



COREnews

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CANCER RESEARCH CENTER
A LIFE OF SCIENCE

COLORECTAL RESEARCH IN EPIDEMIOLOGY

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CORE Family Studies

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GREETINGS!

Summer is here and we hope you've found a shady spot to read this edition of **CORE News**. Once again, we are deeply grateful for all you add to this research. We hope these pages will give you a sense of belonging to the **CORE Family Study**, because you are an important member of our research family.

Soon, we'll start five and ten-year reunions of sorts: we'll begin contacting those of you who've been with us almost from the start of this project. You can expect a telephone call asking for updates to information you provided us in previous conversations. Even if you or your relatives have been cancer-free for years, we'd still like to talk to you! This information is invaluable in helping us understand how cancer affects people's lives in the long-term.

This year, we're also entering a new phase of research in which we'd like to expand the number of relatives participating in our study. What does this mean for you? For some, it means we will ask to talk to relatives of yours whom we haven't contacted previously. We will also contact others who are currently trying to fully explore their potentially-elevated risk of cancer with the help of the Gastrointes-

tinal Cancer Prevention Program (GICPP). You can learn more about this clinic's work inside the newsletter.

We'd also like to introduce you to the newest member of our research family, Dr. Bill Grady. In addition to heading the GICPP, Dr. Grady is now the clinical lead scientist of the **CORE Studies**. Dr. Grady replaces Dr. John Potter, who left in 2008 to relocate to New Zealand. Dr. Grady is a practicing physician as well as an active research scientist, which is unusual for a person in his role. You can find out more about him on the following page.

Long-term research projects like ours are rare and becoming even more so due to funding cutbacks in this difficult economy. We owe our success to your involvement and we look forward to working with you during the next phase of research into colorectal cancer.

Sincerely,

Polly A. Newcomb

Bill Grady

Polly A. Newcomb and Bill Grady

A MOMENT—MAYBE TWO—WITH DR. BILL GRADY

As Dr. Bill Grady pauses for an interview between back-to-back meetings, he sounds cheerful and relaxed—even though he probably didn't get a full eight hours of sleep last night. "I usually get about four to five hours of sleep per night," he admits, "but fortunately, I tend to do okay with that."

Sometimes there just aren't enough hours in the day for the clinical leader of the **CORE Studies**. In addition to his new job, Dr. Grady also directs the Gastrointestinal Cancer Prevention Program (GICPP), a specialty clinic at the Seattle Cancer Care Alliance (see accompanying article).

And he's a staff physician at the University of Washington.

And an active research scientist at the Fred Hutchinson Research Center.

And the section chief who runs the University of Washington School of Medicine's Gastroenterology Division.

Dr. Grady joined the **CORE Studies** in fall 2008 after the departure of Dr. John Potter, who co-founded the project. Potter's colleague, Dr. Polly Newcomb, had to identify another scientist whose qualifications could stand up to scrutiny by the National Cancer Institute, the federal agency which funds this research. "It was a clear choice," she emphatically declares. "A clinician who knows about colon biology is a tremendous asset to the team," she says.

Dr. Grady believes the future success of colorectal cancer research depends on scientists with dual backgrounds. "You really have to have your feet in both fields to do this," he says. He points to the influence of the latest research on medical treatments—doctors identifying "biomarkers" in a tumor's DNA that indicate which medications could be most effective to slow or stop cancer growth.

Dr. Grady gives an example from his own clinical practice: Tumors with a particular genetic mutation can't be slowed down with the chemotherapy drug Erbitux (cetuximab). In this case, the physician looks for a *KRAS* mutation. If found, it becomes a biomarker that tells the doctor cetuximab will be useless to the patient. "All you're doing is poisoning them, because the mutant *KRAS* tells us the tumor won't respond to this form of treatment," Dr. Grady explains.

You might be familiar with Dr. Grady's work already, if you've also participated in the Colocare research project. Based at the Fred Hutchinson Research Center, he and his colleagues enroll study participants from Seattle-area hospitals. They examine the study participants' donated blood and tumor samples for potential biomarkers. ColoCare scientists think the molecular-level information could help them better predict short-term



and long-term survival among people with colorectal cancer.

Someday, this research could also lead to a test for biomarkers in blood or stool samples that provides a non-invasive, convenient way to detect colorectal cancer. In other words, no more regular colonoscopies—unless the biomarker test is positive. Then the person would have a colonoscopy or surgery to remove the cancerous polyps or tumor detected by the biomarker assay. Dr. Grady says such a test would be especially useful to cancer survivors' relatives, because they begin screening for cancer at a younger age than in the average-risk population.

Dr. Grady finds all of these research and clinical possibilities fascinating and exciting because many of them have the potential to improve our ability to prevent and treat cancer in the near future. "There are a lot of big questions and big ideas," he says, "and that's how I have ended up getting involved in so many projects." And did we mention Dr. Grady also finds the time to mentor two undergraduate students, a master's degree candidate, and two postdoctoral fellow researchers?

Sometimes sleep just has to fall by the wayside. ●





Rising food prices have encouraged consumers to become creative when it comes to making meals, but increased food costs don't mean you have to compromise on healthy meals. Here is a delicious and inexpensive way to enjoy a summer harvest.

RECESSION RATATOUILLE

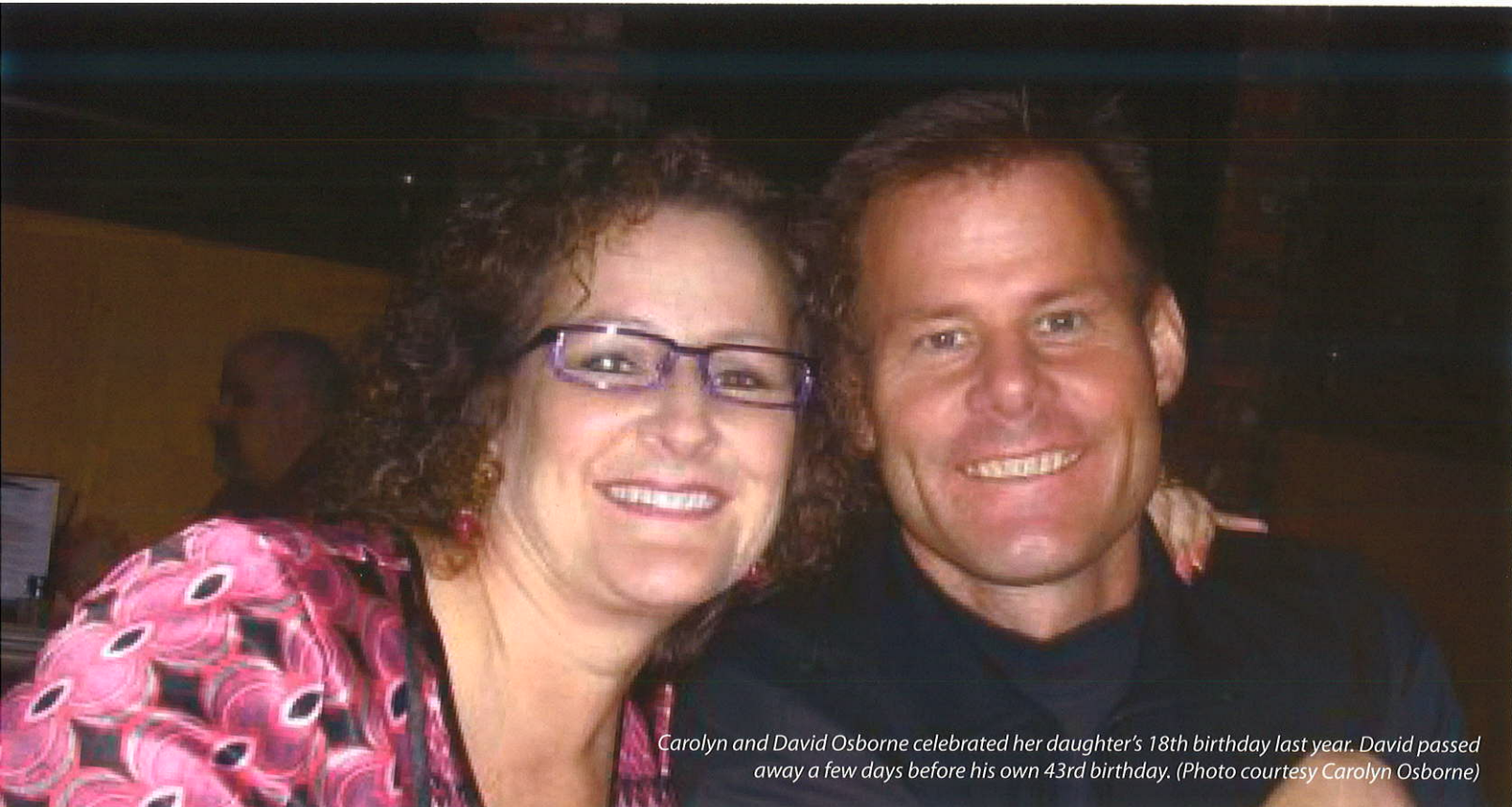
Ingredients

- 2 onions, sliced into thin rings
- 3 cloves garlic, minced
- Olive oil (approx. 1/3 cup)
- 2 green bell peppers, seeded and cubed
- 1 yellow bell pepper, seeded and cubed
- 1 red bell pepper, seeded and cubed
- 1 medium eggplant, cubed
- 2 zucchini, cubed
- 2 medium yellow squash, cubed
- 4 Roma (plum) tomatoes, chopped
- 1 bay leaf
- 2 tablespoons chopped fresh parsley
- 4 sprigs fresh thyme
- Salt and pepper to taste

Directions

1. Heat 1½ tablespoon of the oil in a large pot over medium-low heat. Add the onions and garlic and cook until soft. Remove from heat.
2. In a large skillet, heat 1½ tablespoon of olive oil and sauté peppers in batches until slightly browned on all sides and place in the pot with the onions and garlic.
3. Sauté all the remaining vegetables one batch at a time, adding 1½ tablespoon olive oil to the skillet each time you add a new set of vegetables. Once each batch has been sautéed add them to the large pot as was done in step 2.
4. Return the large pot to medium low heat. Season the vegetables with salt and pepper. Add the bay leaf and thyme and cover the pot. Cook over medium heat for 10-20 minutes.
5. Add the chopped tomatoes and parsley to the large pot and stir; Let sit, covered for 5-10 minutes.
6. Remove the bay leaf and adjust seasoning.

Note from our test kitchen: Yes, we really do test these recipes. This nutritious meal can best be described as a vegetable stew and the texture can be quite soft. Cook it a little for firmer vegetables or cook it a lot for a richer flavor.



Carolyn and David Osborne celebrated her daughter's 18th birthday last year. David passed away a few days before his own 43rd birthday. (Photo courtesy Carolyn Osborne)

A LIFELONG COMMITMENT

In this difficult economy, when many are cutting back on their charitable giving, Carolyn Osborne is giving more. She's committed the rest of her life to making regular donations to the cancer treatment center of St. Anthony Hospital in Gig Harbor, Washington. That's the city where Carolyn's brother David Osborne, a CORE Studies participant, lived and died of colorectal cancer. Now Carolyn donates a portion of proceeds from her art and jewelry sales, in his memory.

Sometimes it's a burst of cash, sometimes just a trickle that Carolyn can donate. But it's always at least 30% of the proceeds from sales of her paintings and fused glass jewelry. "Every time that I write a check – they're not always really big, but they're important to me," she says.

Carolyn is also a single parent raising a teen daughter, and sometimes her friends urge her to hold off donating for a while. "David would understand," she says her friends tell her, "and he wouldn't want you to be struggling so hard." And [I say], 'No. I need to do this.' When I write the check, it feels good to do it."

Carolyn found herself riding a wave of donations that helped to open St. Anthony earlier this year. She helped her niece Kelsey sell tickets to a major fundraiser which Kelsey organized as part of her high school senior year project. The project's ultimate goal: raising enough money to name the lobby for David.

Kelsey achieved her ambitious goal. The oncology center's lobby now displays David's name, thanks to Kelsey's \$250,000 donation, most of it earned during an auction held at a downtown Tacoma hotel. "It was really, really necessary for my niece. And me too," Carolyn continues. "That's why I'm continuing [the donations] forever. And [the fundraiser] was a really cool celebration of him."

Carolyn and David were very close, and he supported her artistic efforts. When he died on August 20, 2008, Carolyn's grief kept her from finishing the painting she'd been working on at the time of his death. "For a while, I couldn't touch it," she says. But eventually, she realized that David would have wanted her to complete the artwork. "It was almost like he was patting me on the back, like, 'See, it's done!'"

In addition to her ongoing sales, Carolyn also holds two art shows per year. David's story is posted near a donation jar at the shows, for those unfamiliar with him. She credits her loyal clients for allowing her to keep donating to St. Anthony's oncology center. And she's optimistic about future sales and donations: "People find money for what they want to find money for," as she puts it. Carolyn hopes David Osborne's life becomes an inspiration someday to others as well. ●

FURTHER READING

The information you share with the **CORE Studies** is priceless to colorectal cancer researchers! Your interviews, medical records and specimen samples form the foundation of their studies on how and why cancer strikes some people, but not others. It also helps us explore genetic awareness and how it's shaping our health management choices. If you'd like to learn more about some of these investigations, here are a few **CORE Studies**-based research projects that have been published in scientific journals.

Colorectal Cancer Cases and Relatives of Cases Indicate Similar Willingness to Receive and Disclose Genetic Information (authors: Rachel Ceballos, Polly A. Newcomb and others)

This survey on genetic testing results was drawn directly from interviews with CORE Studies participants. Most people surveyed said they would want to know if a genetic test showed they were susceptible to an inherited form of colon cancer. Most also agreed they would want their spouses, adult children and family doctor to have that information as well. (Published in *Genetic Testing*, Sept. 2008 – Vol. 12, No. 3.)

Colon Cancer Family Registry: An International Resource for Studies of the Genetic Epidemiology of Colon Cancer (authors: Polly A. Newcomb, John D. Potter and others)

This overview of colon cancer family registries describes their function as a resource for researchers who study this disease. The Colon CFR, as it is also known, includes the **CORE Studies** and five other research centers in the United States, Canada and Australia. The journal article also discusses cancer risk levels across a population, as well as genetic characteristics of some sub-types of colon cancer. (*Cancer Epidemiology, Biomarkers & Prevention*, Nov. 1, 2007 – Vol. 16, No.11.)

Recommendations for the Care of Individuals with an Inherited Predisposition to Lynch Syndrome: A Systematic Review (authors: Noralane M. Lindor, Wylie Burke and others)

The article reviews and updates recommendations on how to treat patients with Lynch syndrome, also called hereditary nonpolyposis colorectal cancer (HNPCC). People with this syndrome inherit a higher-than-normal chance of developing colorectal cancer and certain other cancers. Dr. Wylie Burke of the University of Washington, one of this article's co-authors, was also the principal author of the original 1997 article on which the more current review is based. (*Journal of the American Medical Association [JAMA]*, Sept. 27, 2006 – Vol. 296, No. 12.)

If you would like a copy of any of the above journal articles, please call the **CORE Studies** project line at **(800) 276-0127**. ●





A DIFFERENT KIND OF INHERITANCE

Even if you and a couple of your relatives have had cancer, it doesn't automatically mean your children will develop the disease. But some people do inherit a cancer risk that's higher than normal. And it takes some digging to find out the cancer risks in a family.

Searching for genes that might trigger certain cancers is one way the Gastrointestinal Cancer Prevention Program (GICPP) helps people stay healthy. Clinic coordinator Angela Jacobson says there are now several new genetic tests, and improvements to existing tests. "The tests are becoming more sensitive, and they can catch more mutations," she explains. Finding more mutations means identifying an elevated cancer risk that might have gone undetected just two years ago – and provides a chance to reduce the threat in those people in the family who have an increased risk of cancer.

Some of the newer genetic tests look for evidence of Lynch syndrome (also known as hereditary nonpolyposis colorectal cancer or HNPCC). Another inherited colorectal cancer is familial adenomatous polyposis (FAP).

However, most colorectal cancers are not inherited. And sometimes the genetic mutation can't be identified. But the risk doesn't disappear just because the genetic cause isn't clear. That's why the GICPP clinic relies on more than genetic testing to determine a person's cancer risk.

The clinic provides new patients access to a team of cancer prevention experts: gastroenterologists, a genetic counselor, a nutritionist, and a gynecological oncologist, if necessary. During those discussions, the team will develop a cancer screening and prevention plan tailored to each person's cancer risks and lifestyle. Then the recommendations are shared with the patient's primary care provider or gastroenterologist.



Factors that make an individual high risk for gastrointestinal cancers include one or more of the following:

- Strong family history—two or more close relatives with cancer on the same side of the family, at least one of which is a gastrointestinal cancer
- Cancer before the age of 50
- Colon polyps before the age of 40
- More than 10 colon polyps, at any age
- Two or more types of cancer
- An abnormal result on a genetic test for a hereditary gastrointestinal cancer syndrome, such as Lynch syndrome or FAP

The most important expert on the cancer prevention team, however, may be the patient. That person may become a sort of detective, collecting crucial information -- personal medical records like colonoscopy reports, tumor pathology reports and genetic testing results for themselves and their relatives. GICPP staff assist patients in completing the paperwork necessary to verify the patient's and their family members' cancer and colon polyp histories. Then the staff reviews these medical records, to make the most accurate cancer risk determination and recommendations for cancer prevention and screening.

The follow-up work can be daunting to some. But the clinic staff helps as much as they can. "We are typically able to help with insurance coverage or payment of testing, when the patient doesn't have insurance," Angela says. She also adds insurance companies are increasingly paying for a significant portion of genetic testing costs.

The GICPP clinic meets on the second and fourth Monday of each month. Appointments are usually booked two to four weeks in advance, to allow time for the person to collect records and verify family medical histories. If you'd like to learn more, call the clinic at **206-288-1024**. ●

HAS IT BEEN THAT MANY YEARS ALREADY?

In the upcoming months, some of you might see a letter from us, or get a telephone call, asking for a new interview. We're launching the ten-year follow-up interviews for the first CORE Studies participants. This group includes individuals who were between 20 and 74 years old when first diagnosed with colorectal cancer, as well as their relatives. You're likely part of this group if you've already done two interviews with us. Those conversations occurred roughly five years apart.

We are also launching the five-year follow-up interview for the second round of CORE Studies participants. This group includes individuals who were first diagnosed with colorectal cancer at age 50 or younger, as well as their relatives. Because this is a long-term study, we study trends over a long time period. You might recognize some of the questions we ask, such as those about health, lifestyle and family history information. But we ask them again because you may have come across new information since we last spoke with you. Or some of the answers may have changed since the previous interview.

Even if the answer is "nothing's changed," we'd still like to talk to you. After all, it's been a decade since we first began these conversations! ●



WHERE CAN I GET MORE INFORMATION ABOUT CANCER?

You can call the Cancer Information Service at **1-800-4-CANCER** (1-800-422-6237) and they will answer your questions and send you information at your request.



TELL YOUR STORY

Are you interested in telling your story? If so, we would be honored to feature you in an upcoming newsletter. Please contact Lisa Myers Bulmash at **206-667-5571**. You may also call our toll-free study line at **800-276-0127**.



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