Battling GIST with Gleevec (STI571)

LIFE RAFT GROUP

July-August 2001 Vol. 2, No. 7 In memory of Jeff Prichard

Oral cancer medication legislation wins support

House bill has 178 co-sponsors; companion law offered in Senate

More than over 300 cancer research and care advocates converged on Washington, D.C. last month to urge Congress to support blood cancer research and Medicare coverage of oral cancer medication.

The two-day event June 20-21 began with hundreds of cancer patients and physicians visiting their Congressional delegations to encourage support for pending legislation that would ensure Medicare reimbursement of oral anti-cancer drugs, and for the National Cancer Institute's Blood Cancer Report, known as the Leukemia/ Lymphoma/Myeloma Progress Review Group (LLMPRG).

In one afternoon, advocates made more than 260 congressional meetings. They lobbied for coverage of routine patient care in clinical trials, Medicare coverage of cancer drugs like Gleevec, funding of blood-cancer research at the Pentagon, and funding for National Cancer Institute (NCI) priorities recommended by the Leukemia, Lymphoma and Myeloma Progress Review Group.

Full-page advertisements appeared in three Capitol Hill publications on the importance of Medicare coverage of oral anti-cancer drugs. The Access to Cancer Therapies Act of 2001 (HR 1624), sponsored by Congresswoman Deborah Pryce (R-OH), would require such coverage, gained approximately

See Cancer bill, Page 3

GIST researcher shares 'our' Gleevec experience

Drug resistance, management of side effects are discussed

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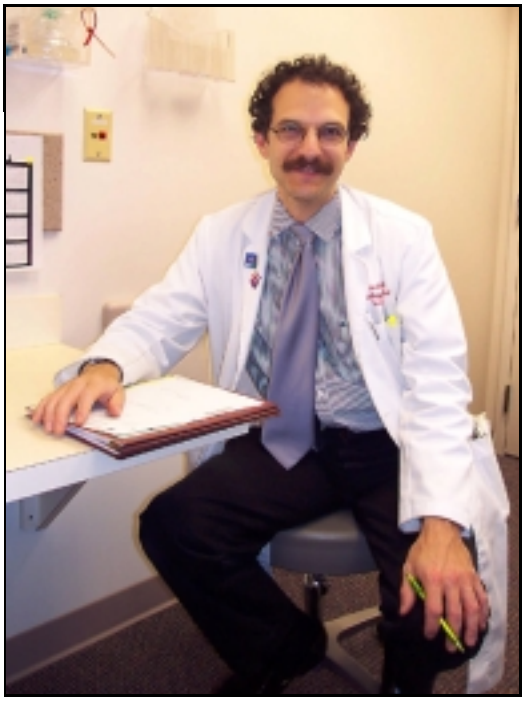

Dr. Charles Blanke pauses during a visit with a clinical trial patient at Oregon Health Sciences University in Portland.

Photo by Richard Palmer

Dear Friends,

I was very excited when asked to write a column for the Life Raft Group newsletter. Originally, I planned to discuss "my" experiences with Gleevec. On further reflection, I realized the whole process has been driven by you, the patients with the disease, and your supportive families. Obviously, the research could not have been done if so many had not been willing to travel extensively and to subject themselves to a wholly unproven cancer remedy. Likewise, the joy I had in presenting our study at the 2001 American Society of Clinical Oncologists' Meeting in San Francisco was nothing compared with my day-to-day experiences in clinic, interacting with everyone touched by the trial. Thus, I want to discuss "our" collective experience in treating GIST.

Certain questions come up frequently in clinic, and many of these have been echoed by the editors of the newsletter. I have tried to answer the most common and/or important:

What is the importance of c-kit mutation?

We believe the mutation drives the malignant behavior of the GIST cell (to steal an analogy from Dr. Druker, think of a thermostat that is always stuck in the "on" position, con-

See Blanke, Page 2

Blanke

From Page 1

tinually causing a furnace to put out heat). It is true that patients with certain types of mutation have a higher chance of going in to remission (as high as 80 percent). However, that information is of little value for patients *already on* the study or drug — we already know what your chance of remission is (0 or 100 percent, depending on whether or not it happened). There is no group, with or without a mutation, in whom we can say Gleevec will work for sure OR that it cannot work and should not be tried.

Can patients become resistant after a remission? How long do responding patients need to take drug?

These are critically important questions. Unless a drug therapy eradicates every last cancer cell ("cure"), all tumors eventually become resistant. However, this has not happened in the CML early-phase population, and until recently, there was no evidence of this occurring in GIST patients. A solitary GIST patient has relapsed after achieving response, but there is reason to think she was not absorbing the drug. When re-administered Gleevec appropriately, her tumors immediately began shrinking again, and in a major way.

We don't know yet why those events happened-we merely speculate something was interfering with the drug, probably poor absorption.

Take home points: not all patients in remission are cured, and patients progressing after an initial good response should probably be tested to make sure they are properly absorbing the drug.

What is the importance of and validity of c-kit testing?

We believe that Gleevec is a *targeted* therapy. In other words, it cannot work if the target is not present in the cancer cell. Luckily, c-kit is fairly easy to test for, and we have seen only a few false positives. As we start looking for more sophisticated targets (e.g., activated KIT, or PDGF-R), the testing gets more complex and the likelihood of error is higher. Another important point: in non-GISTs, it is possible that KIT will be present, but it may not be driving the biologic behavior of that cancer cell. It is possible that Gleevec would not help that type of tumor; so merely having c-kit is not sufficient to guarantee success.

Are patient side-effects being addressed sufficiently?

The mere fact that this is being asked implies they are not. However, I have never found GIST patients to be particularly shy in telling me about problems, so I hope the situation is not too serious! I would encourage all readers to make concerns known to treating physicians and/or study nurses, and to not leave the office (or get off the phone) until a reasonable answer/ solution is obtained.

What are the implications of patient-generated data?

This is powerful and compelling stuff! I remain incredibly impressed by the data-coordinating abilities of the Life Raft personnel. I see the major purpose of this sort of data as hypothesis-generating. Unfortunately, it cannot be free of bias and thus cannot stand by itself, but it certainly can point investigators and the Company in the right direction and let us know what we need to be looking at more closely. Thus, its importance cannot be overstated.

Again, I see the STI project as a victory for both patients and researchers. Participating myself has been the high point of my career. I thank you all and welcome e-mail or newsletter-directed questions.

The newsletter e-mail is linda@interpac.net Dr. Blanke can be reached at blankec@ohsu.edu

Quote:

"Unless a drug therapy eradicates every last cancer cell ('cure'), all tumors eventually become resistant. However, this has not happened in the CML early-phase population, and until recently, there was no evidence of this occurring in GIST patients."

Who's new in the Life Raft Group

Melvin and **Carolyn R.**, his bride of 47 years; he's on the trial at M.D. Anderson.
Al & **Shelia M.**; she's on the trial in Hamilton, Ontario, Canada.
Darlene V., **Anne M**'s friend who is taking Gleevec at UCLA.
Cathy C. and her daughter **April** who is on the trial.
Michael M. from Nova Scotia, beginning the trial in August.
David M., whose father **Frank** is on the trial in Italy.
Becky H., on the trial at Dana Farber.
Marty and **Kathy S.**, **Marty** is on the trial at M.D. Anderson.
Antonio R., a surgery resident in Mexico City, for his father **Carlos** on the trial at M.D. Anderson.

GIST survivor on top of Miss Liberty

Andrea Fuller made it to the top of the Statue of Liberty on June 30. It was an incredible moment for Andrea. A year earlier she was looking at the Hudson River from the ninth floor of New York Presbyterian Hospital, hooked up to a weekly 8-hour infusion while participating in another clinical trial. She was in a wheelchair then, pushed to most of her appointments. Thanks to her nephew, David; Dr. Mary L. Keohan, Gleevec, family and prayers, a year later she's on top of the world. The Inverness, Florida resident has been on Gleevec nearly nine months with 90+ percent shrinkage.

In Memoriam

There have been five deaths of Life Raft Members to date:

- **Debbie Nance**, 38, (10/9/61-10/2/00) wife of Eddie, mother of Chris.
- **Jim Ackerman**, 49, (12/29/51-1/16/01) husband to Betsye, father of Jill and Tom.
- **Jim Perham**, 63, (5/22/37-5/01) father of Kathy Perham-Hester.
- **Amy Barney**, 25, (10/3/75-6/10/01) wife of Reed, mother of Joshua.
- **Jeff Prichard**, 52, (5/19/49-7/11/01) husband to Joyce, father of Gregory and Scott.

Cancer bill

From Page 1

20 new cosponsors following meetings by advocates. H.R. 1624 had 178 cosponsors as of July 17. This legislation has also been introduced in the U. S. Senate as S.913 by Sen. Olympia J. Snowe. It had 20 cosponsors as of July 18.

The highlight of the advocacy events was the June 21 hearing before the Senate Appropriations Subcommittee on Labor, Health and Human Services reviewing the status of research in blood-related cancers. The doors of the hearing room opened at 9:30 a.m. to more 250 patients and physicians waiting to hear testimony from witnesses including former congresswoman and vice presidential candidate Geraldine Ferraro, a multiple myeloma patient, and NCI Director Dr. Richard Klausner. Also represented were Harvard Medical School, Stanford Medical School, and M.D. Anderson Cancer Center.

Senators in attendance at the hearing included Tom Harkin (D-IA), Arlen Specter (R-PA), Kay Bailey Hutchison (R-TX), Barbara Mikulski (D-MD), and Patty Murray (D-WA).

Advocates urged lawmakers to make sure that mechanisms for reimbursement, such as the Access to Cancer Therapies Act, are in place so that patients can receive the very best in cancer treatment.

"New oral anti-cancer drugs are emerging as an indispensable feature of quality cancer care," said Dr. Kenneth Zuckerman, chairman of the American Society of Hematology Committee on Government Affairs and director of the Division of Medical Oncology and Hematology at the University of South Florida.

"Without Medicare coverage, access for cancer patients will be unfairly influenced by the patient's ability to afford these new approaches to treatment, which are not only preferred, but are absolutely necessary as life-extending treatment."

See More cancer bill, Page 4

U.S. Rep. David Wu (R-OR) speaks at a news conference to announce the Access to Cancer Therapies Act of 2001. With him is Dr. Brian Druker, second from right, from Oregon Health Sciences University, who developed Gleevec. The bill will expand Medicare to include oral cancer treatment. Also pictured: Rep. Lois Capps (D-CA), left; Ellen Stoval, president of the National Coalition for Cancer Survivorship (behind Wu); Rep. Sue Myrick (R-NC), and Rep. Deborah Pryce (R-OH).

Photo courtesy U.S. Rep. David Wu

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Who are we and what do we do? We are GIST patients and caregivers (spouses and others) in the Gleevec (STI571) clinical trials who have come together to share our experiences and support each other. Persons not in the trial are encouraged to seek support from the broader leiomyosarcoma (LMS) community. We focus on symptoms, side effects and other drug-related issues. Members correspond privately to each other and to the group as appropriate .

Privacy: Privacy is of paramount concern, and we try to err on the side of privacy. We do not send information that might be considered private to anyone outside the group. To assist in that goal, the secure e-mail listserve does not include professional members of the various study sites. However, this newsletter does serve as an outreach and is widely distributed. Hence, all items in the newsletter are edited to maintain the anonymity of members, unless members have granted publication of more detailed information.

Method: Our primary means of communication is through a confidential, secure listserv operated by the Association of Cancer Online Resources, ACOR (www.acor.org).

Disclaimer: We are patients and caregivers, not doctors. Any information shared among the group should be used with caution, and is not a substitute for careful discussion with your doctor.

Newsletter note: Read at your own risk! Every effort to achieve accuracy is made, but we are human and errors occur. Please advise the newsletter editor of any errors you may find.

More cancer bill

From Page 3

Committee members expressed support for coverage of routine care in clinical trials. Senator Arlen Specter (R-PA) pointedly solicited support for embryonic stem cell research from every witness.

All members of the committee expressed their commitment to seeing that the NCI fully develops and funds the recommendations of the Progress Review Group.

As a result of the June 20-21 events, Senators Kay Bailey Hutchison (R-TX) and Barbara Mikulski (D-MD) have announced that they are introducing bipartisan legislation to increase research, education, and information on blood cancers.

The Hematological Cancer Research Investment and Education Act of 2001, (S. 1094) would authorize $250 million to establish a program at the NIH for research on blood cancers and authorize an additional $25 million for an education program by the Centers for Disease Control and Prevention.

GIST survivor, caregiver in Hawaii

Richard Palmer, phase II clinical trial patient at Oregon Health Sciences University, and his wife Linda, caregiver extraordinaire, snorkel at Pu`uhonua o Honaunau on the Kona Coast of the Big Island of Hawaii. The couple make their home on the other side of the island, in Hilo. Richard was diagnosed in June of 2000, had surgery the following month, recurred immediately, and started the Gleevec trial (400 mg) in January of this year. Tumor shrinkage was 75 percent as of July 11. As is typical with many patients on the trial, Gleevec has given Richard a second chance at life.

Photo by Matt Palmer