News & Views

Summer 2003

Long Island Cancer Center

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Director's Message

John S. Kovach, MD

Developing a Comprehensive Cancer Center on Long Island

A long-term goal of the Long Island Cancer Center (LICC) is to achieve National Cancer Institute (NCI) designation as a comprehensive cancer center. Focused recruitment of additional faculty with specialized clinical expertise and research interests is enhancing opportunities for integrated multidisciplinary programs within the Health Sciences Center and University. And thanks to the vision and persistent efforts of President Shirley Kenny, Dean of the School of Medicine Norman Edelman, MD, and Hospital Director and CEO Bruce Schroffel, a new outpatient cancer center will be opened in 2004. This stand-alone building will foster interdisciplinary practice by placing surgical, medical and pediatric oncologists in close proximity in a facility easily accessible to patients.

There are three categories of NCI designated cancer centers: basic, clinical, and comprehensive. A basic center focuses on one area of research, usually in basic or population research. A clinical center has programs in treatment coupled with laboratory research with or without cancer population research. A comprehensive center has clinical, basic, and cancer prevention and control research, including epidemiology and community education.

It is frequently assumed that cancer center designation by NCI refers mainly to excellence in clinical cancer care. However, cancer center support grants are awarded to facilitate organization of interdisciplinary collaboration among already successful cancer researchers. Cancer center support grants enhance the efficiency and impact of research programs by supporting collaboration and shared scientific facilities. Receipt of an NCI center grant is highly competitive, involving peer review of extensive written documentation of an institution's research quality and an on-site review by an experienced team of scientific and administrative peers.

Historical Perspective

For more than 40 years, the NCI has supported cancer research at academic and research institutions in the United States. In 1961 the NCI created three new grant programs to enhance the scope of cancer research in the United States. About $6 million were allocated for cancer research facilities, program project research grants, and the creation of clinical cancer research center grants. By 1968 the National Cancer Advisory Board introduced the idea of planning grants for cancer centers, and in 1971 the National Cancer Act was established, spearheaded by President Nixon's declared war on cancer.

Over the past three decades, the overall budget of NCI has grown to over $4 billion and support for cancer centers to over $200 million annually. More than half of NCI's annual extramural research funds is now allocated to cancer centers nationwide.

Requirements to Become an NCI Cancer Center

There are six essential features of an NCI Cancer Center that must be met to be competitive for NCI designation (see web site for complete description: http://www.cancer.gov).

1) Focus on Cancer Research

A clearly defined scientific focus on cancer research should be readily apparent from examination of an institution's extramural funding and from the structure and goals of its research programs.

2) Institutional Commitment

Because NCI cannot provide funds sufficient to carry out all the programmatic activities critical for a successful cancer center, each institution must recognize its cancer center as a full organizational component of the institution and provide resources and space directly under the control of the cancer center to ensure its stability and ability to fulfill its objectives.

3) Organizational Capabilities For Evaluation and Planning of Cancer Research

Each institution is expected to take maximum advantage of its capabilities and resources for cancer research. For example, an institution that provides cancer care cannot apply to be only a basic cancer research center but must incorporate clinical cancer research into its overall program.

4) Clinical and Laboratory Facilities Space

A freestanding building is not required, but there must be ample space for research, practice and administration under the control of the cancer center for an applicant institution to be successful.

5) Interdisciplinary Coordination and Collaboration

There must be clear demonstration that different disciplines collaborate in innovative research.

6) Director with Experience

A director with sufficient experience and authority to administer a complex organization is an essential feature of an NCI des-

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ignated cancer center. The four areas of authority of a director necessary for the functioning of an effective center are: control and periodic review of appointments of members of the center; joint control of faculty appointments, in conjunction with department chairs; shared or complete control of specific research space and equipment dedicated to the center; and the authority to assure adequate access of cancer patients to inpatient and outpatient facilities.

A review by a panel composed predominately of directors of established cancer centers has concluded that the tremendous growth of the NCI cancer center program during the past decade cannot be sustained, thus making the cancer center review process even more competitive.

Despite this challenge, the LICC already has several of the essential characteristics needed to become an NCI designated cancer center. There are outstanding basic cancer researchers, a cadre of excellent clinicians caring for children and adults with cancer, and successful research programs in cancer education and epidemiological research.

These elements, combined with the expansion of physical resources of the LICC and the unflagging support of the community and donors, bode well for the success of the LICC in achieving the national prominence it seeks and deserves.

NCI Comprehensive Cancer Center Requirements:

1. **Focus on Cancer Research**
2. **Institutional Commitment**
3. **Organizational Capabilities for Evaluation and Planning of Cancer Research**
4. **Clinical and Laboratory Facilities Space**
5. **Interdisciplinary Coordination and Collaboration**
6. **A Director with Experience**

Long Island Cancer Center
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Cancer Biologist Recruited to Study Pancreatic Cancer

Howard C. Crawford, PhD, appointed Assistant Professor of Pharmacological Sciences at Stony Brook University in May, joined the university to be part of a large and dynamic community of scientists who seek answers in their respective fields. Dr Crawford seeks to better understand the molecular basis of pancreatic cancer and ultimately discover early detection methods and novel therapies for pancreatic cancer, a disease that remains lethal with only a 4% survival rate after 5 years.

Much of Dr Crawford's current research centers on an enzyme (MMP-7) that is expressed in high frequency in pancreatic cancer and chronic pancreatitis in mice. Based on his previous research models, the enzyme appears to be required for disease progression. Dr Crawford points out that humans who have pancreatitis have a much higher risk of developing pancreatic cancer. He says that initial research will include testing the involvement of MMP-7 in multiple animal models of pancreatic cancer and studying how chronic pancreatitis may lead to pancreatic cancer.

Dr Crawford says that this basic research on pancreatic cancer, undertaken by the Department of Pharmacology in collaboration with the Long Island Cancer Center, is the first step toward understanding pancreatic cancer initiation and progression in humans. He hopes to create similar research models to study other cancers, such as esophageal and gastric, which display similar associations between inflammation and cancer progression.

Formerly of the Vanderbilt University School of Medicine in Nashville, Tenn., Dr Crawford received a research award from the Vanderbilt Cancer Center in 1998. He received his PhD in Biology from the University of Texas Southwestern Medical Center at Dallas.

Happenings

Sept. 15 "Ovarian Cancer Awareness Month"
Women's Menopause Health Lecture Series
Speaker: Kent Chan, MD
Longwood Public Library, Middle Island
7:00 to 8:30 PM
Contact: Doris Weisman at 631-444-1314

This presentation, sponsored by Stony Brook University Hospital's Department of Obstetrics / Gynecology and Reproductive Medicine, is part of the Women's Menopause Health Lecture Series. Pre-registration is required.

Sept. 21 10th Annual Walk for Beauty
Stony Brook Village Center
9:30 AM (Registration begins at 8:00 AM)
Contact: Deborah Schreifels at 631-444-6400

For the second consecutive year, funds raised from "Walk for Beauty…in a Beautiful Place" will support breast and prostate cancer research at Stony Brook University Hospital. The 4 kilometer and 6 kilometer walks take participants through historic Stony Brook.

Summer / Fall Cancer Helpline
1-800-862-2215
Contact: Teresa Beutel at
631-444-4363

Two days a month, a Stony Brook University Hospital oncology nurse will be available to answer questions about cancer – once at the Health Resource Center located at the main entrance of the hospital and a second time at the Community Resource Center in Stony Brook Village at 115 Main Street. Questions are also fielded regularly through the Cancer Helpline.

Sept. 25 2003 Annual Gala
Breast Cancer Help, Inc.
The Watermill Restaurant
711 Smithtown Bypass, Smithtown, NY
6:30 to 11:00 PM
Contact: Donna Cirincione at
631-444-1167 or at
dcirincione@notes.cc.sunysb.edu

The 2003 Annual Gala supports the purchase of the Confirma™ breast magnetic resonance imaging (MRI) workstation at Stony Brook University Hospital, as well as programs for cancer patients at the Cancer Help and Wellness Center at the Rainbow Senior Center in Lindenhurst. Donation is $100 per person. The evening includes a cocktail hour, dinner, dancing, along with complimentary wine and beer.

Hospital Awarded National Approval for Cancer Care Program

The Stony Brook University Hospital Cancer Care Program received approval of the Commission on Cancer of the American College of Surgeons (ACS) as a Teaching Hospital-level Approved Program, a distinction given to only 20% of hospitals nationwide seeking this certification. Stony Brook is the only Suffolk County institution to be awarded the designation, which is approved for the next three years.

An ACS commission-approved program indicates that the hospital's quality of care and access to services conforms to high national standards. Another advantage of ACS approval is that it will help foster multidisciplinary cooperation and collaboration, patient access to clinical trials, and ongoing monitoring and improvement of cancer care.

News & Views
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Long Island Cancer Center

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Multidisciplinary Team Care Advances Treatment Programs

By Greg Filiano

Many questions and fears come to patients' minds when they first hear of their diagnosis-cancer. The process of having their questions answered and fears eased is often smoother when patients are able to see a team of specialists in a single visit. In an effort to foster this multidisciplinary practice approach, the Long Island Cancer Center (LICC) is aligning Surgical Oncology with other oncology disciplines to build teams for diagnosing and treating patients.

"Our goal is to give patients a complete picture of their condition and therapeutic options in one initial visit," says Martin Karpeh, MD, Chief of Surgical Oncology, whose expertise in cancers of the upper gastrointestinal tract expands Stony Brook University Hospital's scope of surgical services. He believes that an emphasis on patient education and an integrated team approach to diagnosis and treatment are two necessary elements for a successful cancer care program.

> **"Our goal is to give patients a complete picture of their condition and therapeutic options in one initial visit"**
>
> ***—Martin Karpeh, MD***

Another essential component is improving ease of patient entry, which will be accomplished, in part, by developing the team approach. "Oncologists from Surgery, Medicine, Radiation Therapy, as well as other specialists, will generate a treatment plan in a single visit rather than having the patients return for multiple consults," says Dr Karpeh. In support of this goal, Stony Brook University Hospital and the LICC are developing an outpatient center that will bring most of these disciplines together under a single roof.

"All the components of a cancer center -- such as clinical services, research and commitment to academics -- are at Stony Brook, and surgical oncology is a major part of that," says Dr Karpeh. He indicates that surgery is one aspect of the total treatment picture. "Achieving a complete excision of the tumor and properly documenting the extent of disease is an important component in the treatment algorithm that ultimately affects the course of subsequent care," says Dr Karpeh. "Patients need to understand how the proper operation fits into the bigger picture of their therapy."

Technical Improvements Add to Treatment Capabilities

The hospital's recent investment in technologies should help advance treatment for certain cancers. Dr Karpeh specifically cites the hospital's improvements in imaging and greater use of laparoscopic surgical techniques. He points out that the quality of imaging, such as computerized tomography (CT) and positron emission tomography (PET) scans, is of utmost importance when determining the scope of an operation.

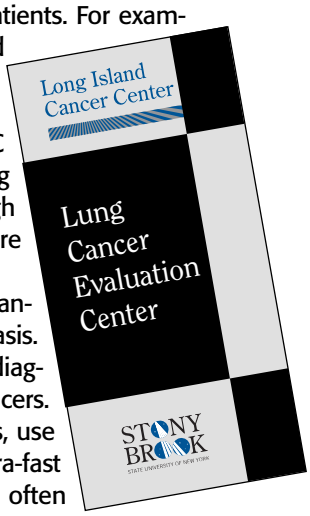
Other advancements include more frequent use of sentinel lymph node mapping to reduce the number of extensive operations that remove large numbers of lymph nodes needlessly, and the use of laparoscopy to reduce blood loss, lower the complication rate for major operations, and shorten the time to full recovery. Dr Karpeh says that surgical oncologists at Stony Brook University Hospital are now performing surgery that preserves anal sphincter function after rectal cancer surgery, thus avoiding the use of colostomy bags.

For patients to have quicker access to such advancements and to all surgical, oncology, or radiation oncology services, the interaction and communication of interdisciplinary teams within a centralized location is desirable. A program launched in December 2000, the Lung Cancer Evaluation Center (LCEC), does just this and reflects the goal of the LICC to provide practices that employ a multidisciplinary treatment approach and emphasize patient education. The LCEC, a program envisioned by Sharona Sachs, MD, pulmonologist and LCEC Program Director, is a good example of such a coordinated approach to medical care.

Lung Cancer Evaluation Center as Model Program

Since its inception, the LCEC has evaluated nearly 500 patients with lung cancer or suspected lung disease. All LCEC clinicians - including a pulmonologist, oncologist, thoracic surgeon, and radiation oncologist -- specialize in the diagnosis and treatment of lung cancer. This multidisciplinary team collaborates in one clinical setting to evaluate patients, aiming to provide complete assessment in a single day.

There is one point of entry for all patients. For example, whether patients have undefined chest x-ray abnormalities or an established diagnosis of lung cancer, they contact a central coordinator for LCEC services. All appointments for testing and examinations are made through that coordinator throughout the entire diagnostic and/or treatment process.



The LCEC multidisciplinary team manages patients on a case-by-case basis. Management of patients can include diagnosing, staging, and treating lung cancers. For those with suspected malignancies, use of diagnostic techniques such as ultra-fast CT scanning and PET scanning are often

Additional Oncologists Join LICC

Bone Marrow Transplant Specialist Appointed

In conjunction with its expanding services and scope of practice, Stony Brook University Hospital has hired two new oncologists who will join the Long Island Cancer Center (LICC) this July.

Administrative efforts toward building a bone marrow transplantation (BMT) program at Stony Brook University Hospital have accelerated with the recruitment of Douglas E. Gladstone, MD, to the Division of Neoplastic Diseases in the Department of Medicine. As a leader of Drexel University's BMT Program for the past four years, Dr Gladstone has worked in both the clinical and research aspects of BMT for the treatment of leukemias and lymphomas as well as an emerging therapy for autoimmune diseases, such as rapidly progressive multiple sclerosis. A native of Long Island, Dr Gladstone is a graduate of New York University School of Medicine. He received specialty training in hematology and oncology at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins in Baltimore.

Appointed by Medical Oncology, Janice Lu, MD, PhD, a hematologist/oncologist, has experience in clinical oncology and molecular biology and brings further depth to patient care and clinical and translational research programs at the LICC. She is interested in the evaluation of new drugs and combinations of drugs biological agents in the treatment of solid tumors such as those of the lung, stomach and colon. This spring she received a grant from New York University to study a gene abnormality associated with ovarian and gastrointestinal cancer that might be a target for selective drug intervention. Dr Lu was most recently an oncology fellow at New York University Cancer Institute in Manhattan.

necessary. Patients also have access to a bronchoscopy specialist who provides both diagnostic and treatment services. Advanced bronchoscopic maneuvering can be used to define stage of disease for diagnostic purposes, as well as treat known malignancies by way of techniques such as brachytherapy and cautery.

"As we manage each patient's case, we 'walk' the patient through their treatment options and help them fully understand their diagnosis and why a certain treatment strategy is recommended," says Dr Sachs. "We explain that there are many conditions to evaluate before a treatment course is taken, such as the patient's general health, size of the lesion [on the lung], location and involvement of other structures within or outside the chest."

Thoracic surgeon Thomas Bilfinger, MD, says that that the interdisciplinary approach to patient evaluation is conducive to the development of a cohesive treatment strategy. Surgeons typically discuss with the team whether surgery should be part of the treatment, and if so, to what extent. All the lung cancer specialists complete a patient assessment before a treatment strategy is initiated.

Dr Bilfinger says that no single treatment, or combination of treatments, is right for every patient, but he stresses that patient evaluation in a collaborative setting often leads to the development of the best treatment course available for an individual patient. This approach is particularly valuable when evaluating treatment options for lung cancer patients because treatment is often multimodal, consisting of surgery, radiation therapy, and/or chemotherapy.

"Our goal is to always initiate the earliest possible intervention for patients with lung cancer, as this greatly increases their chances of survival," says Dr Sachs. She adds that as the team manages each case, the interdisciplinary group weighs all treatment options and strategies before a decision is made. The ability of the LCEC team to make a complete diagnosis, initiate treatment, then manage each patient's case as a team, helps facilitate earlier diagnosis and optimize treatment results.

According to John S. Kovach, LICC Director, a new outpatient cancer center expected to open in 2004 will bring together medical and surgical oncologists in common space, enhancing the efficiency with which the center can provide multidisciplinary treatment planning for all cancers.

Lung Cancer Evaluation Center

FAST FACTS:

- Established December 2000
- 500 Patients Evaluated
- Central Patient Coordinator
- Multidisciplinary Team Approach
- Clinical Focus: Early Intervention
- Patient Education

State Funds Fuel Breast Cancer Education Program

Cancer control refers to research in behavioral, social, and population sciences that alone or in association with biomedical research seeks to reduce cancer risk, incidence, morbidity and mortality. As a state institution and the largest provider of medical care in Suffolk County that serves a population approaching two million people, Stony Brook University Hospital wants to reach out to underserved communities with educational programs and services to reduce the burden of cancer in the population.

One approach to cancer control taken by the Long Island Cancer Center (LICC) is the creation of a database and blood and tissue samples to serve as a public research resource for investigators studying causation of breast and other cancers (see feature on the Long Island Cancer Center Database Project).

The LICC is seeking ways to bring cancer education and information to the community, specifically to underserved populations, and to evaluate the effectiveness of educational approaches. Elinor Schoenfeld, PhD, an epidemiologist and Research Associate Professor, Department of Preventive Medicine, is working with Susie Roden, co-founder of the South Fork Breast Health Coalition, to enhance breast cancer education among Latina and Native American women living on the South Fork of Long Island. The South Fork Breast Health Coalition, in collaboration with the LICC, received a $75,000, two-year grant from New York State to support this project.

The goals of the project are: 1) to increase women's knowledge about breast health and screening practices for early detection of cancer, and 2) to help South Fork women become more proactive in obtaining mammograms.

To achieve these goals, the group will use an educational approach developed by Dr Schoenfeld that focuses on direct contact with these women. This will include use of a web-based program, accessible from public library Internet systems, that educates women about breast cancer screening and through a question and answer series indicates breast cancer screening recommendations for the user. "This is a new health education tool that will be user-friendly and interesting for individuals concerned about breast cancer and understanding more about their own breast health," says Dr Schoenfeld, who also indicates that nurse educators will conduct seminars to explain the importance of breast health and screening practices.

She adds that the plan for the first year of the grant are to develop the program, tailor the system for the needs of women on the South Fork of Long Island, and begin recruitment of study participants. Plans for the second year include completion of recruitment of 400 or more women and evaluation of the effectiveness of the teaching methods.

Reaching African American Women

To extend the breadth of LICC outreach programs, John S. Kovach, MD, LICC Director, has discussed community educational programs with elected officials of the Town of Babylon. This township has one of the more culturally mixed municipalities on Long Island, with a significant population of African American women. Many of these women are concerned about breast cancer in their community yet may not be taking full advantage of available opportunities for breast cancer screening.

A portion of a generous gift of $345,000 for breast cancer research and education from the QVC Shopping Network in partnership with the Fashion Footwear Association of New York (FFANY) will be used to support an outreach program for the Town of Babylon. The goal the program is to increase rates of mammography and improve the timely follow-up of abnormalities. As an initial step toward this goal, Dr Schoenfeld and LICC colleagues are meeting with women from the township to discuss how working together might enhance community based educational programs for breast health and increase rates of breast cancer screening.

LICC Educational Series Continues

This fall the Long Island Cancer Center (LICC) expects to continue its public educational series titled "Conquering Cancer in the 21st Century." In May the LICC held its third seminar of the ongoing series with discussions about prostate, kidney, and bladder cancers. Topics for future seminars will be based on developments in clinical care and research at the LICC and community interests and needs.

At the spring seminar, Howard L. Adler, MD, FACS, Assistant Professor of Urology and Director of Stony Brook University's Prostate Care Program, discussed the use of prostate specific antigen (PSA) testing and treatment options. Prostate cancer is the most prevalent of all three of these urologic cancers, and Dr Adler noted the growing prevalence of this disease and the importance of early detection. He said that many physicians believe that PSA testing remains important because no symptoms are present in early stage disease.

Dr Adler is a proponent of individualizing prostate cancer therapy. He indicated that standard and novel treatments often work differently for each individual and there is no one standard treatment. The most commonly used treatments are radical prostatectomy, radiation therapy, cryosurgery, hormonal therapy, and watchful waiting. Novel treatments for prostate cancer include cell-cycle regulation, angiogenesis, and immunotherapy.

Wayne Walzer, MD, Professor and Chairman of the Department of Urology, said that immunotherapy is the mainstay of kidney cancer treatment. This form of cancer is resistant to radiation therapy, but radiation is used to reduce the effects of cancer when it spreads to other areas, such as bone. Professor of Urology Richard Lewis, MD, discussed how bladder cancer is a curable disease but cautioned that it often recurs in many patients, even years later, and it can be a life-long problem. There are four main forms of bladder cancer, and it most commonly spreads to the liver, lungs and bowel. Chemotherapy is the only current option to treat metastatic disease, but Dr Lewis suggested that gene therapy could prove to be a better alternative in the near future.

LICC Database: A Vital Resource for Future Cancer Research

Determining the causes of cancer is a complex task that involves uncovering a multitude of genetic and environmental conditions that contribute to disease development. To study the causes of breast and prostate cancer, the Long Island Cancer Center (LICC) is gathering and storing genetic, medical and demographic information from participating Long Island residents.

The purpose of the Long Island Database Project, which was launched this spring, is to create a repository of information available to researchers who are postulating possible causes of cancer. The project is funded by a grant of $990,000 from the Department of Housing and Urban Development championed by former First Congressional District Congressman Felix Grucci and a $245,000 charitable gift from the QVC Shopping Network and the Fashion Footwear Association of New York (FFANY). This gift stems largely from their annual fundraising dinner and sale of donated high-fashion woman's shoes aired nationally by QVC.

A blood sample will be obtained from all participants, and access to tissue previously removed from cancer survivors during their surgery will be requested. Data from these samples will be used for studies of genetic predisposition to cancers and/or environmental conditions contributing to cancer. Additional information will be gathered by either telephone or an in-person interview with cancer survivors, their family members, and those participants who have not had cancer.

The database will include each participant's medical, family, occupational and residential history. Before participants sign a written agreement to enroll in the database project, they receive an explanation of the project and description of the procedures. All data will be kept in coded form in a secure computer with access limited to project staff.

Recruitment Criteria

Recruitment for the breast cancer part of the database began in May, and recruitment for the prostate cancer part will begin in the fall. The initial goal is to recruit at least 400 breast cancer survivors, 400 prostate cancer survivors, and 200 individuals without a history of breast or prostate cancer as controls.

A community participant without a history of breast or prostate cancer must be a current Long Island resident and have been a resident of Long Island for at least 5 years prior to taking part in the project. Breast or prostate cancer survivors must have been diagnosed after January 1, 1992, have lived on Long Island 5 years prior to the diagnosis and still reside on Long Island.

Family members who want to participate must be first-degree relatives of an enrolled cancer survivor. All participants in the project must be age 18 years or older.

Working With Clues, Creating Theories

"Databases of medical information coupled with samples of blood and diseased tissue will be indispensable if we are to realize the potential of our technology for the improvement of public health," says John S. Kovach, MD, LICC Director and principal investigator of the project, in reference to the fast pace of technological advances in areas such as gene characterization.

Co-investigator Elinor Schoenfeld, PhD, Research Associate Professor, Preventive Medicine, adds that analyses of the data may also provide insight as to why a specific type of cancer is much more common in a given geographical region. She points out that with access to a carefully constructed database one can test many hypotheses not only about potential causes of cancer but also about cancer incidence, prevention, early detection, and even treatment.

A specific interest of investigators at the LICC is the identification of interactions between genetic inheritance and environmental factors in relation to cancer occurrence. With availability of the database, many researchers could test a variety of hypotheses in the same set of cancer patients without having to create their own database, an endeavor that requires considerable time and expense.

A Valuable Resource at Hand

Dr Kovach is confident that scientists will view the database as an important resource for research on the causation and detection of breast and prostate cancer. These two forms of cancer commonly afflict Long Islanders. According to the New York State

5 Key Features of the LICC Database Project

1. A consent form is necessary for project enrollment
2. All participants must provide a blood sample
3. Participant information gathered by telephone or in-person interview
4. Access to diseased tissue of survivors requested
5. Information on participant's medical, family, occupational and residential history remains confidential

Department of Health's latest statistics from the New York State Cancer Registry on cancer incidence and mortality by county and gender (1995 to 1999), breast cancer was the most common form of cancer in women in Suffolk County and prostate cancer the most common type of cancer in men in the county. The average annual number of cases of breast cancer in women in Suffolk was 1,088 (or 152 per 100,000) during that period, and the average annual number of cases of prostate cancer in men was 968 (or 170 per 100,000). These were significantly higher incidences compared to the breast and prostate cancer rates in New York State overall, where they reached 133 and 150, respectively. Mortality rates per 100,000 for breast and prostate cancers were 34 and 33, respectively.

High Rates of Breast and Prostate Cancer in Suffolk County* Compared to New York State (#'s)

Cancer Type	Average Annual Cases	Cases per 100,000	Mortality Rate (per 100,000)
Breast	*1,088*	*152 (133)*	*34 (32)*
Prostate	*968*	*170 (150)*	*33 (32)*

* Incidence and mortality rates are based on data from the New York State Department of Health's cancer statistics in Suffolk County, 1995 to 1999. Rates per 100,000 persons are age-adjusted to the 2000 U.S. standard population.

These sobering statistics illustrate the importance of continued research that could lead scientists to uncover some of the causes of breast and prostate cancers in our region. Creation of a regional database will also make the public more aware of the rapid pace of cancer research over the past decade and provide an opportunity for the public to become, in a sense, a partner with scientists in tackling the cancer problem.

The LICC is also seeking additional funds to establish a pathology network with community hospitals in the region to create a large frozen cancer tissue bank. Proper preservation of tissue and blood is essential for molecular studies to be done, and the most effective means of preserving tissue is to freeze it. Dr Kovach states that the present standard method of preparing tissue (fixation in formalin) for pathology study destroys or seriously limits the value of the material for modern molecular research.

He argues that the value of complete databases with medical, occupational, residential, and properly collected blood and tissue information far outweighs the challenges and cost of development. "Scientific knowledge proceeds unpredictably and often very rapidly," says Dr Kovach. For example, ten years ago mapping the entire genome was closer to science fiction than contemporary science, but the task has already been completed. To exploit such scientific breakthroughs, it is much more efficient to have complete repositories of information and material so that new hypotheses can be tested immediately.

LICC Database Project
Contact:
Jeanne Kidd
1-800-KNOW-MORE
(1-800-566-9667)

Criteria for Database Participants

Community Controls
- ☑ Never diagnosed with breast or prostate cancer
- ☑ Resident of Long Island for the past 5 years
- ☑ A current Long Island resident
- ☑ Age 18 years or older
- ☑ Not a relative of a database participant who is a breast or prostate cancer survivor

Breast and Prostate Cancer Survivors
- ☑ Diagnosed after January 1, 1992
- ☑ Resident of Long Island for 5 years prior to cancer diagnosis
- ☑ Current Long Island resident
- ☑ Age 18 years or older

Family Members of Survivors
- ☑ Must be a first-degree relative of a breast or prostate cancer participant
- ☑ Age 18 years or older