

CBS NEWS – May 16

[Lower-fat Diet Reduces Women's Risk of Dying from Breast Cancer, Study Says](#)

Women who followed a lower-fat diet rich in fruits, vegetables and grains had a lower risk of dying of breast cancer than those on a higher-fat diet, according to the results of a study released by the Women's Health Initiative.

According to Elisa Port, MD, FACS, director of the Dubin Breast Center and chief of breast surgery at the Mount Sinai Hospital who was not involved in the study "There are certain things we cannot control about breast cancer recurring or developing in the first place." Cynthia Arrington is a 53-year-old breast cancer survivor who receives nutritional and wellness counseling at Mount Sinai's Dubin Breast Center from Kelly Hogan, MS, RD, CDN, and clinical nutrition and wellness manager. Kelly advises patients to eat less red meat and processed foods and to sprinkle in some healthy plant-based fats like olive oil, nuts, seeds, and avocados.

— **Elisa R. Port, MD, FACS, Associate Professor, Surgery, Icahn School of Medicine at Mount Sinai, Director, Dubin Breast Center, Chief, Breast Surgery, The Mount Sinai Hospital**

— **Kelly Hogan, MS, RD, CDN, Clinical Nutrition and Wellness Manager, The Dubin Breast Center, The Mount Sinai Hospital**

Additional coverage: [The Washington Post](#); [CBS New York](#); [Healio](#); [HemOnc Today](#) [The Seattle Times Online](#); [Pittsburg Post-Gazette Online](#); [SFGate](#); [NYC Epeak](#); [WFSB](#);

HEALTHLINE – May 16

[How the Measles Outbreak Endangers People Receiving Cancer Treatment](#)

People with cancer have many health concerns. Among them is the fact that treatments can affect the immune system, increasing the risk of infections like measles. "Getting measles at any time in your life is dangerous," said Nicholas Rohs, MD, assistant professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai, "But it's particularly dangerous in people who are getting active cancer therapy." He added, "Many kinds of chemotherapy can suppress the immune system, making it harder for the body to combat the virus."

— **Nicholas C. Rohs, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

WOMEN'S HEALTH ONLINE – May 16

[Are You Doing Enough To Protect Your Skin From The Sun?](#)

The American Academy of Dermatology recommends SPF 30 or higher, and although the difference between SPF 30 and SPF 50 isn't huge, if you're light-sensitive or have a history of skin cancer in your family it couldn't hurt to reach for a more protective formula. According to Debra Jaliman, MD, assistant clinical professor of dermatology at the Icahn School of Medicine at Mount Sinai, individuals should be cautious regarding weather conditions as well. "Just because it's cloudy does not mean you are free from the damaging effects of the sun."

— **Debra Jaliman, MD, Assistant Clinical Professor, Dermatology, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Yahoo Lifestyle](#)

THE WALL STREET JOURNAL – May 17

[New York's First Proton Therapy Center to Open in July](#)

New York City is set to get a new radiation treatment center that uses proton beams to treat cancerous tumors.

Called the New York Proton Center, it is a for-profit partnership of Memorial Sloan Kettering Cancer Center, Montefiore Health System and Mount Sinai Health System, managed by the ProHEALTH Company. It is the first such proton therapy facility in New York State. At full capacity, the center will be able to treat around 1,400 patients a year, including some 200 pediatric patients. There are four treatment rooms and every patient will have access to social workers and nutritionists that are in-house to support their treatment.

— **Mount Sinai Health System**

REUTERS ONLINE – May 17

Healthy Diet Cuts Risk of Dying from Breast Cancer in Older Women

A balanced, low-fat diet significantly lowers the risk of dying from breast cancer in postmenopausal women, according to new long-term data from the Women's Health Initiative Dietary Modification trial. "Quality of the diet and dietary patterns over time are an important component of long-term health in women with breast cancer," said Kelly Hogan, MS, RD, CDN, and clinical nutrition and wellness manager at Mount Sinai's Dubin Breast Center who was not involved in the study. Kelly added, "The health benefits of a plant-based diet are well known, and this study further emphasizes the importance and possible protective factors of a diet high in plant foods, such as fruits, vegetables and whole grains, in women with breast cancer, as well as the importance of continued nutritional guidance from their healthcare teams to help them adapt these dietary changes throughout their treatment and beyond."

— **Kelly Hogan, MS, RD, CDN, Clinical Nutrition and Wellness Manager, The Dubin Breast Center, The Mount Sinai Hospital**

Additional coverage: [Business Insider](#); [Associated Press](#); [Physicians Weekly](#); [The Business Journals](#)

HEALIO: HEMONC TODAY – May 17

Lower-dose Chemotherapy Benefits Older, Frail Patients with Advanced Gastroesophageal Cancer

A lower-dose, less-toxic regimen of oxaliplatin and capecitabine conferred comparable PFS as the higher-dose regimen among frail and/or elderly patients with advanced gastroesophageal cancer, according to results from the randomized phase 3 GO2 trial scheduled for presentation at ASCO Annual Meeting. Results also showed the lower-dose chemotherapy regimen appeared associated with superior quality of life. Nicholas Rohs, MD, assistant professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai said, "This is the kind of data that oncologists love to see. One common assumption is that oncologists like to give more and more chemotherapy, but we actually like to give less, and if we can get a more tolerable regimen with equivalent outcomes, that is fantastic."

— **Nicholas C. Rohs, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

DAILY MAIL – May 17

US Regulators Approve First Ever Blood Thinner for Children to Treat Heart Conditions and Pediatric Cancer

U.S. regulators have approved the first blood-thinner for children to treat congenital heart disease, cancer, trauma and infection. Until now, doctors have been unofficially using adult products to treat kids, however the US Food and Drug Administration has now approved the widely-used injection made by Pfizer, called Fragmin, to be used for pediatric patients over one month old. According to Robert Pass, MD, chief of the division of pediatric cardiology at the Icahn School of Medicine at Mount Sinai and Mount Sinai Kravis Children's Hospital the move is "significant." Dr. Pass added, "Having this agent approved for this use by the FDA is hopefully the first in many further approvals of agents for the treatment of venous thrombosis in children as well as other agents to treat many other pediatric diseases going forward."

— **Robert H. Pass, MD, Senior Faculty, Professor, Pediatrics, Chief, Division of Pediatric Cardiology, Icahn School of Medicine at Mount Sinai, Mount Sinai Kravis Children's Hospital, Co-Director, Children's Heart Center, Director, Pediatric Electrophysiology, Mount Sinai Health System**

Additional coverage: [Express Digest](#); [Konitono](#)

CANCER NETWORK – May 17

[First-Line Therapy for Metastatic RCC Remains Controversial Amid New Approvals](#)

In April, the Food and Drug Administration approved pembrolizumab plus axitinib as a first-line treatment for patients with advanced renal cell carcinoma. The approval, however, comes at a time of considerable progress in the first-line treatment of advanced RCC and means pembrolizumab plus axitinib may not necessarily be the new standard of care for this patient population. The approval comes one year after the FDA approval of nivolumab plus ipilimumab for the same treatment line and very similar population of patients. According to Che-Kai Tsao, MD, associate professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai, “There’s no one right answer.” Dr. Tsao added, “The choice is controversial because both combinations showed an OS benefit against sunitinib. In addition, the overall response rate was higher for pembrolizumab plus axitinib compared with ipilimumab plus nivolumab, but ipilimumab plus nivolumab had a higher complete response rate. In terms of efficacy, nobody really knows which one is better in the overall sense.”

— **Che-Kai Tsao, MD, Associate Professor, Medicine, Hematology, and Medical Oncology, Icahn School of Medicine at Mount Sinai**

HEALTHINATION – May 17

[Treating Triple-Negative Breast Cancer: What Works, What Doesn't](#)

Treatments for breast cancer have advanced significantly over the past few decades. New options have improved outcomes and reduced instances of breast cancer recurrence for many women. Unfortunately, women with triple-negative breast cancer do not get to benefit from these newer treatment options. This subtype of breast cancer has unique characteristics that limit treatment options. “There are different subtypes of breast cancer based on what receptors are expressed on the surface of the breast cancer cell. There are hormone receptors, estrogen and progesterone, and then there’s a protein called HER2,” said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital. She added, “We use different medications for each situation.”

— **Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital**

MEDSCAPE – May 20

[Now Evidence Supports Reducing Chemo in Frail Elderly Patients](#)

In the largest trial so far to be conducted in frail elderly patients with advanced gastroesophageal cancer, a lower dose of chemotherapy produced similar outcomes but with less toxicity than the standard dose used for patients with this condition. “This is especially impactful in a disease with a paucity of data, particularly in our elderly or frail patients that comprise a significant portion of patients with this disease,” said Nicholas Rohs, MD, assistant professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai. He added, “This may also lead to more patients being eligible for second-line therapies, as they will be in better clinical condition after finishing their first line of therapy.”

— **Nicholas C. Rohs, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

HEALTHINATION – May 20

[How Immunotherapy Is Used to Treat Triple-Negative Breast Cancer](#)

Triple-negative breast cancer gets its name because it’s lacking all three receptors typically found on breast cancer cells—namely estrogen, progesterone, and HER2 receptors. In other types of breast cancer, these receptors help fuel the growth of the breast cancer. Women with triple-negative breast cancer have not been able to benefit from these newer, more effective treatments against breast cancer. “Traditionally, chemotherapy is the mainstay of treatment for triple-negative breast cancer,” said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital. She added, “There was just a very exciting study that came out in the fall leading to the FDA approval of one of the immunotherapy drugs, showing for the first time effectiveness for immunotherapy in combination with chemotherapy for triple-negative breast cancer.”

— **Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital**

MEDSCAPE – May 21

[Lenalidomide Delays Onset of Multiple Myeloma](#)

Smoldering multiple myeloma is a precursor to myeloma, and the current standard of care is observation until the patient becomes symptomatic. However, new findings suggest that early treatment can delay progression to full-blown disease. For patients who received early treatment with lenalidomide, three-year progression-free survival was 91 percent, compared with 66 percent for those who were followed with observation. "For what it's worth, I believe further study is needed to evaluate, at a granular level, who is certain to progress to symptomatic disease," said Joshua Richter, MD, assistant professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai. "Otherwise, single-agent therapy may be undertreating those with functionally symptomatic disease for which triplet therapy has emerged as a standard approach and over treating those that may have extremely long times to progression, if they progress at all."

— **Joshua Richter, MD, Assistant Professor, Medicine, Hematology, Medical Oncology, Icahn School of Medicine at Mount Sinai**

CURE TODAY. COM – May 21

[Revlimid Reduces Risk of Smoldering Multiple Myeloma Progressing Into Cancer](#)

Using Revlimid as a preventative treatment for smoldering multiple myeloma significantly reduced the risk for the precursor disease to progress into cancer, compared with just observation, according to findings presented at the 2019 ASCO Annual Meeting. Smoldering multiple myeloma is an early precursor to multiple myeloma and produces certain proteins – measured in the blood and urine – that show up before a person has any symptoms of the disease. Joshua Richter, MD, assistant professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai said, "The majority of patients with smoldering disease in this country are followed with observation alone with a small percentage enrolling into interventional clinical trials. The findings of this study support an improvement in progression free survival with an acceptable toxicity profile."

— **Joshua Richter, MD, Assistant Professor, Medicine, Hematology, Medical Oncology, Icahn School of Medicine at Mount Sinai**

KQED SCIENCE – May 22

[Google AI Outperforms Radiologists in Lung Cancer Diagnoses: Study](#)

Google unveiled an artificial intelligence system that, in early testing, demonstrated a remarkable talent for seeing through lung cancer's disguises. In a study published in [Nature Medicine](#), the algorithm outperformed six radiologists in determining whether patients had cancer. The Google software may be particularly useful for general radiologists, who often review patient lung scans in community hospitals in the U.S. "To be able to make screening available to everyone, it can't just be done by thoracic radiologists. It has to be done by all radiologists," said Jorge Gomez, MD, assistant professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai. He added, "That's an incredible resource to have, and computers might be able to do that well. This is a very important study that should prompt somebody with very deep pockets to do a randomized trial."

— **Jorge E. Gomez, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

HEALTHINATION – May 22

[How Different Subtypes of Breast Cancer Are Treated](#)

Before choosing a therapy, doctors need to know what's fueling breast cancer. One of the ways to categorize breast cancers is by receptor status. Breast cancer cells often have some type of receptor on the surface, and the type of receptor can determine which treatment is used on the breast cancer. "At the time, all we really have for triple-negative breast cancer is your standard, traditional chemotherapy," said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital. Luckily, this type of breast cancer is very sensitive to chemotherapy, and this treatment is more effective on triple-negative breast cancer than other types of cancer. "We really used to consider breast cancer one disease, but biology has moved so far forward that we really tailor the treatment to the specific type of breast cancer."

— **Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital**

GENOME WEB – May 23

[Fruit Fly Model Provides Personalized Cancer Therapy Recommendation](#)

A group led by researchers at the Icahn School of Medicine at Mount Sinai has built a fruit fly model to develop a personalized therapy for a patient with treatment-resistant metastatic KRAS-mutation colorectal cancer (CRC). “Identifying an effective, unique drug combination emphasized the potential for moderately high-throughput screen that can be accomplished in a timeframe that is useful for treating the patient,” the study authors noted. The team believes that future studies will potentially improve the technology’s ability to generate more defined models to capture the genomic complexity of tumor genomic landscapes. By focusing on each cancer’s genomic complexity, the team believes the personalized approach could provide alternative treatment options for diseases such as KRAS-mutant CRC.

— **Ross L. Cagan, PhD, Director, The Center for Personalized Cancer Therapeutics, Professor, Cell, Developmental & Regenerative Biology, Oncological Sciences, Ophthalmology, Icahn School of Medicine at Mount Sinai**

Additional coverage: [New Scientist](#); [The Scientist](#)

HEALTH – May 23

[Here's What You Need to Know About the Three Types of Skin Cancer](#)

Debra Jailman, MD, assistant clinical professor of dermatology at the Icahn School of Medicine at Mount Sinai advises on removal of basal cell carcinoma skin cancer. According to Dr. Jailman, radiation, freezing it off (cryotherapy), or using one of two FDA-approved creams: imiquimod or 5-Fluorouracil (5-FU), are all non-invasive removal options. However, Joshua Zeichner, MD, director of cosmetic and clinical research in dermatology at The Mount Sinai Hospital says that if you find a spot on your skin and your dermatologist doesn’t seem concerned, “It is also okay to get a second opinion.” Your dermatologist can either shave off the top layer of skin or do a punch biopsy. The tissue is then sent to a laboratory for analysis.

— **Joshua Zeichner, MD, Assistant Professor, Dermatology, Icahn School of Medicine at Mount Sinai, Director, Cosmetic and Clinical Research in Dermatology, The Mount Sinai Hospital**

— **Debra Jailman, MD, Assistant Clinical Professor, Dermatology, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Yahoo Lifestyle](#)

MEDICAL XPRESS – May 24

[Using genetically modified fruit flies to find the best cancer therapies](#)

A team of researchers at the Icahn School of Medicine at Mount Sinai in New York, has found that it is possible to use genetically modified fruit flies to find the best cancer therapies for some patients. In their paper published in the journal *Science Advances*, the group describes experiments that involved genetically altering fruit flies with a patient’s cancer mutations as a way to test therapy candidates. To find out if their idea would work, the researchers worked with a volunteer patient who had a treatment-resistant form of rectal cancer. The researchers collected tumor samples and identified nine genes that they believed were a major factor in promoting tumor growth. They then genetically altered the genomes of several fruit fly embryos to add the nine tumor factors to epithelial cells. The fruit flies were then allowed to mature, and were then given food containing cancer treatment drugs to see how they impacted the fruit fly. The researchers describe their results as encouraging, but more work is required to determine whether the approach is viable.

— **Icahn School of Medicine at Mount Sinai**

MD EDGE: DERMATOLOGY – May 24

Optimal Cosmetic Outcomes for Basal Cell Carcinoma: A Retrospective Study of Nonablative Laser Management

(No Web Link Available)

Ortiz Markowitz, MD, associate professor of dermatology at the Icahn School of Medicine at Mount Sinai discusses nonablative laser management therapy. “Nonablative laser therapy is emerging as an effective noninvasive treatment option for basal cell carcinoma with reduced adverse effects and good cosmetic outcomes compared to surgery. Vascular lasers, such as the pulsed dye laser, are thought to work by selectively targeting the tumor’s vascular network while preserving normal surrounding tissue.” Dr. Markowitz added, “This study showed a 95.70 percent clearance rate for all BCCs and a 96.10 percent clearance rate for facial BCCs. Although we had a zero clinical recurrence rate, 4.49 percent of all BCCs and 5.41 percent of facial BCCs had recurred on subsequent monitoring with noninvasive imaging. Given the large size of the study and extended follow-up, we found nonablative laser management to be a reliable treatment alternative with improved cosmetic outcome and minimal short-term adverse effects compared to surgery.”

— ***Orit Markowitz, MD, Associate Professor, Dermatology, Icahn School of Medicine at Mount Sinai***

HEALTHINATION – May 24

Self-Care During Breast Cancer Treatment: How to Fight Side Effects

Making sure that you have a supportive medical team while treating breast cancer is essential. Open dialogue between the patient and the team is critical. In an ideal situation, patients should feel like they can reach out to their team whenever necessary to voice their concerns or ask questions. “Treatment for breast cancer is scary,” said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital. She added, “The role of the medical oncology team is really to demystify it, and carefully explain what will be happening and what can be done to ameliorate certain side effects.” One major part of dealing with breast cancer treatment that often gets overlooked is prioritizing your mental health.

— ***Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital***

ONCOLOGY NURSING NEWS – May 29

Should Pregnancy Testing be Standardized During Chemotherapy?

Administering chemotherapy to pregnant women with breast cancer can harm the fetus and cause birth defects down the line. However, guidelines are vague when it comes to pregnancy testing throughout treatment for premenopausal women. A group of researchers from the Dubin Breast Center of the Tisch Cancer Institute at The Mount Sinai Hospital investigated whether or not pregnancy testing for this patient population should be standardized. “It was a little bit of a scary thought thinking that we don’t have guidelines for this,” said Katherine Fitzpatrick, RN, BSN, OCN, nurse manager at the Dubin Breast Center of the Tisch Cancer Institute at The Mount Sinai Hospital. She added, “We do know that you can safely give certain types of chemotherapy in the third trimester and we have administered that for patients who found out that they had breast cancer when they were pregnant. A lot of times, we will do everything we can in terms of treatment before they have to get chemotherapy, so it is pushed out to the third trimester.”

— ***Katherine E. Fitzpatrick, RN, BSN, OCN, Nurse Manager, Dubin Breast Center, Tisch Cancer Institute, The Mount Sinai Hospital***

HEALTHINATION – May 29

[Breast Cancer Receptor Status: Understanding the Different Types](#)

The types of breast cancer can refer to a few different things. Doctors can classify breast cancer based on whether or not it is invasive (meaning it has spread to surrounding breast tissue), whether or not it begins in the milk ducts, whether or not it is carcinoma (meaning it begins in the lining of the tissues lining internal organs), and more. Another way to categorize breast cancer is by receptor status. "Breast cancers that express either the estrogen receptor or the progesterone receptor on the surface of the cell are considered hormone receptor-positive breast cancers," said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital. She added, "The entire prognosis and treatment plan is completely based on the subtype of breast cancer. Years ago, we thought of breast cancer as one disease, but biology has moved so far forward that we really tailor the treatment to the specific type of breast cancer."

— **Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital**

REUTERS HEALTH ONLINE – May 29

[Low-dose Chemo Effective in Frail Elderly Patients with Gastroesophageal Cancer](#)

(No Web Link Available)

In frail older adults with advanced gastroesophageal cancer, lower doses of oxaliplatin and capecitabine work as well at delaying disease progression as higher doses with less toxicity, according to results of the phase 3 GO2 trial. Patients who received Level C dosages had fewer toxic reactions to the drugs and better OTU outcomes than their peers who received Levels A or B dosages. Nicholas Rohs, MD, assistant professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai who was not involved in the study said, "A combination of capecitabine and oxaliplatin is a commonly used regimen in my clinic and to know that we can reduce doses, without sacrificing benefit, will allow me to give this therapy to more patients than before."

— **Nicholas C. Rohs, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

REUTERS HEALTH ONLINE – May 29

[Smoldering Multiple Myeloma Less Apt to Progress with Lenalidomide](#)

(No Web Link Available)

Lenalidomide cuts the risk that smoldering multiple myeloma, a precancerous condition, will progress to overt multiple myeloma in patients at moderate or high risk for progression, although side effects may be a limiting factor, according to results of a randomized controlled trial. The time to develop multiple myeloma was significantly delayed with lenalidomide. Joshua Richter, MD, assistant professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai who was not involved in the study said, "The majority of patients with smoldering disease in this country are followed with observation alone with a small percentage enrolling into interventional clinical trials. The findings of this study support an improvement in progression-free survival with an acceptable toxicity profile."

— **Joshua Richter, MD, Assistant Professor, Medicine, Hematology, Medical Oncology, Icahn School of Medicine at Mount Sinai**

ASCO DAILY NEWS – May 31

[Fewer U.S. Medical Oncologists Engaging With Industry Since the Inception of Open Payments](#)

A study performed by researchers at the Icahn School of Medicine at Mount Sinai found that financial ties between industry and U.S. medical oncologists have shifted from 2014 to 2017 with the implementation of the Open Payments disclosure program. “The intent of transparency through Open Payments and the implication of showing the program’s impact over time is ultimately to preserve the public’s trust in physicians and to protect the integrity of physician decision-making,” said lead author Deborah Marshall, MD, resident, radiation oncology, Icahn School of Medicine at Mount Sinai. She added, “We are likely going to see the continued impact of Open Payments over time. Given that physician behavior is influenced by that of one’s peers, we hope that these findings will encourage physicians to consider their relationships more closely.”

— **Deborah C. Marshall, MD, Resident, Radiation Oncology, Icahn School of Medicine at Mount Sinai**

HEALTHINATION – May 31

[Fertility and Pregnancy During Breast Cancer Treatment: What to Know](#)

Choosing the appropriate treatment for breast cancer is always a careful consideration depending on an individual’s personal factors. However, if a woman is of childbearing years, and is pregnant or hopes to become pregnant, that decision can become even more complex. “Many of the anti-estrogen medications have menopausal symptoms as side effects,” said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital. She added, “There are techniques to harvest eggs and embryos prior to starting chemotherapy, allowing patients to carry pregnancies afterward.”

— **Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital**

NEW YORK SOCIAL DIARY – May 31

[The Dubin Breast Center of The Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai Seventh Annual Fact vs. Fiction Luncheon](#)

The Dubin Breast Center of The Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai held its seventh annual *Fact vs. Fiction* Luncheon and Symposium on May 21, 2019. The sold-out luncheon was moderated by Elisa Port, MD, FACS, director of the Dubin Breast Center and chief of breast surgery at The Mount Sinai Health System.

— **Elisa R. Port, MD, FACS, Associate Professor, Surgery, Icahn School of Medicine at Mount Sinai, Director, Dubin Breast Center, Chief, Breast Surgery, The Mount Sinai Hospital**

THE ASCO POST – May 31

[Never Forgetting His Roots Helps Surgical Oncologist Better Connect With His Patients](#)

Raja Flores, MD, professor and system chair of thoracic surgery at the Icahn School of Medicine at Mount Sinai grew up in New York’s Meatpacking District, light years before its gentrification into a commercial area. “Growing up I saw a lot of violence. I remember some kid had a midline incision and asked what happened. Well, he’d been stabbed but survived because of the ER docs. Other kids who’d been shot had colostomies, which everyone made fun of. But the next thing we knew was that they went back to the hospital to get the colostomy reversed. And I thought to myself how cool it must be to help someone who’d been critically injured,” said Dr. Flores on his decision to pursue a career in medicine. He added, “It helps me to identify with a patient, and it helps a patient trust me. I leave the doctor talk aside and speak to patients in plain, sincere language. That’s what I love about my job: building trust and having a real one-on-one conversation with my patients. I never neglect my patients. I’m there for them all the way through their treatment.”

— **Raja M. Flores, MD, Steven and Ann Ames Professor, Thoracic Surgery, Icahn School of Medicine at Mount Sinai, Chair, Thoracic Surgery, Mount Sinai Health System**

MEDPAGE TODAY – May 31

[Clinical Challenges: Managing CAR T-Cell Toxicity in Leukemia Patients](#)

Chimeric antigen receptor T cells targeting CD19 antigen can yield durable remissions in hematologic malignancies unresponsive to standard therapies. Yet their use is limited by potentially severe toxicities -- principally cytokine release syndrome and immune effector cell neurotoxicity syndrome, as well as anaphylaxis and tumor lysis syndrome. "The clinical challenge is recognizing toxicity and being able to intervene before the patient becomes critically ill, either with neurotoxicity or CRS," said John Levine, MD, professor of pediatrics, medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai. "We have effective therapies, and one of the movements now is to see if we can administer these therapies earlier in the patient's course and avoid serious side effects."

— **John E. Levine, MD, Professor, Medicine, Hematology and Medical Oncology, Pediatrics, Co-Director, Mount Sinai Acute GVHD International Consortium, Icahn School of Medicine at Mount Sinai**

HEALTHINATION – May 31

[Early Menopause Onset During Breast Cancer Treatment: What To Know](#)

One aspect of breast cancer treatment that often gets overlooked is its effect on the reproductive system. Certain types of breast cancer treatment can affect a woman's fertility, and they can also create menopausal symptoms for women who have not yet reached the typical age of menopause onset. "They're not only dealing with the cancer diagnosis and the side effects of the treatment they're being given, but they're also dealing with an abrupt menopause, so sometimes hot flashes and other menopausal-type symptoms become an issue," said Amy Tiersten, MD, clinical director of breast medical oncology at The Mount Sinai Hospital.

— **Amy D. Tiersten, MD, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Oncologist, Breast Cancer Medical Oncology Program, Dubin Breast Center, The Mount Sinai Hospital**

YAHOO FINANCE – June 3

[Sema4 Launches New Genomic Testing and Digital Tools for Use in Oncology](#)

Sema4, a patient-centered health intelligence company, today announced the launch of several new genomic testing services and digital tools to help oncologists deliver on the promise of precision medicine. Together, these products provide a comprehensive approach that can be used throughout a patient's journey, from assessing risk to analyzing cancer and monitoring in remission. "Working with a large healthcare system and as a practicing oncologist myself, the most important thing is getting this molecular data and the informatics in a timetable that allows me to continue to take care of my patients," said William Oh, MD, professor of medicine, hematology, urology, and medical oncology at the Icahn School of Medicine at Mount Sinai. According to Andrew Kaufman, MD, associate professor of thoracic surgery at the Icahn School of Medicine at Mount Sinai, "In healthcare, like any other industry, we're really looking for efficiency in connecting the dots of so much data. Sema4 has come up with a novel way to look at patient data that is extremely powerful." Elisa Port, MD, FACS, director of the Dubin Breast Center and chief of breast surgery at The Mount Sinai Health System, also stated, "Sema4 is going to have a very widespread impact on the patients we treat here because the company's tests open up the opportunity for genetic testing across a much broader base of patients and streamline and expedite the process."

— **William K. Oh, MD, Professor, Medicine, Hematology, Medical Oncology, Urology, Associate Director, Clinical Research, Tisch Cancer Institute, Chief, Division of Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

— **Andrew J. Kaufman, MD, Associate Professor, Thoracic Surgery, Associate Program Director, Surgery Residency Program, Icahn School of Medicine at Mount Sinai, Director, Thoracic Surgery Airway Program, Asian Thoracic Surgery Program, Mount Sinai Health System**

— **Elisa R. Port, MD, FACS, Associate Professor, Surgery, Icahn School of Medicine at Mount Sinai, Director, Dubin Breast Center, Chief, Breast Surgery, The Mount Sinai Hospital**

Additional coverage: [Fox 34](#); [First World Med Tech](#)

PREVENTION – June 3

[How to Talk to Your Kids About Your Cancer Diagnosis](#)

When you're diagnosed with cancer, processing it is hard, and figuring out how to tell your kids about it just adds to the stress and sadness. While there's no way around it being a difficult situation, there are steps you can take that will help make the conversation a bit easier. "It is very important that parents recognize and work on their own emotional reactions to a cancer diagnosis before speaking with their children about it," agrees Marilia G. Neves, PsyD., who works with families affected by breast cancer at the Dubin Breast Center of the Tisch Cancer Institute at Mount Sinai Hospital. "All research suggests that honest and open communication by parents is the single most important thing that supports children in doing well when a parent has cancer," Dr. Neves says.

— **Marilia G. Neves, PsyD, Assistant Professor, Oncological Sciences, Psychiatry, Icahn School of Medicine at Mount Sinai**

RENAL & UROLOGY NEWS – June 4

[Earlier Pembrolizumab Use May Be Beneficial in mUC](#)

Earlier pembrolizumab treatment using a "switch maintenance" approach may delay disease progression in patients with metastatic urothelial carcinoma (mUC) who achieve stable disease on first-line platinum-based chemotherapy, investigators reported at the 2019 American Society of Clinical Oncology annual meeting in Chicago. In a phase 2 double-blind trial, Matthew D. Galsky, MD, of the Icahn School of Medicine at Mount Sinai in New York, and colleagues enrolled 107 patients with mUC who achieved at least stable disease after up to 8 cycles of first-line platinum based chemotherapy. They randomly assigned 55 patients to receive pembrolizumab 200 mg IV every 3 weeks and 52 to receive placebo for 24 weeks. Patients who progressed on placebo could cross over to the pembrolizumab group. The 18-month restricted mean progression-free survival time was 8.2 months in the pembrolizumab arm compared with 5.6 months in the placebo group, Dr Galsky's team reported.

— **Matthew D. Galsky, MD, Director, Genitourinary Medical Oncology, The Tisch Cancer Institute at Mount Sinai**

MEDICAL RESEARCH – June 4

[Fewer Oncologists Have Financial Ties to Pharmaceutical Companies](#)

Deborah C. Marshall, MD, Radiation Oncology Resident at the Icahn School of Medicine at Mount Sinai, discusses her research on how open payments have brought sweeping change to medicine by introducing transparency to physician relationships with industry at the 2019 ASCO Annual Meeting. She says, "The study is important because we evaluate trends at the physician-level to explore the impact of Open Payments on how physicians interact with industry, which is difficult to measure." The most important finding is that oncology physician interactions with industry are decreasing, which is interpreted as being due to the effect of Open Payments.

— **Deborah C. Marshall, MD, Resident, Radiation Oncology, Icahn School of Medicine at Mount Sinai**

MEDICAL RESEARCH – June 4

[Older Women With Early Breast Cancer May Have A Choice of Radiation Therapy Alone](#)

Manjeet Chadha, MD, MHA, FACR, FASTRO, Professor of Radiation Oncology, and Director of the Department of Radiation Oncology at Mount Sinai Downtown, discusses her research that older women with stage I breast cancer have a choice, and can receive breast radiation with omission of endocrine therapy. The findings of this study were presented at the 2019 ASCO Annual Meeting. Largely, the goal of cancer care among the elderly is to de-escalate therapy searching for a modality that is both an effective treatment and also associated with minimal toxicity. Age-adjusted trends note a relatively higher incidence of stage I breast cancer in women between the ages of 70-74 years. Dr. Chadha says, "For this group of patients, it is imperative that we take a closer look at the evidence-base for our current practice standards, and evaluate opportunities to improve cancer care delivery in the elderly."

— **Manjeet Chadha, MD, MHA, Professor, Radiation Oncology, Icahn School of Medicine at Mount Sinai, Director, Department of Radiation Oncology, Mount Sinai Downtown**

CBS NEWS – June 4

[U.S. looks to help more cancer patients access experimental drugs](#)

Thousands of gravely ill cancer patients each year seek "compassionate use" access to treatments that are not yet on the market, but have shown some promise in early testing and aren't available to them through a study. On Monday at the American Society of Clinical Oncology meeting in Chicago, the Food and Drug Administration announced a project to have the agency become the middleman. Instead of making doctors plead their case first to companies and then to the FDA if the company agrees to provide the drug, the FDA will become the initial step and will assign a staffer to quickly do the paperwork. The current system also is cumbersome and sometimes unfair. "It requires quite a bit of work," usually at least 24 hours over several weeks, said Dr. Ajai Chari at Mount Sinai's Tisch Cancer Institute in New York where dozens of patients have gotten compassionate use access over the last decade. "A lot of people have to drop what they're doing to get all that done." Chari just did it for Michael Walsh, a 58-year-old musician from New York City, who has had myeloma since 2011. "He's exhausted all approved FDA therapies," including 13 types of chemotherapy, Chari said. Within a few weeks of starting on the experimental drug, Walsh had a dramatic reduction in his cancer. "I'm working, doing things," Walsh said. "It is giving me some space to have the cancer be under control."

— **Ajai Chari, MD, Associate Professor, Medicine, Hematology, Medical Oncology, Director, Clinical Research in the Multiple Myeloma Program, Associate Director, Clinical Research, Mount Sinai Cancer Clinical Trials Office, Icahn School of Medicine at Mount Sinai**

WEBMD – June 4

[Could Two Drugs Fight Prostate Cancer Earlier?](#)

Cutting-edge prostate cancer drugs that help extend life in the toughest cases might also be useful in fighting less aggressive tumors, two new clinical trials suggest. Two drugs that interfere with cancer's ability to use testosterone for fuel, apalutamide and enzalutamide, are already approved for use against more advanced prostate tumors that don't respond to regular therapy. But these trials show that the drugs also can improve survival and slow progression in prostate cancers that do respond to regular therapy, which typically involves medication that halts production of testosterone. "We're slowly starting to see a migration of drugs traditionally saved for advanced stages of disease, where we're incorporating them into earlier stages of disease," said Dr. Bobby Liaw, who not involved in the trials, and is medical director of the Blavatnik Family Chelsea Medical Center at Mount Sinai.

— **Bobby Liaw, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, Clinical Director, Genitourinary Oncology, Mount Sinai Health System**

MEDSCAPE – June 4

[First CDK4/6 Inhibitor to Improve Survival in Metastatic Breast Cancer](#)

It's not often that a systemic oral therapy significantly improves overall survival (OS) in the setting of metastatic cancer. And, in the case of CDK4/6 inhibitors for breast cancer, it was looking like one might not do so, as multiple previous trials were limited to a significant improvement in progression-free survival. It is the first time that a CDK4/6 inhibitor — or any targeted therapy — has been shown in combination with endocrine therapy to significantly improve OS among women with HR+/HER2-negative metastatic disease. Charles Shapiro, MD, director of translational breast cancer research and cancer survivorship, Tisch Cancer Institute at Mount Sinai, who was not involved in the study, commented on the new results: "This is going to represent a new standard of care for metastatic premenopausal women with hormone receptor-positive breast cancers."

— **Charles Shapiro, MD, Director, Translational Breast Cancer Research, Director, Cancer Survivorship, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

MEDSCAPE – June 4

[Pembro Noninferior, Less Toxic Than Chemo in Gastric Cancer](#)

Pembrolizumab (Keytruda, Merck) could be an alternative treatment option for patients with advanced gastric or gastroesophageal junction G/GEJ cancer, according to new findings. The results of the study were presented at the 2019 American Society of Clinical Oncology (ASCO) Annual Meeting. As compared with standard chemotherapy, front-line treatment with pembrolizumab was noninferior for overall survival. "Patients now may have the option of an immunotherapy as a topline agent," commented Nicholas Rohs, MD, assistant professor of medicine, hematology, and medical oncology at Icahn School of Medicine's The Tisch Cancer Institute at Mount Sinai Health System in New York City. "This is really exciting, to be able to spare patients a lot of toxicity."

— **Nicholas C. Rohs, MD, Assistant Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

URO TODAY – June 5

[ASCO 2019: Randomized Double-blind Phase II Study of Maintenance Pembrolizumab Versus Placebo After First-line Chemotherapy in Patients with Metastatic Urothelial Cancer: HCRN GU14-182](#)

Although anti-PD-1/L1 checkpoint blockade has made substantial inroads into the treatment landscape of metastatic urothelial cancer, platinum-based chemotherapy constitutes the current standard of care in the first-line setting, according to a new study by researchers at the Icahn School of Medicine at Mount Sinai. Matthew Galsky, MD, director of genitourinary medical oncology at The Tisch Cancer Institute at Mount Sinai lead the study and reported patients with at least stable disease following no more than eight cycles of platinum-based chemotherapy stratified patients by lymph-node only metastases as well as by response to platinum and randomized to pembrolizumab or to placebo. Dr. Galsky explained that while switch-maintenance pembrolizumab significantly improves progression-free survival, overall survival data are not yet matured and will be presented in the future.

— **Matthew D. Galsky, MD, Director of Genitourinary Medical Oncology at The Tisch Cancer Institute at Mount Sinai**

URO TODAY – June 5

[ASCO 2019: Pembrolizumab Versus Placebo After First-Line Chemotherapy In Patients With Metastatic Urothelial Cancer: HCRN GU14-182](#)

Platinum-based chemotherapy for first-line treatment of patients with metastatic urothelial cancer is typically administered for a fixed duration followed by observation until recurrence according to researchers at the Icahn School of Medicine at Mount Sinai. However, PD-1 blockade with pembrolizumab improves survival of patients with metastatic urothelial cancer progressing despite platinum-based chemotherapy. Matthew Galsky, MD, director of genitourinary medical oncology at The Tisch Cancer Institute at Mount Sinai presented results of his phase II trial assessing maintenance pembrolizumab versus placebo after first-line chemotherapy in patients with metastatic urothelial cancer. Dr. Galsky explained that the primary objective was to determine the progression-free survival as per irRECIST among patients treated with pembrolizumab versus placebo.

— **Matthew D. Galsky, MD, Director of Genitourinary Medical Oncology at The Tisch Cancer Institute at Mount Sinai**

ONCOLOGY TIMES – June 5

[Polygenic Risk Score Helps Women at Risk for Breast Cancer Decide Prevention](#)

For patients who are at risk for breast cancer, counseling with a personalized polygenic risk score obtained from a blood sample may help them decide whether to pursue preventive endocrine therapy, according to researchers at the Icahn School of Medicine at Mount Sinai. Results from the GENRE trial were reported at the 2019 ASCO Annual Meeting by lead author Charles Shapiro, MD, director of translational breast cancer research and cancer survivorship, Tisch Cancer Institute at Mount Sinai. "We know that relatively few 'high risk' women who don't have breast cancer take advantage of drugs such as tamoxifen or aromatase inhibitors that reduce the risk of developing breast cancer by 50 percent or more." He added, "We know too that if women perceive their risk of developing breast cancer is higher, then they are more inclined to take these prevention drugs."

— **Charles Shapiro, MD, Director, Translational Breast Cancer Research, Director, Cancer Survivorship, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

PBS – June 5

[U.S. Aims to Help More Cancer Patients Try Experimental Drugs](#)

Thousands of gravely ill cancer patients each year seek “compassionate use” access to treatments that are not yet on the market but have shown some promise in early testing and aren’t available to them through a study. Now, the Food and Drug Administration announced a project to have the agency become the middleman. The FDA will become the initial step and will assign a staffer to quickly do the paperwork. When a company gets a request, it knows the FDA already considers it appropriate. According to Ajai Chari, MD, PhD, director of clinical research in the Multiple Myeloma Program at the Icahn School of Medicine at Mount Sinai “It requires quite a bit of work, usually at least 24 hours over several weeks.” He added, “A lot of people have to drop what they’re doing to get all that done.”

— **Ajai Chari, MD, Associate Professor, Medicine, Hematology, Medical Oncology, Director, Clinical Research in the Multiple Myeloma Program, Associate Director, Clinical Research, Mount Sinai Cancer Clinical Trials Office, Icahn School of Medicine at Mount Sinai**

Additional coverage: [HealthMJ](#); [Sauk Valley](#)

REUTERS HEALTH MEDICAL – June 5

[Medicaid Expansion Cut Racial Disparities in Timely Cancer Treatment](#)

(Subscription Required)

Racial disparities in timely cancer treatment practically disappeared in states that expanded Medicaid under the Affordable Care Act, according to research presented at the American Society of Clinical Oncology (ASCO) annual meeting. According to the authors, racial disparities in cancer-related care and outcomes remain a societal challenge and while these disparities have been well-documented, finding mechanisms to reduce disparities is more challenging. Cardinale Smith, MD, PhD, director of quality cancer services at The Tisch Cancer Institute for the Mount Sinai Health System who was not involved in the study said, “Certainly from a policy perspective it is a great example of how ensuring healthcare for all and access for all can improve access to really important treatment, especially for patients with cancer.”

— **Cardinale Smith, MD, PhD, Associate Professor, Medicine, Hematology and Medical Oncology, Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, Director, Quality Cancer Services, The Tisch Cancer Institute, Mount Sinai Health System**

MD ALERT – June 5

[Pembrolizumab an Alternative to Chemo in Some Advanced Stomach Cancers](#)

For patients with PD-L1-positive, HER2-negative, advanced gastric or gastroesophageal junction cancer, front-line treatment with pembrolizumab is noninferior to standard chemotherapy and far less toxic, according to results of the KEYNOTE-062 trial. Additionally, pembrolizumab provided better overall survival in patients with high PD-L1 expression. According to Nicholas Rohs, MD, assistant professor of medicine, hematology, and medical oncology at Icahn School of Medicine’s The Tisch Cancer Institute at Mount Sinai Health System, “The results will probably change some of what I do for these advanced HER2-negative patients, where it’s really been chemo or bust. This is a really difficult disease to treat and the patients really get beat up by the chemotherapy. For these higher-expressing tumors, it’s great to be able to offer an immune therapy that is not inferior, and actually showed an advantage in survival while also being better tolerated.”

— **Nicholas Rohs, MD, Assistant Professor of Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, The Tisch Cancer Institute, Mount Sinai Health System**

ONCOLOGY TIMES – June 5

Identifying Patients Most Likely to Benefit from Low-dose—Babytam—Tamoxifen

The phase III TAM-01 trial showed that for women with breast intraepithelial neoplasia, a low 5-mg dose of tamoxifen—or "babytam"—given for three years instead of five years cut the risk of recurrence by half. An exploratory analysis of the trial attempted to identify subgroups of patients most likely to benefit from a lower dose of tamoxifen, and the results were presented at the 2019 ASCO Annual Meeting. As has been previously reported, the TAM-01 trial showed a significantly reduced risk of recurrence for patients who took low-dose tamoxifen compared with placebo. "This study used post-hoc rather pre-planned subset analysis," said Charles Shapiro, MD, director of translational breast cancer research and cancer survivorship, Tisch Cancer Institute at Mount Sinai who was not involved in the study. "Post-hoc or data-derived subset analyses are fraught with statistical problems including assigning cut-off values and adjusting for multiple comparisons. These data about factors that predict better benefits of low-dose tamoxifen could easily be wrong or the magnitude of these risk reductions in the development of DCIS or breast cancers could be also wrong as well."

— **Charles Shapiro, MD, Director, Translational Breast Cancer Research, Director, Cancer Survivorship, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

CRAIN'S NEW YORK BUSINESS – June 6

Proton Center Set to Open in East Harlem

The state's first proton-therapy center will open today in East Harlem, more than a decade after some of the city's largest health care institutions began planning it. The New York Proton Center, which cost \$300 million to build, will start patient consultations later this month, with cancer treatments expected to begin in July. The 140,000-square-foot facility on East 126th Street between Third and Second avenues is the result of a partnership between Memorial Sloan Kettering Cancer Center, Montefiore Health System and Mount Sinai Health System. ProHealth Proton Management, an affiliate of Lake Success-based medical group ProHealth, will manage the site.

— **Mount Sinai Health System**

Additional coverage: [Med Tech Drive](#); [WABC-TV](#)

YAHOO FINANCE – June 7

New York State's First Proton Therapy Center Opens in East Harlem

New York Proton Center, New York state's first proton therapy facility, has opened its doors in East Harlem. A consortium of three New York City-based health care institutions—Memorial Sloan Kettering Cancer Center (MSK), Montefiore Health System and Mount Sinai Health System—will begin sending patients and providing clinical expertise to the new center. ProHEALTH, a multi-specialty health care network, provides back end business support for the center. "This center will not only provide metro area patients with an extremely high level of care, but it will serve as the site of clinical trials that hold the potential to significantly influence the way we treat cancer," said Kenneth Rosenzweig, MD, professor and system chair of radiation oncology at the Icahn School of Medicine at Mount Sinai. He added, "Our mission is to deliver both clinical excellence and innovative research that saves lives today and in the future."

— **Kenneth E. Rosenzweig, MD, Professor, System Chair, Radiation Oncology, Icahn School of Medicine at Mount Sinai**

Additional coverage [Markets Insider](#); [Stock Watch](#); [Healthcare Sales & Marketing Network](#)

AARP – June 7

[New Drug Combo Boosts Breast Cancer Survival](#)

Breast cancer can be particularly deadly in younger, premenopausal women, especially when they are diagnosed with advanced metastatic disease. However, according to a new study performed by researchers at the Icahn School of Medicine at Mount Sinai, a newer drug, Kisqali (ribociclib), dramatically increases survival rates. The study, published today in the *New England Journal of Medicine*, looked at 672 premenopausal and perimenopausal women under the age of 59 who received ribociclib in combination with a form of hormone therapy often used to treat breast cancer. “It represents a new standard of care for younger women with advanced-stage breast cancer, in whom cancer can be very aggressive,” said Charles Shapiro, MD, director of translational breast cancer research and cancer survivorship, Tisch Cancer Institute at Mount Sinai. He added, “I think all three will probably have similar effects, since they are all in the same class of drugs, but we will need more research to figure that out.”

— **Charles Shapiro, MD, Director, Translational Breast Cancer Research, Director, Cancer Survivorship, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

MEDPAGE TODAY – June 7

[Keytruda 'Switch' Extends PFS in Advanced Bladder Cancer](#)

Matthew Galsky, MD, director of genitourinary medical oncology at The Tisch Cancer Institute at Mount Sinai discusses his study and the possible role of maintenance PD-1 blockade. Dr. Galsky explains that “switch maintenance with the PD-1 immune checkpoint inhibitor pembrolizumab (Keytruda) led to improved progression-free survival (PFS) following first-line chemotherapy in metastatic urothelial carcinoma.”

— **Matthew D. Galsky, MD, Director of Genitourinary Medical Oncology at The Tisch Cancer Institute at Mount Sinai**

HEALIO: DERMATOLOGY – June 7

[Interventions Needed to Improve Surgery Access in Melanoma](#)

To improve the rate of melanoma survival, targeted health care interventions are needed for certain patients who experience the most delays in surgical care, according to researchers. The researchers identified longer surgery wait times in patients with melanoma who are not white, live in a city suburb, have attained less education, and/or present with two or more comorbidities. Noelani Gonzalez, MD, instructor of dermatology at the Icahn School of Medicine at Mount Sinai said, “We know that African American patients are typically diagnosed at later, more advanced stages of melanoma. African Americans are four times more likely to present with advanced stage IV melanoma and 1.5 times more likely to die of melanoma than Caucasians.”

— **Noelani Gonzalez, MD, Instructor, Department of Dermatology, Icahn School of Medicine at Mount Sinai**

BIOSPACE – June 11

[New York State's First Proton Therapy Center Opens in East Harlem](#)

New York state's first proton therapy facility, has opened its doors in East Harlem. A consortium of three New York City-based health care institutions—Memorial Sloan Kettering Cancer Center, Montefiore Health System and Mount Sinai Health System—will begin sending patients and providing clinical expertise to the new center. ProHEALTH, a multi-specialty health care network, provides back end business support for the center. “This center will not only provide metro area patients with an extremely high level of care, but it will serve as the site of clinical trials that hold the potential to significantly influence the way we treat cancer,” said Kenneth Rosenzweig, MD, professor and system chair of radiation oncology at the Icahn School of Medicine at Mount Sinai. He added, “Our mission is to deliver both clinical excellence and innovative research that saves lives today and in the future.”

— **Kenneth E. Rosenzweig, MD, Professor, System Chair, Radiation Oncology, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Fox 34](#); [DOTmed](#); [The Chronicle-Journal Online](#)