

Preventing Relapse of Ovarian Cancer

UVa Health System doctors are the primary investigators for a national clinical research study of an immunotherapy treatment for women in remission from Stage III and IV ovarian cancer. By using the monoclonal antibody, OvaRex® MAb-B43.13 (oregovomab), researchers are hopeful that relapse can be delayed or prevented.

"Our patients and ovarian cancer patients everywhere have a lot riding on this trial," says Peyton T. Taylor Jr., M.D., the study's PI and medical director of UVA's Cancer Center, an NCI-designated Clinical Cancer Center. "It would be wonderful if we confirm our earlier results, which suggest that we could double the time before relapse occurs or decrease the number of women who ultimately relapse. Seven to eight years of life would be a major impact." He adds: "Most patients who fail do so within 48 months of achieving remission."

Doctors believe OvaRex specifically stimulates the immune response to ovarian cancer cells. When the modified antibody finds its target protein CA125 on the surface of cancer cells and binds to them,



Dr. Peyton Taylor is PI of a national clinical trial that aims to keep ovarian cancer in remission longer.

it causes the body's own immune system to attack the aberrant cells. "The immune system is extraordinarily important in destroying cancers," Taylor says. "But it is easily overwhelmed by a large number of cancer cells in the body. This drug targets women in remission who have a small number of ovarian cancer cells."

This pivotal, confirmatory Phase III trial is being conducted in two identical, simultaneous studies – IMPACT I at the University of California, Los Angeles, and IMPACT II at UVA. "This is a real-world investigational program, not artificially contrived," says Taylor. "The potential for benefit is so promising and there are many safeguards for the patient."

For more information or to refer a patient, contact Pat Mitchell at 434-982-1659 or pmb0h@virginia.edu.

OVARIAN CA TRIAL ELIGIBILITY

- Stage III or IV ovarian cancer
- Elevated serum CA125 level measured prior to or at surgery
- Prior chemotherapy with a taxane and platinum compound
- Optimal surgical cytoreduction
- Normal CT scan



DR. JOHNSON

DR. WEISS

NEW FACULTY APPOINTMENTS AT UVA HEALTH SYSTEM

The University of Virginia Health System is pleased to announce two preeminent physicians have joined the faculty.

Bankole Johnson, D.Sc., M.D., Ph.D., M.Phil., is the new chair of the Department of Psychiatric Medicine, and Geoffrey R. Weiss, M.D., has accepted the position of chief of the Division of Hematology/Oncology and deputy director of the UVA Cancer Center for Clinical Affairs and Research.

Johnson graduated with an M.D. from the University of Glasgow, and trained in psychiatry at the Royal London and Maudsley and Bethlem Royal Hospitals. Johnson earned two doctoral degrees for his research in psychopharmacology and neurosciences from Glasgow. Prior to arriving at UVA, Johnson was at the University of Texas Health Sciences Center at San Antonio, where he served as the Wurzbach Distinguished Professor of Psychiatry and Pharmacology, deputy chairman for Research and chief of the Division of Alcohol and Drug Addiction.

Johnson's research focus is in the integration of neuroscience and

behavioral aspects of addiction medicine, greater understanding of basic drug-seeking behavior and the development of treatments for addiction. Johnson will lead UVA in conducting a successful education program, developing innovative programs in clinical psychiatry and fostering a vibrant, collaborative research enterprise.

Weiss earned his M.D. from St. Louis University, and completed his residency at Temple University Hospital and a Clinical Oncology Fellowship at the Dana-Farber Cancer Institute at Harvard Medical School. Weiss was the chief of the Division of Medical Oncology at the University of Texas Health Science Center at San Antonio and associate director for Clinical Research at the San Antonio Cancer Institute.

Weiss is a leader in bringing new discoveries from the laboratory to the treatment of patients, and his work complements exceptional research programs at UVA, such as the Human Immune Therapy Center. A recognized expert in the clinical investigation of new anti-cancer agents, Weiss has participated in the development of interleukin-2 as a standard treatment for advanced kidney cancer and for malignant melanoma.

UVA BETTER TARGETS

Lung, Liver and Paraspinal Tumors

Radiation oncologists have long known that the precise delivery of the proper amount of radiation to a malignant tumor is key to a successful outcome for their patients. The latest innovation, called tomotherapy, combines real-time CT imaging with a precise radiation delivery system. Last fall, UVA began treating patients on its TomoTherapy Hi-Art System, then one of 16 in the world and the only such machine available for cancer tumor treatment in Virginia. In addition to being used for daily intensity-modulated radiation therapy, this new tool allows UVA's radiation oncology team to deliver higher doses of radiation over fewer sessions to cancerous tumors in the lung, liver or paraspinal region in a process called Image-Guided Stereotactic Body Radiation Therapy.

"This new generation of intensity-modulated radiation therapy has significant advantages over older machines," says Paul Read, M.D., Ph.D., assistant professor of radiation oncology at UVA Health System. "It can image tumors immediately prior to treatment and align the tumor in a perfect position. It also contains a very sophisticated treatment planning system that can deliver radiation anywhere in a 360-degree arc around the patient, resulting in high radiation doses that conform to the shape of the tumor," he adds.

PATIENT CRITERIA

UVA offers Image-Guided Stereotactic Body Radiation Therapy as a treatment option to patients who are evaluated on a case-by-case basis. Specific criteria include:

- ▶ Spinal tumors that have previously been treated with radiation but continue to grow, causing pain and weakness in the legs and arms that can lead to paralysis if left untreated;



Dr. Paul Read leads UVA's tomotherapy team, which includes physicists Janelle Molloy and Ke Sheng, who formerly worked at the University of Wisconsin at Madison where the tomotherapy machine was developed.

- ▶ Early stage lung tumors in patients not medically fit for surgery because of heart or lung disease or who refuse surgery; or
- ▶ Primary tumor or small-volume metastatic tumors in the lung or liver that are confined to two or three distinct sites within those organs.

CONVENIENCE & BETTER OUTCOMES

Image-Guided Stereotactic Body Radiation Therapy is much more streamlined than standard radiation therapy, which often requires patients to come to the hospital five days a week for four to six weeks. Tomotherapy requires one planning session followed by one to three radiation treatments over one to two weeks. Each session lasts between 40

minutes and one hour. Furthermore, the tool's accuracy allows physicians to deliver higher doses of radiation with each treatment to kill a tumor while minimizing the dose to surrounding non-target tissue. "The few short sessions are much more convenient for the patients and the higher radiation doses may be more effective at achieving local tumor control," Read says.

For a consultation or more information on tomotherapy, contact Dr. Read at 434-924-5191.

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