancer immunotherapy research.

Dr. June notes the advantages of working with other institutions. "We can be much more nimble with novel cancer therapies and especially immunotherapies. It allows us to leverage the individual expertise of other cancer centers. Patients benefit because trials get opened more rapidly. Instead of competing science, it's collaborative science."



Stephen J. Schuster, MD
Robert and Margarita Louis-Dreyfus Professor



COLLABORATIVE
SCIENCE
LEADS TO
CANCER CURES



SOME OF THE APPROACHES UNDER STUDY INCLUDE:

► COMBINATION THERAPIES

Scientists study new ways to combine immunotherapy with targeted therapy, chemotherapy, other forms of immunotherapy, and even radiation therapy. For example, the RadVax team, led by Robert H. Vonderheide, MD, DPhil, John H. Glick Abramson Cancer Center Professor, and radiation oncologist Andy J. Minn, MD, PhD, Associate Professor, is exploring the use of immunotherapy to improve response to radiation. This study builds on research started in melanoma in 2015 and involves Amit Maity, MD, PhD, Morton M. Kligerman Professor, and E. John Wherry, PhD, Richard and Barbara Schiffrin President's Distinguished Professor. They recently received a large program project grant from the National Cancer Institute to support this work, which includes clinical trials in multiple tumor types and translational studies.

► GENE EDITING

A new trial tests the use of CRISPR gene editing technology and T-cell therapy to treat multiple myeloma, sarcoma, and melanoma. Penn leads this first Parker-funded clinical trial. Edward A. Stadtmauer, MD, Roseman, Tarte, Harrow, and Shaffer Families' President's Distinguished Professor, directs the effort – in collaboration with Kristy M. Weber, MD, Abramson Family Professor in Sarcoma Care Excellence; Lynn L. Schuchter, MD, C. Willard Robinson Professor of Hematology-Oncology; and a host of early-career cancer researchers focused on understanding and leveraging CRISPR technology.

Another line of research, led by Dr. Gill, uses CRISPR to modify normal cells to treat acute myeloid leukemia (AML). Explains Dr. Gill, "You can do one of two things. You can make cancer cells express a target normal cells do not, or you can take away the shared target from normal cells and only leave it on the cancer cells. We've developed a technology to do the latter in AML." His colleague, Marco Ruella, MD, Assistant Professor, screens drugs and gene knockouts using a CRISPR approach to discover new ways to enhance CAR T-cell attack of cancer.

► FURTHER CAR T-CELL THERAPY RESEARCH

Continuing research by Dr. June's lab and others focuses on improving CAR technology and combining it with other forms of treatment. Studies address:

- Understanding why T-cell therapies do not work for some patients;
- Combining T-cell therapies in dual-CAR trials, like one Dr. Stadtmauer is conducting for patients with multiple myeloma; and,
- Moving beyond CD19 (the Kymriah® target) to find new CAR targets, such as CD22, which is found in 90 percent of acute lymphocytic leukemia cells, and is the focus of study of Noelle V. Frey, MD, MSCE, Assistant Professor, and pediatric researchers Stephan A. Grupp, MD, PhD, Novotny Professor of Pediatrics, and Shannon L. Maude, MD, Assistant Professor.

More information on how immunotherapy is being used to fight lung and pancreatic cancers can be found on page 36.

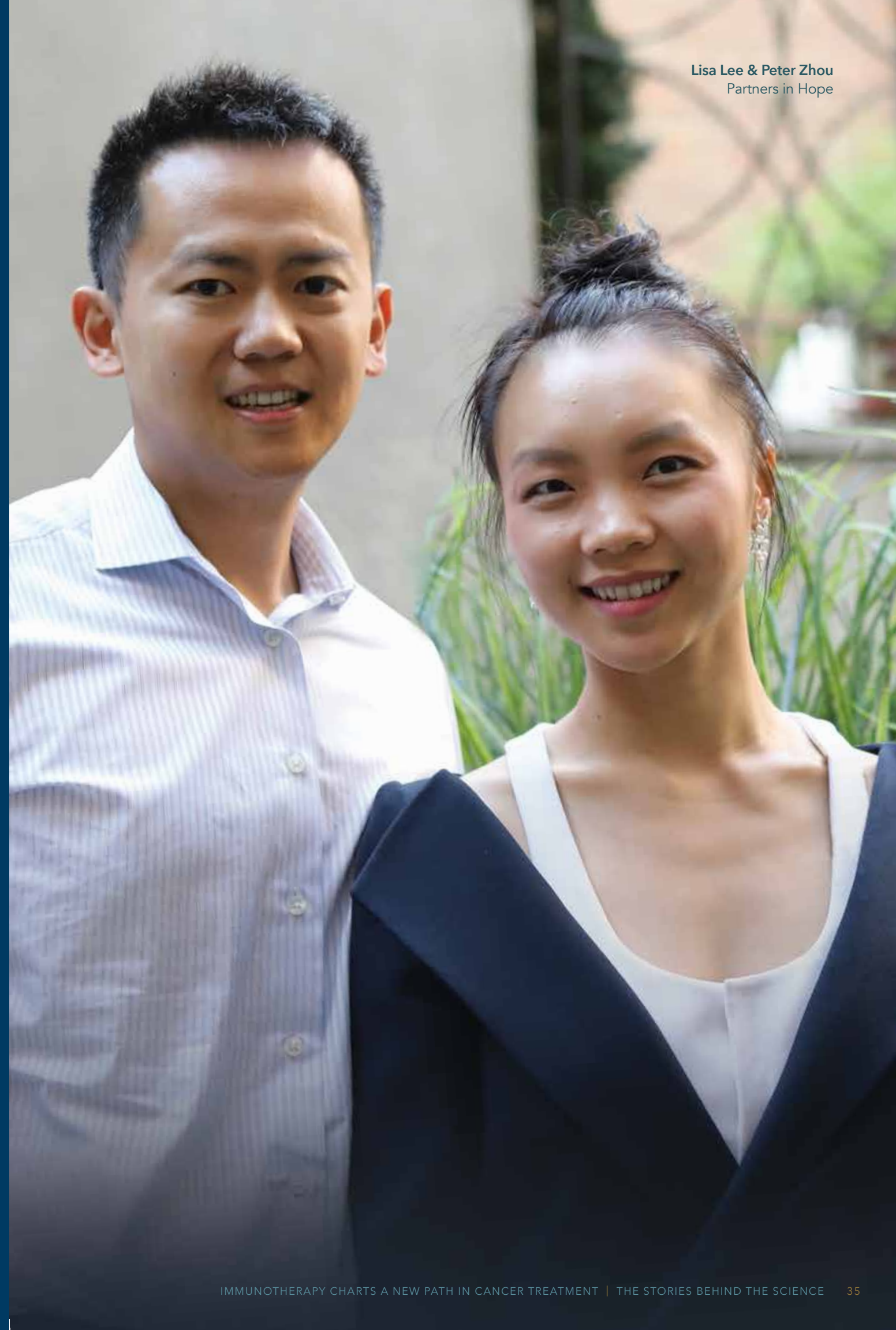
PHILANTHROPY IS THE FORCE BEHIND CANCER RESEARCH

“AS TECH ENTHUSIASTS
IN OUR PERSONAL AS WELL AS
PROFESSIONAL LIVES, LEARNING
ABOUT AND HELPING FUND
NEXT-GENERATION CANCER
RESEARCH IS A NATURAL
EXTENSION OF OUR PASSIONS.
AND IT'S EVEN MORE SATISFYING
TO BE ABLE TO DO THIS AS
PENN ALUMNI, ADVANCING THE
STRENGTH AND IMPACT OF THE
PENN MEDICINE NETWORK.”

Lisa Lee & Peter Zhou
Partners in Hope

From the Abramson Family's transformational gift more than 20 years ago that helped recruit Carl H. June, MD, and others who pioneered CAR T-cell therapy and manufacturing processes to the many generous donors who help ensure that the true potential of this therapy is explored even further – philanthropy has been a driving force behind the cancer research and care breakthroughs we are seeing today.

It's only been a little more than 10 years since Lisa L. Lee C'06 W'06 graduated from the University of Pennsylvania, yet she has already translated her Penn Pride into impactful medical progress. Along with a handful of Penn Trustees and friends, she and her husband, Peter Zhou, made a generous gift to help take CAR T to the next level – advancing the promise of this therapy for prostate cancer.





TEAMWORK FUELS INNOVATION

FOR CHALLENGING CANCERS

Three times as many people die of lung cancer than any other cancer in a given year. Pancreatic cancer accounts for less than 5 percent of all cancers. Yet, it ranks third among cancer deaths. The statistics are bleak. Yet, statistics do not tell the whole story.

Hope exists. As the rate of pancreatic cancer increases, so does the percentage of people who live for five or more years beyond diagnosis. In lung cancer, new kinds of drugs have changed the paradigm of care.

At the Abramson Cancer Center, teams of passionate researchers race to discover more effective drugs and match them with patients more precisely. By asking the right questions, we hope to diagnose earlier, and extend and save lives, improving today and tomorrow for people with cancer, and their loved ones.



FIGHTING FOR HER FAMILY

SARA VERNON STERMAN'S STORY

Sometimes four words are all it takes. "You can beat this," a doctor told Sara Vernon Stermán immediately following her diagnosis with non-small cell lung cancer. These words mobilized her for a course of treatment that has included surgery, radiosurgery, proton therapy, chemotherapy, and targeted therapy.

A cancer diagnosis is usually unexpected but especially so for a healthy 44-year old. Sara was juggling a busy career in community development finance and parenting two children. Her job was a big part of her life but cancer brought out the fierce mother inside. "I thought of my children who were six and eight. It was unfathomable that I wouldn't continue to be their mother."

It took a couple of tries before Sara found the right medical oncologist. Her primary care doctor understood that Sara valued open communication and referred her to Charu Aggarwal, MD, MPH. The fit was immediate. Sara also sees Michelle Alonso-Basanta, MD, PhD, for radiation oncology. "I've gone to the Abramson Cancer Center for all of my care. I love my providers. I think the world of Drs. Aggarwal and Alonso-Basanta."

Sara's tumor tested positive for the ALK biomarker. This means that she is eligible for newer targeted drugs. Over the years, she has tried three, including one that demanded a dietary schedule that Sara found very constraining. She now takes an alectinib (Alecensa®) pill daily with minimal to no side effects.

Sara appreciates the Perelman Center for Advanced Medicine's bright, uplifting design. "The atmosphere is so important psychologically, to walk into a space that is not a hospital." The nurses and medical personnel add to the sense of warmth and welcome. It's not unusual for Sara to have multiple appointments in a week. The scheduling staff help coordinate complex visit schedules, making it easier for Sara, who has a very full life, to use her time as efficiently as possible.

AT THE FOREFRONT OF DISCOVERY

FROM EARLY DETECTION TO NEW TREATMENTS FOR LUNG CANCER

"I started my fellowship in 2008. At that time, we didn't have many options for lung cancer. It's so exciting to be able to look back and see, just in 10 years, we have 12 oral drugs available and six immunotherapy agents that have a role in lung cancer," reflects Charu Aggarwal, MD, MPH, Leslye M. Heisler Assistant Professor for Lung Cancer Excellence.

Dr. Aggarwal studies immunotherapy treatment for lung and head and neck cancers. Yet, like many cancer researchers at Penn, the scope of her work is wider because of her relationships with other doctors and scientists on campus – relationships fostered by the Abramson Cancer Center's Thoracic Oncology Translational Center of Excellence (TCE).

It typically takes at least five years for a biological breakthrough to evolve into a drug that may benefit people. The TCEs aim to accelerate the pace. In lung cancer, this means a focus on early detection and treatment, and most promisingly, treatment with immunotherapy. Most advanced non-small cell lung cancer patients at Penn now receive some form of immunotherapy as a first- or second-line treatment.

"Overall as a lung program, we are really changing the treatment paradigm for this disease," says Dr. Aggarwal. She points to a 2016 study that established a combination immunotherapy/chemotherapy as a first-line treatment for advanced non-small cell lung cancer. The study was led by Corey J. Langer, MD, Professor, who co-directs the TCE with Steven M. Albelda, MD, William Maul Measey Professor.

TCE members work together to come up with ideas and prioritize ones that have the most potential. "If you look across the landscape of immunotherapy, there are thousands of trials. The way to set it apart is to have the trials be based in the science, how these cancers work, and how we can target them best," says Joshua M. Bauml, MD, Assistant Professor, who also studies immunotherapies.

Strong relationships with philanthropy and industry help make this possible. "These relationships give us the opportunity to take our ideas to industry to do interesting science when other organizations or the government may not have the funding," adds Dr. Aggarwal.





PRIORITY AREAS OF RESEARCH

“SO MANY OF OUR PATIENTS ARE INTERESTED IN PARTICIPATING IN STUDIES NOT JUST TO HELP THEMSELVES BUT TO HELP FUTURE GENERATIONS OF PATIENTS. THEY RECOGNIZE THAT WHAT WE’RE ABLE TO DO FOR THEM HAPPENED BECAUSE SOMEONE ELSE DID THIS IN THE PAST.”

Anil Vachani, MD, MS
Associate Professor of Medicine

► TESTS TO DETECT AND MONITOR LUNG CANCER

Many people at risk for lung cancer do not get screened. Those who do run a risk of receiving false positive results. Science sees a future in blood tests, which are less costly and invasive than scans and tissue biopsies, and potentially more accurate.

Pulmonologist Anil D. Vachani, MD, MS, Associate Professor, focuses on finding better ways to screen people at high risk of developing lung cancer. One study, still in the early stages, relies on circulating DNA technology, and the expertise of Erica L. Carpenter, MBA, PhD, who directs the Circulating Tumor Material Center.

“This is a population at risk. If we can provide them with more sensitive non-invasive monitoring in addition to the low-dose CT scans they already get as standard of care, this would be wonderful. It would give clinicians another tool to help these patients,” says Dr. Carpenter.

Another line of research looks at blood tests to monitor or predict how lung cancer patients respond to treatment. Drs. Aggarwal and Albelda recently found that circulating tumor cells may help predict response to treatment in people with small cell lung cancer.

In advanced non-small cell lung cancer (NSCLC), liquid biopsy using circulating tumor DNA can detect genetic changes in a patient's tumor. This information helps doctors deliver personalized care without the need for an invasive biopsy. Dr. Aggarwal continues to collaborate with Dr. Carpenter to develop liquid biopsy in NSCLC, looking for response patterns in people treated with targeted therapy, immunotherapy, and chemotherapy.

BETTER TREATMENTS BETTER OUTCOMES

“THROUGH
COLLABORATION WITH
TRANSLATIONAL SCIENTISTS
HERE AT PENN, WE HAVE
THE OPPORTUNITY TO
TAKE WHAT'S HAPPENING IN
THE LABORATORY
AND REALLY APPLY IT TO
PATIENTS IN A MEANINGFUL
WAY.”

Joshua M. Bauml, MD
Assistant Professor of Medicine

THE POWER OF COMBINATION THERAPIES

Immunotherapy has been a game changer, but even the most effective drugs don't work for everyone. Penn studies explore new or better treatment options. They involve new forms of immunotherapy, combining therapies, or administering drugs in a different way or at a different phase in the treatment process.

As an example, Dr. Albelda and Sunil Singhal, MD, William Maul Measey Associate Professor, are trying to rev up immune response before lung cancer surgery. They use a viral vector to locally activate the immune response before removing the tumors surgically. It is hoped this strong immune response will prevent tumor recurrence. This line of research picks up on earlier gene therapy work in mesothelioma and lung cancer done at Penn by Drs. Albelda and Aggarwal. Dr. Singhal became interested in research as a fellow in Dr. Albelda's lab.

Dr. Bauml recently completed a study of immunotherapy after locally ablative treatment for patients with limited metastases, what physicians call "oligometastatic" disease. Preliminary findings have been very promising, and accrual to the trial was excellent. He is currently in discussions with multiple partners to determine the next step for this patient population.





INTERVIEW WITH A

RADIATION ONCOLOGIST

ABIGAIL TRIPP BERMAN, MD, MSCE

Assistant Professor of Radiation Oncology

WHAT IS THE FOCUS OF YOUR CLINICAL PRACTICE?

I see primarily lung cancer patients, or any patient with cancer that arises within the thorax; for example, I also specialize in thymomas. I am also frequently asked to treat other cancers that have spread to the lung.

HOW DID YOU BECOME INTERESTED IN RADIATION ONCOLOGY?

I was drawn to cancer patients in medical school. Also, my mom was a cancer patient, and her doctors were really special role models. I specifically chose Radiation Oncology because I was fascinated with looking at the tumor and thinking about how to reach it with radiation, with minimal side effects for the patient. I've always been a big puzzle person. Radiation oncologists have a very deep understanding of tumors—their natural behavior and the power of multidisciplinary care with systemic therapy, radiation, and surgery.

WHAT MADE YOU DECIDE TO STAY AT PENN AFTER MEDICAL SCHOOL AND RESIDENCY?

Penn is a unique combination of world-class minds and physicians and an extremely friendly and family-like environment, particularly the Department of Radiation Oncology. The people in our department and the whole lung group are brilliant and amazing colleagues. Also, and this is very important to me, the patient always comes first at Penn.

HOW DID YOU CHOOSE TO SPECIALIZE IN LUNG CANCER?

When I was coming out of residency, my main mentors were lung cancer doctors and there was an availability to work with them on their team.

WHAT'S IT LIKE TO PRACTICE IN PHILADELPHIA?

It's wonderful being able to treat patients in your hometown. It adds a special connection. It's really a privilege.

WHAT IS THE FOCUS OF YOUR RESEARCH?

I have three areas of focus. The first is clinical trials combining radiation with immunotherapy or other forms of modulation to make radiation work better. Another area is proton beam therapy for lung cancer. A third area is the use of big data to improve lung cancer clinical workflow.

HOW DOES YOUR TRAINING IN EPIDEMIOLOGY INFORM YOUR WORK?

In my master's program, I focused on clinical trial design, an increasingly challenging area. We want clinical trials to move quickly so that we can find answers and make improvements in care available to all patients. The pace of change in lung cancer treatment is so fast that we have to ask and answer these questions at an unprecedented rate.

For example, Christine A. Ciunci, MD, MSCE, Assistant Professor, and I lead a trial at Penn that uses proton beam therapy, followed by immunotherapy, for the retreatment of lung cancer. Since the trial opened, the landscape of lung cancer treatment has changed, and many more patients receive immunotherapy up front. We're thinking about changing the trial to include patients who have had immunotherapy in the past. That's just one example of how quickly the field is changing.

WHAT DO YOU MEAN BY 'BIG DATA' RESEARCH?

We have a very strong multidisciplinary lung group at Penn. We're always looking at ways to make care better for our patients, including improving the flow of care at Penn. It's not unusual for lung cancer patients to end up in the ER during the course of treatment. We'd like to prevent that from happening.

I have a partnership with Penn Predictive Analytics. We developed an algorithm to predict which lung cancer patients in our care are going to wind up in the emergency room within two weeks. The algorithm assigns a risk prediction score based on information in the patient record. We're now working on an artificial intelligence/robot text-based model to interface with the algorithm, as we learned that patients prefer text over calling.

WHAT ELSE ARE YOU WORKING ON THAT EXCITES YOU?

I have four clinical trials open. They all involve collaboration with Penn colleagues. One phase 1 trial looks at the microbiome and tries to modulate the microbiome by using antibiotics to change a patient's immune response to radiation. It should be very interesting.

WHAT SETS THE LUNG CANCER GROUP AT PENN APART?

Penn is very collaborative. We are constantly picking up the phone calling one another in the middle of the day.

HOW IS THE USE OF RADIATION ONCOLOGY IN LUNG CANCER CHANGING?

Radiation oncology has typically been a black box field. Even a lot of medical students don't learn what it's all about it. We were in the basement and not always a full member at the table for cancer care. This has changed. The indications for radiation are rapidly expanding. For example, for patients with metastatic disease, radiation has always had a role in symptom relief. Now we also use radiation in patients with metastatic disease who have cancer in a limited number of sites with the goal of not just symptom relief but eliminating that site of cancer.

HOW DO YOU TALK TO PATIENTS ABOUT RADIATION ONCOLOGY TRIALS?

Radiation oncology trials sometimes ask questions about what drugs to add to radiation and there are others that look at technique. For example, we have a study open that is randomizing lung cancer patients to protons and photons. It can be very challenging to explain esoteric physical principles to patients. You can't just scratch the surface. Most want to understand the differences, the pros and cons. A consult can turn into a mini-physics lesson – in a good way! Patients really want to understand.

WHAT'S SPECIAL ABOUT RADIATION ONCOLOGY AT PENN?

Most notably, the dedicated staff and physicians in the department and the strong and courageous patients. Also, we're so lucky to have proton therapy here at Penn. Proton therapy holds a lot of promise for lung cancer because it may decrease the risk of side effects. In a patient population that often is tenuous and doesn't have room to endure a significant side effect, proton therapy may help by decreasing the amount of radiation that goes to the normal lung and heart. The Roberts Proton Therapy Center is a tremendous resource for the Greater Delaware Valley, and also a key proton research center for the world.

YOU ALSO SERVE AS ASSOCIATE DIRECTOR FOR THE PENN CENTER FOR PRECISION MEDICINE. WHAT DOES THAT INVOLVE?

It involves working with an amazing leader, David B. Roth, MD, PhD, and a group of energetic and bright individuals across the university. We're trying to think about how to bring precision medicine to Penn in a uniform, easy way for clinicians. The projects span across all disciplines. We support research at the pilot or implementation phase.

“ WE NEED TO OFFER OUR PATIENTS CLINICAL TRIALS. IN MOST AREAS OF LUNG CANCER, THERE IS ROOM FOR IMPROVEMENT. WE ALWAYS WANT TO BE PUSHING THE ENVELOPE FOR BETTER OUTCOMES. ”

Abigail Tripp Berman, MD, MSCE
Assistant Professor
of Radiation Oncology

THE PATIENT COMES FIRST

WHAT DO YOU ENJOY ABOUT PHILADELPHIA?

I love the restaurants, the museums, the walkability. Philadelphia is an accessible city, and it draws everyone into the city.

WHAT DO YOU DO WHEN YOU'RE NOT WORKING?

I have a toddler who keeps me busy. I also cook and do yoga. My husband and I love Italy so we try to recreate dishes we've had there. We try to get to concerts whenever we can. We recently bought a home so we are enjoying some small projects around the house and meeting the neighbors.

Steven M. Albelda, MD
William Maul Measey Professor
of Medicine



ACCELERATING
THE PACE
MEANS MAKING
DISCOVERIES
AND
BREAKTHROUGHS
FASTER

A WILL TO LIVE WELL

SARAH SEDLAK'S STORY

Sarah Sedlak just wants “a decent quality of life.” After being diagnosed with pancreatic cancer at age 40, she turned to her sister, an oncology nurse, for support and advice. The advice brought her to the Abramson Cancer Center.

As she came to terms with her prognosis, Sarah found comfort in these words from her oncologist, Kim A. Reiss Binder, MD: “You aren’t a milk carton. You don’t have an expiration date.” Sarah started on the standard first-line treatment of combination chemotherapy. The side effects were harsh, but, a year and a half in, Sarah was still able to manage them and doctors continued to see either shrinkage or stability in all tumors.

After 29 treatments, Dr. Reiss Binder told Sarah about a new study she was leading that combines a targeted therapy with immunotherapy. The goal is to find a more tolerable maintenance treatment for metastatic pancreatic patients. The emphasis on quality of life was a welcome change from the more dire messages Sarah and others with pancreatic cancer often hear.

While generally supportive, Sarah’s family worried about her decision to sign up as the first patient on the trial. Yet, Sarah was determined to give it a try. “When I signed the paperwork for the trial, I thought I might have some regrets or worries. But I didn’t. I was quite at peace with my decision.”

Six months into the trial, Sarah is grateful to feel “somewhat normal” again. She can move better and needs less rest. “Even if the trial stopped working tomorrow, being able to, just for a moment, forget that I have cancer, is a blessing beyond words,” reflects Sarah.

When she’s not at the Abramson Cancer Center (her ‘second home’), Sarah enjoys spending time with her husband and large extended family, especially her 12 nieces and nephews. She appreciates that the doctors and staff at Penn “treat her like a person and not a lost cause.” She also relies on the palliative team at Penn Medicine’s Lancaster General Health for support and treatment planning. “My team is great. Knowing them ahead of time makes me feel much more secure that, when their services are necessary, I will have confidence in their recommendations.”

Sarah now has her sights set on a very important goal – being an aunt to her 13th niece/nephew who, appropriately, was born around Thanksgiving.



A LIFE WORTH LIVING

CHANGING THE PARADIGM FOR PANCREATIC CANCER

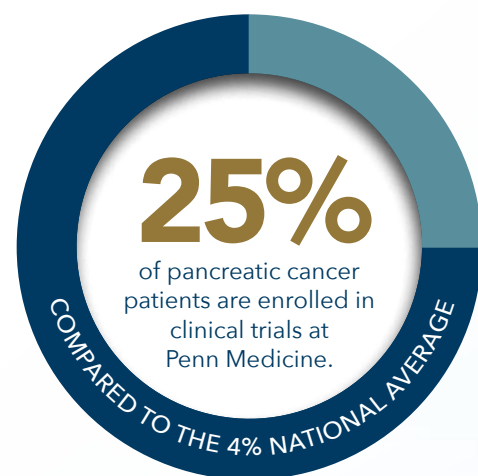
"We're able to interact in a synergistic way. Everyone knows what everyone else is doing." Ben Z. Stanger, MD, PhD, Hanna Wise Professor of Cancer Research, lights up when he talks about the pancreatic cancer research team at Penn. A gastroenterologist and basic scientist, rather than an oncologist, Dr. Stanger rarely meets the people who benefit from his work, yet, they drive his research.

He recalls the powerlessness he felt as a medical student when confronted with a patient with metastatic pancreatic cancer. Medical science at that time had little to offer. It was this moment that solidified for Dr. Stanger, "if I ever had a laboratory of my own, pancreatic cancer would be the focus."

Today, Dr. Stanger leads the Abramson Cancer Center's Pancreatic Cancer Research Center, a position he inherited from Robert H. Vonderheide, MD, DPhil, John H. Glick Abramson Cancer Center Professor, an expert in cancer immunotherapy who now directs Penn's Abramson Cancer Center.

The center evolved from a pancreatic cancer Translational Center of Excellence, one of several disease-focused efforts to bring Penn physicians and scientists together to solve a pressing problem. The problem, in pancreatic cancer, is growing incidence with few effective treatment options.

"When a lot of the progress was made in other cancers, pancreas cancer was left behind. Until 2010, there was only one chemotherapy and it didn't work very well," says clinical director Ursula R. Teitelbaum, MD, Deenie Greitzer and Daniel G. Haller Associate Professor. Since 2010, doctors have found new approaches that yield better outcomes for patients. They now can offer what Dr. Teitelbaum calls "a menu of options."



HOPE FOR ALL STAGES

A MENU OF OPTIONS

On average, there are approximately 10 pancreatic cancer trials open at Penn at a given time – more than most other medical centers. The menu of options spans trials for patients with a new diagnosis to those whose cancer has or has not responded to therapy.

In addition, the center has plans to expand “early diagnosis” trials for patients who do not have pancreatic cancer but are at high risk based on family history or other clinical information.

The team stresses the importance of moving quickly when pancreatic cancer is suspected. They want to reach patients sooner, at diagnosis or before the side effects of treatment are too much to bear. Too often, people are referred too late to qualify for trials. “We want to see patients sooner. We’d like to see them when they’re still well. We have first-line studies, second-line studies – there are options,” says Dr. Teitelbaum.

As a reminder of hope, Dr. Teitelbaum keeps a wall of magnets from her patients’ travels. She wants her patients to live well, not just live. Living well means feeling well. Within the center, two dedicated palliative care oncology specialists meet with patients early on to address the side effects of treatment.

“PATIENTS ARE OFTEN CONCERNED THAT THEY ARE GUINEA PIGS FOR CLINICAL TRIALS. IT’S THE COMPLETE OPPOSITE. THE REASON TO BE ON A CLINICAL TRIAL IS THAT IT’S THE BEST HOPE FOR HAVING A BETTER OUTCOME. WE REALLY HAVE HOPE FOR ALL STAGES.”

Ursina R. Teitelbaum, MD
Deenie Greitzer and Daniel G. Haller
Associate Professor





“OUR GOAL IS TO HAVE
A CLINICAL TRIAL FOR EACH
PATIENT – AT THIS TIME, CLINICAL
TRIALS ARE THE STANDARD OF
CARE FOR PANCREATIC CANCER.
YOU WANT TO RECEIVE THE BEST
WE HAVE AND MORE.”

Gregory L. Beatty, MD, PhD
Assistant Professor of Medicine

A NEW WAY OF THINKING

“The center provides a new way of thinking. We’re not going to move forward doing the same things we’ve always done. There needs to be a new approach to tackling a disease like this,” says Gregory L. Beatty, MD, PhD, Assistant Professor, who directs experimental therapeutics. A new way means new kinds of treatments.

For example, a pioneering study combines a targeted therapy with immunotherapy. This vaccine trial, led by Kim A. Reiss Binder, MD, Assistant Professor, offers a potentially better maintenance option for patients who have remained stable or improved on chemotherapy with platinum-containing drugs, part of the arsenal used to treat pancreatic cancer patients.

Attacking pancreatic cancer early is a resonating theme of the center. “We have a multi-disciplinary team”, says Major Kenneth Lee, IV, MD, PhD, Assistant Professor. “For the right patient, surgery can be a cure for this cancer. We have the technical expertise to accomplish this.” New research explores ways to boost immune response before surgery to prevent recurrence post-operation. “Recurrence is common. We need to identify patients early and combine multiple strategies to treat this disease,” adds Dr. Lee.

Another line of research explores the use of anti-CD40 drugs in combination with chemotherapy. This work builds on a landmark paper published in *Science* in 2011, co-authored by Drs. Beatty and Vonderheide. Their research established that immunotherapy could be used to make chemotherapy work better, and that drugs targeting the protein CD40 could be effective in treating cancer. The new trials are supported by the Parker Institute for Cancer Immunotherapy and led by Dr. Vonderheide and Mark H. O’Hara, MD, Assistant Professor.

Other studies focus on new ways to use radiation as a “cancer vaccine” to boost anti-tumor response and changing the milieu in which a cancer lives – the so-called “tumor microenvironment.” There is no shortage of innovative ideas.

GROUNDBREAKING SCIENCE AND UNIQUE RESOURCES

Solid lab science, much of it happening at Penn, underlies this research. Penn investigators are learning about what drives pancreatic cancer to spread and how it can escape elimination by the immune system. For example, Dr. Stanger studies the cells within tumors to figure out why some cancers respond better to treatment. His lab looks at “hot” and “cold” tumor cells, and how they grow. This work relies on unique resources like the mouse hospital run by Cynthia L. Clendenin, VMD.

Also promising is liquid biopsy research that uses circulating DNA to find biomarkers of pancreatic cancer. Progress could lead to a less invasive, more sensitive way to detect and track pancreatic cancer. This work is led by Erica Carpenter, MBA, PhD, director of the Circulating Tumor Material Center, and Kenneth S. Zaret, PhD, Joseph Leidy Professor of Cell and Developmental Biology.



“EVERYBODY NEEDS SOME HOPE. HOPE MAY LOOK DIFFERENT FOR DIFFERENT PEOPLE. I TRY TO LET THEM KNOW WE’RE GOING TO DO WHATEVER WE CAN.”

Patricia Gambino, MSN, RN
Nurse Navigator

INTERVIEW WITH A

NURSE NAVIGATOR

PATRICIA GAMBINO, MSN, RN

Nurse Navigator

WHAT DOES A NURSE NAVIGATOR DO?

I direct patients where they need to go, to coordinate their care. I try to maximize the resources in the cancer center to help them get through this very challenging journey.

HOW DO YOU RESPOND TO FIRST-TIME CALLERS?

We treat a pancreas cancer diagnosis as a medical emergency, as if you were having a heart attack. That’s how urgent we feel it is that patients be seen. If I can’t get someone to a medical oncologist right away, I get them started another way, like with interventional GI.

WHAT DO YOU SAY TO SOMEONE WHO IS JUST DIAGNOSED?

When a person is diagnosed with pancreas cancer, they need to gain some control. All of a sudden, the rug’s been pulled out from under them. I tell them we’re going to do this one step at a time.

It’s really important for patients to gain knowledge. I refer them to reliable organizations like the Pancreatic Cancer Action Network, the Lustgarten Foundation, and Let’s Win. A lot of patients go online, and find information that is scary or inaccurate.

HOW DO YOU GAIN A PATIENT’S TRUST?

When they call me, I answer their calls. People feel so alone and scared. I let them know that I appreciate how distraught they are. It’s very important that patients and families view me as someone they can touch base with. My mother died of pancreas cancer. My son had cancer when he was 11. I get it when patients are in crisis.

DO YOU HAVE ANY TRADE SECRETS OR TIPS TO SHARE?

It’s incredibly important to know the “back door.” I help patients get seen quickly. I’m that advocate behind the scenes. I also try to stay current on treatment, and be involved in community activities related to pancreatic cancer. Participation tells patients that we are really trying to lick this disease and we care about them.

WHAT’S IT LIKE TO BE PART OF THE PANCREATIC RESEARCH CENTER?

It’s extremely exciting because I learn every day. I love the interdisciplinary management of the patient. I connect patients to doctors, social workers, financial counselors, pharmacists, a dietician, and so on.

I have an incredible relationship with the doctors. They trust my judgment. I really enjoy working with them.

HOW ARE YOU INVOLVED IN CLINICAL TRIALS?

Clinical trials are very important in pancreas cancer. I encourage patients to consider trials and help them think about the logistics. I work with the doctors to know what is open and what kind of patients they are looking for.

WHAT DO YOU DO IN YOUR SPARE TIME?

I really like to garden. I exercise because this [work] is stressful. I truly enjoy my grandchildren. Children are so joyful. Spending time with them helps me appreciate the simple things in life.

NEW RESEARCH EXPLORES WAYS TO BOOST IMMUNE RESPONSE BEFORE SURGERY





A CALL TO ACTION

REDUCING CANCER RISK LOCALLY

Cancer's causes are still largely unknown. Yet, clues exist, and for one team of scientists at Penn, these clues are a call to action.

These researchers study exposures that cause cancer. Their work addresses carcinogens such as tobacco, asbestos, and diesel exhaust. They seek to understand how these exposures lead to cancer and determine the most effective ways to raise awareness and reduce risk. Reducing risk can mean helping people avoid asbestos or getting people to quit smoking.

Together, they are the Tobacco and Environmental Carcinogenesis Program. They work in labs and in the community. They use advanced technology to stimulate the brain, track eye movement, measure the impact of tobacco, and improve screening. This unique program is co-led by pharmacologist Trevor M. Penning, PhD, The Thelma Brown and Henry Charles Molinoff Professor, and psychologist Robert A. Schnoll, PhD, Research Professor and Director, Center for Interdisciplinary Research on Nicotine Addiction.

LOCAL FOCUS

Much of the work is close to home and only possible because of relationships with community organizations.

"We've spent a lot of time and effort building relationships with community-based organizations that work with the populations we're interested in. If you're doing an HIV study or a study with people that have serious mental illness, you can't just recruit through primary care. You need to work with the people who have a stronger connection with the population," explains Dr. Schnoll.

Dr. Schnoll studies tobacco use among vulnerable populations. A new project focuses on people who have HIV or suffer from mental illness. They are more likely to smoke, yet less likely to be advised to quit or receive evidence-based care. Some health care workers see smoking as a "safer" alternative for these groups. Dr. Schnoll applies best practices from the business world to community health settings, aiming to understand, educate, and change clinician behavior.

RAISING AWARENESS MEANS REDUCING RISK

UNDERSTANDING & REDUCING RISK

Risk reduction depends on a deeper understanding of individual choices and behavior. For example:

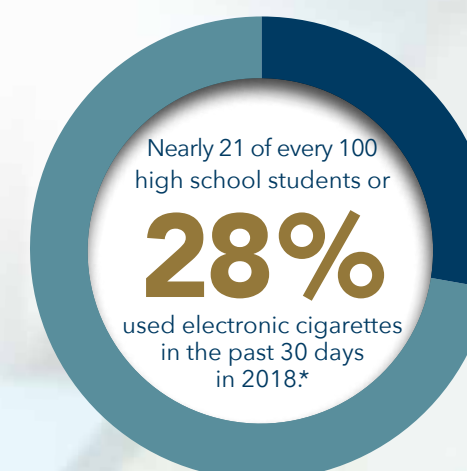
► Janet Audrain-McGovern, PhD, Professor of Psychiatry, studies the use of e-cigarettes or vaping among middle and high school students. Her work has contributed to the understanding that teens who vape are more likely to smoke or use combustible tobacco products in the future.

► Andrew Strasser, PhD, Research Professor of Psychiatry, is funded by the Food and Drug Administration to help establish the science needed to better regulate tobacco products. His work focuses on understanding how people use these products, how their marketing affects use, and how the FDA can better regulate them to reduce use.

It's not enough to understand risk. Communication and behavior change pose added challenges.

"It's a lot easier when you have a new drug. People see the commercials. Within days or weeks, the drug reaches people," says Anil Vachani, MD, MS, Associate Professor. He suggests that it is more complicated to encourage a patient at risk for lung cancer to get a screening, the focus of his work. "The whole area of implementation research is key to understanding how to translate beneficial findings to our patients."

Dr. Penning sees communication as "potentially life-saving." He serves as an advisor to the township of Ambler, PA, home to an asbestos waste site, and helps answer difficult questions, such as whether to build on the site. The site is part of Penn's Superfund Research and Training Program led by Ian A. Blair, PhD, A.N. Richards Professor, and has its roots in the community.



* Source: U.S. Centers for Disease Control and Prevention

GIVE THE COMMUNITY A VOICE

“ IF YOU WORK WITH
A COMMUNITY GROUP, YOU
HAVE A SUSTAINABLE WAY TO
COMMUNICATE YOUR MESSAGE.
IT'S ALSO VERY IMPORTANT TO
LISTEN TO THEIR CONCERNS,
EVEN THOSE NOT RELATED TO
CANCER OR THE ENVIRONMENT.
YOU WANT TO BUILD THAT
TRUST, BUILD THAT DIALOGUE. YOU
NEED TO GIVE THE COMMUNITY
A VOICE. ”

Trevor M. Penning, PhD
Thelma Brown and Henry Charles Molinoff
Professor of Pharmacology

PRECISION PUBLIC HEALTH

While doctors use precision medicine to treat cancer, these researchers mobilize around precision public health. They identify communities or subpopulations that are the most vulnerable.

Dr. Vachani co-leads the Penn Center for Excellence in Population Science focused on precision lung cancer screening, which involves Dr. Penning; Mitchell D. Schnall, MD, PhD, Eugene P. Pendergrass Professor of Radiology; and others. Researchers look at how to improve lung cancer screening and find better ways to identify people at higher risk for lung cancer among Abramson Cancer Center patients and within the region.

One project focuses on what the Penn team calls “community-based exposomics.” Dr. Penning and colleagues are using environmental exposure and cancer incidence data to develop a heat map for lung cancer risk. The goal is to identify zip codes, or even street addresses, with higher exposure to carcinogens that may increase the risk of lung cancer.

They hope to develop a hazard index for patients to help them understand their risk. Ultimately, information like this could appear in an electronic medical record, alerting doctors of a patient’s risk status.

More immediately, they aim to incorporate the map into the ACC Catchment Explorer, a GIS tool to understand risky behaviors, and potentially exposures, of residents of the cancer center’s catchment area. The ACC Explorer is being developed by Peter E. Gabriel, MD, MSE, Associate Professor; Karen Glanz, PhD, MPH, George A. Weiss University Professor; Carmen E. Guerra, MD, MSCE, Ruth C. and Raymond G. Perelman Professor in Internal Medicine; Wei-Ting Hwang, PhD, Professor; and Katherine L. Nathanson, MD, Professor.

Trevor M. Penning, PhD
Thelma Brown and Henry Charles Molinoff
Professor of Pharmacology



Jessica Griffith
Vice President of Compliance and Continuous Quality Improvement
at Wedge Recovery Centers



BEYOND OUR CAMPUS

PROMOTING BETTER HEALTH THROUGH COMMUNITY CONNECTIONS

“They make it very easy,” says Jessica Griffith, of the relationship with Penn researchers. Ms. Griffith is the Vice President of Compliance and Continuous Quality Improvement at Wedge Recovery Centers. The organization provides mental health and substance abuse treatment services at seven sites. Their mission is “to change lives through recovery.”

Since 2016, a partnership between Wedge and a Penn research team has sought to change the way community mental health workers think about and address tobacco use among people with mental illness. The team is led by Robert A. Schnoll, PhD, Research Professor of Psychiatry. Dr. Schnoll holds a grant from the National Cancer Institute to study organizational change as a means of reducing tobacco use. In this case, the change involves perceptions and behaviors of community mental health workers toward tobacco cessation among their clients (referred to by Wedge as “members”).

Change begins with knowledge. Penn researchers educate Wedge staff on tobacco use and addiction. The training covers the impact of nicotine on the brain and body, and reviews different approaches to tobacco cessation. Participants walk away with a better understanding of how these strategies work, and, importantly, why they do not work for everyone. Follow-up surveys track changes in staff behavior and values. “It changed our perspective on how we address tobacco and smoking cessation in the work that we do,” Ms. Griffith says.

Ms. Griffith points out that people with mental illness tend to be greater consumers of tobacco products. Yet, tobacco isn’t always discussed in counseling sessions. She says, “The Penn project makes us think about how often we are bringing it up, why we’re not bringing it up, and whether that is actually effective for our members.”



PARTNERSHIPS ALLOW FOR OPPORTUNITY

“OVER THE PAST FOUR YEARS, DRS. ANIL VACHANI, A. CLEMENTINA MESAROS, AND I HAVE DEVELOPED A NEW APPROACH TO PROTEIN ANALYSIS AND ARE VERY CLOSE TO IDENTIFYING BIOMARKERS FOR ASBESTOS-RELATED DISEASES. THESE ADVANCES ARE ONLY POSSIBLE THROUGH A CLOSE COLLABORATION WITH THE COMMUNITY OF AMBLER, INCLUDING LOCAL GOVERNMENT, NONPROFITS, AND COMMUNITY MEMBERS WHO ARE RELYING ON PENN'S HELP TO ADDRESS ENVIRONMENTAL HAZARDS AND IMPROVE THE HEALTH OF THEIR COMMUNITY.”

Ian A. Blair, PhD
A.N. Richards Professor of Pharmacology

The research team also collects information from Wedge members on their use of tobacco, and the advice and support they receive from staff related to smoking. “The information can be very meaningful,” explains Ms. Griffith. “For people struggling with addiction, being able to conceptualize the addiction as an addiction and not a personal deficit, is empowering and helps them overcome it.”

Participation is voluntary. Staff receive continuing education credits for the training, and gain an additional tool to use in their work. Ms. Griffith explains that the counselors are more comfortable talking about tobacco as a result of the training. “There’s a lot of pressure on clinicians to have all the answers but we don’t always know the answers. The additional tool is something we can provide to the people we serve. The education component is very important.”

This community connection is not unique to the Abramson Cancer Center, and especially to the Tobacco and Environmental Carcinogenesis Program. Drs. Ian Blair and Trevor Penning have a longstanding relationship with the town of Ambler, PA to study the impact of asbestos exposure on the community. Their involvement has brought critical attention to this important community health issue.

PUTTING CHILDREN FIRST

PEDIATRIC CANCER IS A PRIORITY

"Everything is within a three- to four-minute walk," Stephen P. Hunger, MD, Professor and the Jeffrey E. Perelman Distinguished Chair in the Department of Pediatrics, describes the ease with which children's and adult cancer researchers at Penn are able to share knowledge and exchange ideas. Dr. Hunger is Associate Director for Pediatric Research within the Abramson Cancer Center. He was appointed in 2018, replacing Garrett M. Brodeur, MD, Professor, whose years of leadership helped shape and grow children's cancer research at Penn.

Within the field of children's oncology, Penn is historically most known for advances in neuroblastoma, a rare childhood cancer that begins in the nerve tissue in the adrenal glands, neck, spine, abdomen, or chest. In recent years, the program's successful treatment of leukemia with CAR T-cell therapy has made headlines. Overall, leukemias represent one-third of the cancers treated at Children's Hospital of Philadelphia (CHOP), where Penn's pediatric researchers are based. Brain tumors comprise another 20 to 25 percent.

"It's very important to understand how pediatric cancers differ from adult cancers, and how that drives our therapeutic opportunities," Dr. Hunger explains. For example, acute lymphoid leukemia (ALL) looks completely different at both a clinical and a genomic level in adults versus children. The same treatments do not have the same impact. Notably, checkpoint inhibitors, which have changed the treatment landscape for some adult cancers, have not been as successful in treating childhood cancers.

Dr. Hunger sees a future in even greater integration of adult and childhood cancer research at Penn's Abramson Cancer Center. Proximity makes this possible. The children's hospital is next door to the adult hospital, and within blocks of medical research buildings, the Wharton School of Business, the Nursing School, and Penn's other nine schools. The dynamic environment promotes discovery in basic, translational, clinical, and behavioral research.

GROUNDBREAKING STUDIES SEEK TO ANSWER QUESTIONS SUCH AS:

► WHAT ROLE DOES GENETICS PLAY IN CHILDREN'S CANCERS?

John M. Maris, MD, Giulio D'Angio Endowed Professor, discovered a genetic link to neuroblastoma and, along with Yael P. Mosse, MD, Associate Professor, is developing targeted therapies to treat the disease.

► WHY DO THE IMMUNE SYSTEMS OF SOME CHILDREN FAIL TO RECOGNIZE AND ATTACK CANCER?

David M. Barrett, MD, PhD, Assistant Professor, studies immune response in pediatric cancers. Related research aims to identify subtypes of ALL to help better match patients to treatments.

“PEDIATRIC RESEARCHERS ARE TRYING TO BETTER UNDERSTAND THE MOLECULAR EVENTS THAT DRIVE CANCER AND ATTACK THOSE DIRECTLY. WE WANT TO IMPROVE CURE RATES AND REDUCE SIDE EFFECTS.”

Stephen P. Hunger, MD
Jeffrey E. Perelman Distinguished Chair in the Department of Pediatrics
at Children's Hospital of Philadelphia, Professor of Pediatrics

► WHAT CAN DATA TELL US ABOUT CHILDREN'S CANCER TREATMENT AND HOW CAN WE USE THIS INFORMATION TO IMPROVE OUTCOMES?

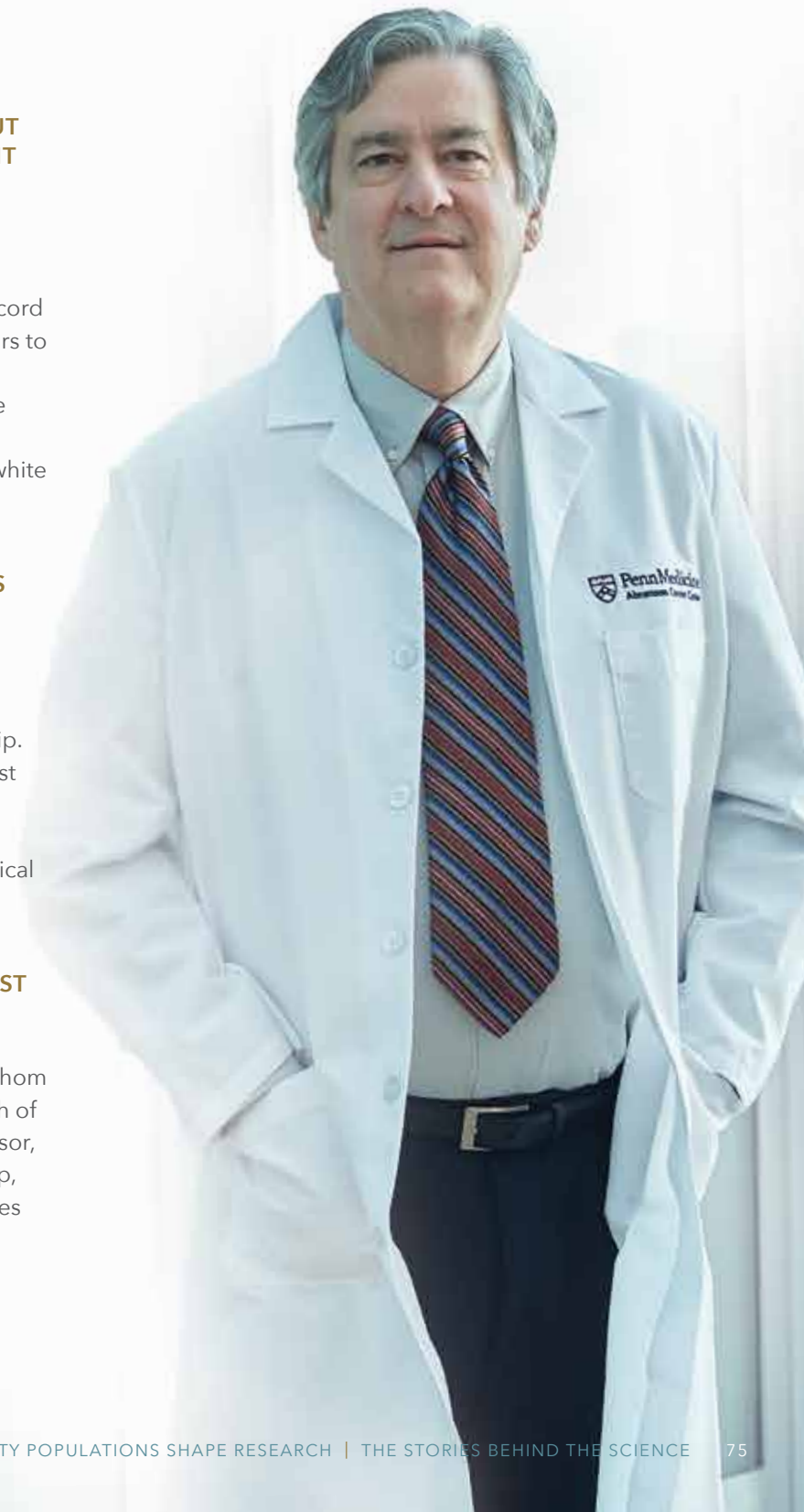
Richard Aplenc, MD, PhD, MSCE, Professor, uses electronic medical record data pooled by leading cancer centers to understand disparities in health care such as why black children with acute myeloid leukemia are more likely to develop or die from infections than white children with the same disease.

► HOW CAN WE HELP SURVIVORS OF CHILDHOOD CANCER LEAD HEALTHIER LIVES?

Sogol Mostoufi-Moab, MD, MSCE, Assistant Professor, brings a unique perspective to the field of survivorship. The dual-certified pediatric oncologist and endocrinologist studies bone health in childhood cancer survivors with a goal of preventing future medical complications.

► WHICH TREATMENTS ARE SAFEST AND MOST EFFECTIVE?

A large cancer clinical trials program offers options for families, many of whom cross state and country lines in search of hope. Peter C. Adamson, MD, Professor, chairs the Children's Oncology Group, the national organization that oversees cancer clinical trials in children.





ABRAMSON CANCER CENTER

EXPANDING OUR REACH

ABRAMSON CANCER CENTER PENNSYLVANIA HOSPITAL

“Patients receive world-class care only available at a cancer center with as much depth as the Abramson Cancer Center. Pennsylvania Hospital is a clinical arm of one of the top cancer programs in the country.”

- **Leadership:** Jason G. Newman, MD, Director
- **Ask about our:** Joan Karnell Supportive Care Program
- **Known for:** Being the oldest hospital in the United States

ABRAMSON CANCER CENTER PENN PRESBYTERIAN MEDICAL CENTER

“Our patients receive the world-class cancer care available at the Abramson Cancer Center in a more intimate setting. Our doctors are disease specialists who are able to offer a full range of treatment options, including access to cutting-edge clinical trials.”

- **Leadership:** Christine A. Ciunci, MD, MSCE, Chief of Medical Oncology, Penn Presbyterian
- **Ask about our:** Lung and GI Cancer Services
- **Known for:** Robust clinical trials program

ABRAMSON CANCER CENTER CHESTER COUNTY HOSPITAL

“The relationship with the Abramson Cancer Center is great for the community and great for our patients. Our doctors are able to participate in disease-specific teams and collaborate with colleagues who are at the forefront of their fields.”

- **Leadership:** William Luginbuhl, MD, Medical Director
- **Ask about our:** New state-of-the art facility
- **Known for:** Breast cancer, gynecological oncology, and lung cancer services

LANCASTER GENERAL HEALTH

“The strength of our program comes from our long history of service in the community, as a community hospital and population-based health organization.”

- **Leadership:** Randall A. Oyer, MD, Medical Director, Cancer Program in the Ann B. Barshinger Cancer Institute
- **Ask about our:** Oncology care model and Cancer Risk Evaluation Program
- **Known for:** History in the community; welcoming atmosphere

PENN MEDICINE PRINCETON HEALTH

“Princeton Health is best known for our family-like atmosphere and compassionate care. Our patients are very satisfied. They feel well taken care of.”

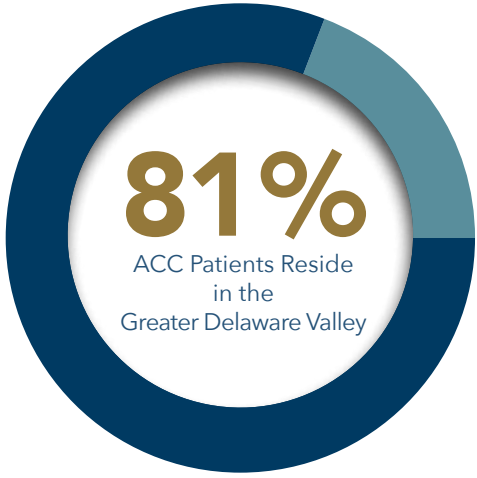
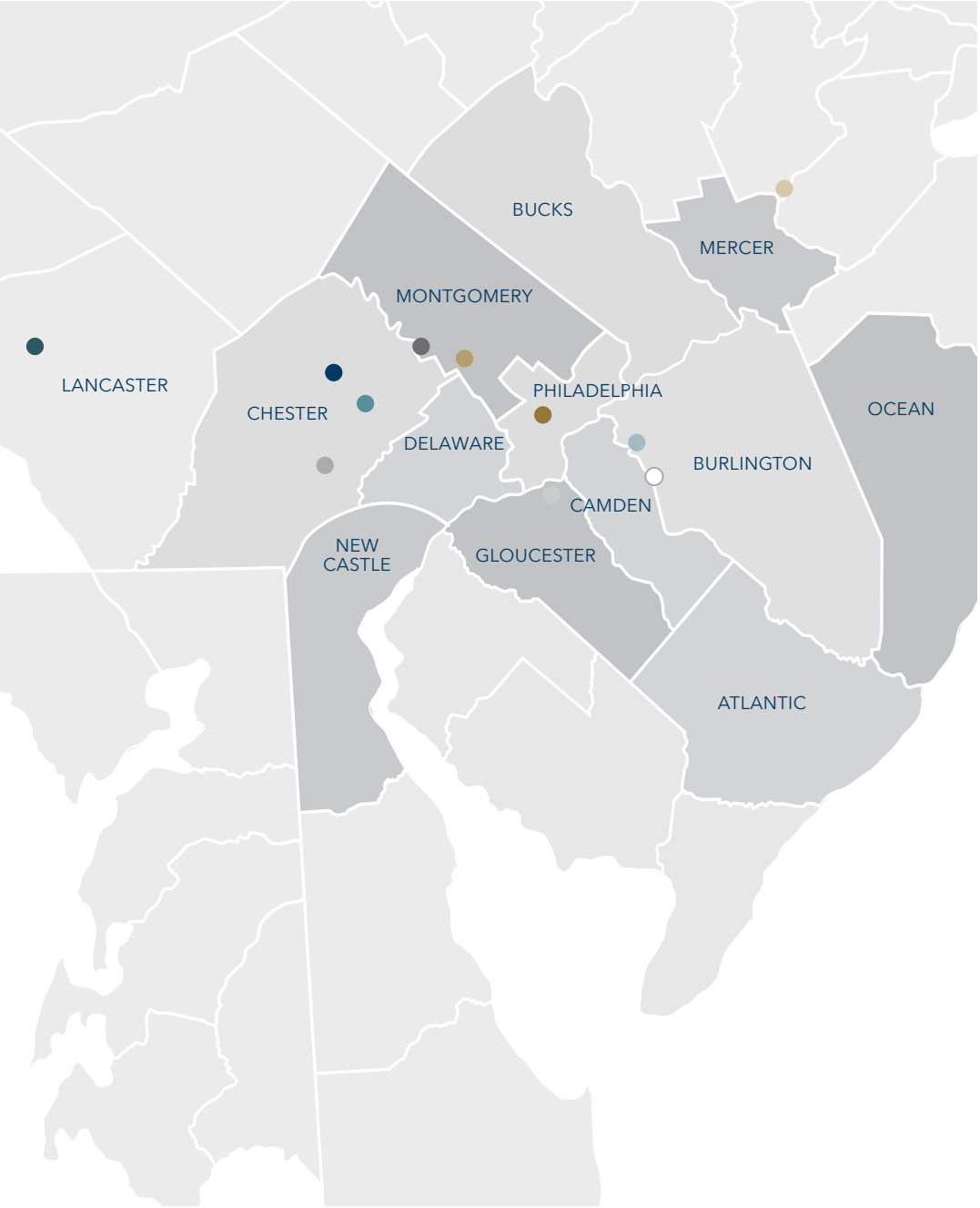
- **Leadership:** Lori McMullen, RN, MSN, OCN, Director, Cancer Services, Matthews Center for Cancer Care
- **Ask about our:** Supportive care services
- **Known for:** Family-like atmosphere, compassionate care



12-COUNTY CATCHMENT AREA SERVICED BY THE
ABRAMSON CANCER CENTER

Penn’s Abramson Cancer Center is dedicated to the eradication of cancer as a cause of human disease and suffering. The Abramson Cancer Center brings together the cancer care and research efforts of Penn Medicine.

Our clinical and community-based outreach efforts target a catchment area we describe as the Greater Delaware Valley. The Greater Delaware Valley includes 12 geographically-contiguous counties in close proximity to the Abramson Cancer Center’s West Philadelphia location. This area is home to 81 percent of the cancer patients seen at the Abramson Cancer Center. The Abramson Cancer Center also serves residents of Lancaster County, primarily through the Ann B. Barshinger Cancer Institute.



WITH LOCATIONS THROUGHOUT THE
DELAWARE VALLEY, PATIENTS HAVE
ACCESS TO HIGHLY SPECIALIZED,
MULTIDISCIPLINARY ABRAMSON
CANCER CENTER EXPERTS FOCUSED
ON INDIVIDUALIZED CANCER CARE.

PHILADELPHIA LOCATIONS
800.789.7366

- Hospital of the University of Pennsylvania** ●
3400 Spruce Street
Philadelphia, PA 19104
- Penn Presbyterian Medical Center** ●
51 North 39th Street
Philadelphia, PA 19104
- Pennsylvania Hospital** ●
800 Spruce Street
Philadelphia, PA 19107
- Perelman Center for Advanced Medicine** ●
3400 Civic Center Boulevard
Philadelphia, PA 19104

SUBURBAN LOCATIONS

- **Penn Medicine Cherry Hill**
409 Route 70 East
Cherry Hill, NJ 08034
800.789.7366
- **Chester County Hospital**
701 East Marshall Street
West Chester, PA 19380
610.431.5000
- **Lancaster General Health**
Ann B. Barshinger Cancer Institute
2102 Harrisburg Pike
Lancaster, PA 17601
1.888.544.4636
- **Penn Medicine Exton**
700 West Lincoln Highway
Exton, PA 19341
610.431.5000
- **Princeton Health**
Edward & Marie Matthews Center
for Cancer Care
1 Plainsboro Road
Plainsboro, NJ 08536
609. 316.6361
- **Penn Medicine Radnor**
250 King of Prussia Road
Radnor, PA 19087
800.789.7366
- **Penn Medicine Valley Forge**
1001 Chesterbrook Boulevard
Berwyn, PA 19312
610.576.7500
- **Kennett Medical Campus**
402 McFarlan Road
Kennett Square, PA 19348
610.444.5678
- **Penn Medicine Woodbury Heights**
1006 Mantua Pike
Woodbury Heights, NJ 08097
800.789.7366
- **Penn Medicine Voorhees**
200 Bowman Drive
Voorhees, NJ 08043
856.783.1777



AN INSPIRED LIFE

SPARKS GENEROSITY, INNOVATION, AND HOPE

Innovation is born of need, in this case the need to eradicate cancer. Philanthropy fuels this charge. It allows us to keep up with the pace of scientific discovery and translate dynamic ideas into new and promising cancer therapies. Philanthropy also gives us hope. For many people, supporting novel cancer research becomes the silver lining – a way to keep the memory of a loved one alive long after they have passed. For one group of friends, giving back meant all of this and more. The FareHarbor friends' commitment to the Abramson Cancer Center began with the story of a couple, a powerful team whose love and work enriched many.

A POWERFUL TEAM

Susie and Steve Krupnick built businesses and were real estate visionaries, reviving Center City rental properties at a time when many Philadelphians were leaving the city. As industries changed, they converted their family's 19th Century factory building into a mixed-use creative space that now houses 50 artists and craftspeople.

Their love and energy extended to their family too. Susie was a devoted wife, teacher, mother, and grandmother who radiated an undefinable quality that drew people in. She was a pied piper and a ball of positive energy, a creative spirit, and a giver to friends and strangers alike. And Steve was the love of her life.

When cancer entered their lives, Steve and Susie garnered strength from each other, their three children, and numerous grandchildren. Susie's breast cancer journey began in 2008. When her cancer returned in 2014, just before their son David's wedding, Susie continued to live life to the fullest. She threw herself into her grandchildren's lives, trips down the shore, and a never-ending series of projects and renovations. She also helped Steve through his own battle with prostate cancer before she passed away on June 28, 2018, surrounded by her loving family.

But Susie's story does not end there.



“ THIS GIFT IS
A TESTAMENT TO THE
INCREDIBLE IMPACT MY MOM
HAD ON EVERYONE IN HER
LIFE, AND HOW HER FORCE
AND STRENGTH WILL NEVER
BE FORGOTTEN. ”

David Krupnick
Partner in Hope



A BELOVED FRIEND

Susie and Steve's son David is the kind of friend we all aspire to be and have – a connector who keeps friends forever. He is an enthusiastic fan and industrious advocate for those he loves. When a buddy started the small software company FareHarbor, David saw tremendous potential and rallied his friends to invest start-up capital. Years later, when the company was purchased, their small seed investments generated a nice profit.

GRATITUDE BECOMES COMMITMENT

Grateful for their good fortune, David's friends wanted to thank him for bringing them together. They also wanted to honor David's parents, who had been like second parents to many of them.

Led by David's lifelong friend Jason Harrow, whose family has deep philanthropic ties to the Abramson Cancer Center, the FareHarbor friends decided to donate a portion of their profit and establish the Susan Krupnick Discovery and Innovation Fund at the Abramson Cancer Center.

"We all took a risk in our investment, and it paid off. We were given a tremendous opportunity to pay it forward and honor the woman who instilled in David the traits and values that make him such a singular and special friend," said Jason.

LEADING THE CHARGE TO ERADICATE CANCER

VISIONARY CANCER RESEARCH

The Abramson Cancer Center is home to the scientific and medical community leading the charge in the fight against cancer. Our successes are reliant on visionaries whose investments will support the high-risk, high-reward research underfunded by traditional sources.

Visionaries like the Krupnicks, and David's friends Andy Goldberger, Matt Greenberg, Jason Harrow, Lawrence Hester, Adam Nelson, Albert Satija, and others who have since joined their efforts.

Monies from the Susan Krupnick Discovery and Innovation Fund will be used as fast as possible, allowing the ACC to capitalize on research discoveries and fuel game-changing cancer care. The FareHarbor group's investment will directly benefit the brilliant scientists, doctors, and nurses as well as the brave patients who are all on the front lines in the fight against cancer.



PHILANTHROPY CREATES A FUTURE AND PROVIDES HOPE

“ MY FAMILY AND
I DEDICATED OURSELVES
TO THIS FIGHT, SO
OTHERS WOULDN'T HAVE
TO BEAR THE SAME PAIN
WE EXPERIENCED IN
LOSING A LOVED ONE TO
CANCER. ”

Sharyn Berman
Partner in Hope

Sharyn Berman and her family became deeply involved with the Abramson Cancer Center when her husband, Richard, passed away from chronic lymphocytic leukemia (CLL) in 2011. It was from this tragic loss that they created an avenue of hope for others facing cancer by generously supporting research, including work that led to the FDA approval of Kymriah® for multiple types of blood cancer.

Sharyn is the proud mother to six children – Joshua, Matthew, Zachary, Alexander, Nicholas, and Jenna – as well as five grandchildren. Collective support from individuals and families is vital to changing the landscape of cancer research and care, both here in Philadelphia and around the world.

PHILLY FIGHTS CANCER

Philly Fights Cancer has become the city's largest fundraising event – bringing thousands of people together each year to raise vital funding for clinical trials and translational research at Penn's Abramson Cancer Center. Since its inception in 2015, this star-studded event has raised over \$25 million.

Inspiration is felt throughout the evening with stories of hope from people affected by cancer and those fighting beside them. **THANK YOU** to Madlyn and Leonard Abramson, Nancy Wolfson, Missy Dietz, the Philly Fights Cancer Committee, and all of the generous sponsors and guests who help bring research to life.

ROUND 2 | OCTOBER 15, 2016

- Physician Honoree: John H. Glick, MD
- Philanthropic Honoree: Sharyn Berman
- Entertainment: Lionel Richie, Jennifer Hudson, and Tig Nataro
- People in the Ring: 1,300
- Funds Raised: \$5.6 Million

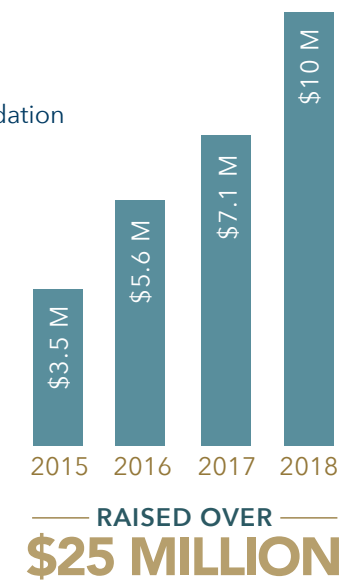


ROUND 3 | OCTOBER 28, 2017

- Physician Honoree: Lynn M. Schuchter, MD
- Philanthropic Honoree: Tara Miller Melanoma Foundation
- Entertainment: Whoopi Goldberg, John Legend, Caly Bevier, and Earth, Wind, and Fire
- People in the Ring: 1,600
- Funds Raised: \$7.1 Million

ROUND 4 | NOVEMBER 10, 2018

- Physician Honoree: Carl H. June, MD
- Philanthropic Honoree: Sean Parker
- Patient Hero: Jessy Kyle
- Entertainment: Jerry Seinfeld and Maroon 5
- People in the Ring: 1,800
- Funds Raised: \$10 Million



BASSER JEAN BASH

Triple Emmy award-winning Rachel Platten's fierce lyrics from her "Fight Song" couldn't have rung more true than at the second Basser Jean Bash on November 14, 2017. In the ultimate fight song, 1,100 people celebrated at Cipriani Wall Street and raised more than \$7 million to support the Basser Center for BRCA at Penn's Abramson Cancer Center.

This evening of transformative philanthropy will quicken the pace of research and discovery to better understand and fight BRCA-related cancer. Celebrating the Center's five years of progress were University of Pennsylvania President Amy M. Gutmann, PhD, Abramson Cancer Center Director Robert H. Vonderheide, MD, DPhil, and Basser Center Executive Director Susan M. Domchek, MD.

Inspiration was felt through and through with the Pulitzer Prize-winning author of *The Emperor of All Maladies*, Siddhartha Mukherjee, MD, DPhil, and Basser Leadership Council members Raquel and Michael Haas, who were the evening's honorees.

Thank you to Levi Strauss & Co. for generously donating jean jackets customized with the distinct Basser logo, which were sold at the denim-themed event. **A BIG THANK YOU** to Jean Bash co-chairs Mindy and Jon Gray and Shari and Len Potter, as well as the dedicated Gene Pool Committee, and all of our generous supporters.



BREAKTHROUGH BIKE CHALLENGE

On September 16, 2018, hundreds of cyclists, volunteers, family, and friends gathered in the beautiful Oley Valley, PA, for the Breakthrough Bike Challenge (BBC). Participants embarked on a ride that provides vital support for cancer research and celebrated a five-year total of over \$1,000,000 raised!

The Abramson Cancer Center is incredibly grateful to have such a strong community that joins together in the fight against cancer. The BBC has supported 25 Abramson Cancer Center researchers, and counting.

Research supported:

- | | | |
|-------------------|--------------------------|----------------------|
| • Blood Cancers | • Global Cancer Medicine | • Neuro-oncology |
| • Breast Cancer | • Immunotherapy | • Ovarian Cancer |
| • Cancer Biology | • Liver Cancer | • Pediatric Cancer |
| • Cancer Genetics | • Lung Cancer | • Population Science |
| • Colon Cancer | • Melanoma | • Prostate Cancer |

"If there's one thing you can remember while you're riding, it's that research cures cancer. And this year, Penn's Abramson Cancer Center was involved in four FDA approvals for new cancer treatments – those breakthroughs were made possible by philanthropy," shared Robert H. Vonderheide, MD, DPhil, Abramson Cancer Center Director.





“ I AM CONTINUALLY
INSPIRED BY THE ACCDLC’S
PASSIONATE DEDICATION AND
AM HONORED AND HUMBLLED TO
SERVE AS ITS CHAIR. TOGETHER,
WE WILL FORGE AHEAD ON
OUR SINGULAR MISSION: TO
ERADICATE CANCER WITH
PHILANTHROPIC SUPPORT FOR
LEADING-EDGE RESEARCH AND
ADVANCED, COMPASSIONATE
CARE. ”

Richard S. Schiffrin, Esq.
Chair, Abramson Cancer Center
Director’s Leadership Council

ABRAMSON CANCER CENTER
DIRECTOR’S LEADERSHIP COUNCIL

Penn's Abramson Cancer Center Director's Leadership Council (ACCDLC) leads the fundraising arm of our institution – ensuring success in raising the resources to support our most critical needs and bring hope to cancer patients and their families. As key contributors to the ACC’s leadership team, council members are our most instrumental advocates, passionate ambassadors, and generous donors.

► CHAIR		► HONORARY CHAIR	
Richard S. Schiffrin		Madlyn K. Abramson	
► MEMBERS			
Sharyn Berman	Duncan Hennes	Shari Potter	
Janice Blumenthal	Barbara Herzlich	Jules Rauch	
Gary Blumenthal	John M. Hyman	Margarita Rooke	
Julie Borrelli	Esther Kaplin	Andrew K. Rooke, Sr.	
Jason Borrelli	Marc Kaplin	Lynn G. Roseman	
Linda Brassington	Kim Karnell	Jerry S. Rosenbloom	
Jonathan Brassington	Rhonda Kessler	Peter Thomas Roth	
Sandy Hoepfner Brown	David Kessler	Loretta Schatz	
Andrew Brozman	Ron Kresge	Ken Schatz	
Richard G. Campbell	Ellen Berman Lee	Barbara Schiffrin	
John Castleman	Lisa Lee	Rebecca Segall	
Sheila Chacker	Robert W. Levis	Gregory Segall	
Edward F. Chacker	Jeffrey Levitt	Benjamin Shein	
Andrew J. Cohen	Donna Lee Lista	Debbie Stamm	
Cheryl A. Colleluori	Suzi Lustgarten	Rick Stamm	
Sandra Cozen	Scott Lustgarten	Jennifer Stern	
Stephen A. Cozen	Frances M. Maguire	Daniel Stern	
Ronald R. Donatucci	Minhaz Manji	Stephen Stonberg	
Lisa Dychala	Patrick McNichol	Carol Summers	
Robert Ebby	Chuck Meyers	Robert Summers	
Christine Edmonds	Kristi Miller	Joan F. Thalheimer	
David Feldman	Lauren Miller	Jackie Topaz	
Jerry Francesco	Leslie Anne Miller	Marc Topaz	
Marilyn Frank	Stacey Mobley	Deborah Feith Tye	
Judith M. Glick	Megan Nicoletti	Inez Wade	
David I. Goldstein	Margaret Anne Nolen	John B. Wade, III	
Sara Gowing	Stacey Pellegrini	Nancy Wolfson	
Carole Haas Gravagno	Louis Pellegrini	Joshua Wolson	
Harry Hayman, III			
► EMERITUS MEMBERS			
Rose Astor	Elizabeth Gemmill	George Miller	
Paul C. Astor	Mindy Gray	Ruth Nathanson	
Steve Atlass	Christopher T.	Richard Prezelski	
Lynda Barness	Grundner	Sean Rooney	
Eileen Brode	Peggy Kahn	Gerard Michael Rosato	
Ellen Caplan	Andrew Kahn	Rafael Rosato	
Ronald Caplan	Sarah Keating	Lyn Ross	
Betsy Z. Cohen	Daniel J. Keating, III	Ann Sorgenti	
Sylvia DiBona	Helene Kendall	Richard A. Sprague	
Donna Feinberg	James Kravitz	Mary Anne M. Stetzer	
Albert J. Feldman	Mariann MacDonald	Barbara Sylk	
Bonnie Fox	Robert MacDonald	Leonard Sylk	
Nancy Astor Fox	Karen Matthews	Richard Vague	
Robert Fox	James Matthews	Andrew Wilson	
Mark Frankel	Debra Miller		

PARTNERS IN HOPE

HONOR ROLL

Like every patient, each donation we receive is special and important. A gift to the Abramson Cancer Center lives on beyond a lifetime. Individually, each person makes a difference; collectively, our many friends help write the next chapter in cancer research and care.

►DIRECTOR’S LEADERSHIP SOCIETY \$100,000 & ABOVE

2019

Madlyn and Leonard Abramson
William Ackman
Hallee and David J. Adelman
Jane Bradley Alavi, MD and Abass Alavi, MD, PhD
The late Annebell E. Altrows
The late Pamela and Angel Alvarez
Anonymous
Regina L. Avallone
Michael M. Axler
Susan K. Axler Foundation for Breast Cancer Cures, Inc.
Nancy Barna, MD and Timothy J. Wilmott
Lynne and Leonard Barrack
June B. Barry and Dr. Edwin Barry
Ilene and Steve Berger
Bryna and Fred Berman
Sharyn Berman and Charles Meyers
Ilene M. and Steven Berman
The Richard Berman Family Fund
Jane and Eric Bischoff
Joan Meyers and Murray I. Blackman, Esq.
David Bonderman
Julie and Jason Borrelli
Mary and Wilson J.C. Braun, Jr.
Breakthrough Bike Challenge
Angela Chao and James W. Breyer
Elizabeth and Stefan Brodie
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