

DOT MED – April 23

## Improving Surgical Outcomes by Imaging Head and Neck Tumors in Real Time

Mount Sinai Health System has launched a clinical trial of a new imaging device for detecting head and neck cancer during surgery. The device, called Otis Wide Field OCT (by Perimeter Medical Imaging), is an ultra-high-resolution imaging system that can image tumor specimens in real time during surgery, allowing surgeons to remove all of the cancerous tissue during one procedure, rather than waiting for traditional pathology results to come in afterward, which can often lead to additional procedures. Patients in the trial agree to have their tumors placed in the system for imaging, which is then compared to the standard pathology evaluation. "State-of-the-art imaging platforms, such as the Otis system and others, will likely play a significant role in the future of head and neck cancer surgery. While traditional pathologic examination of tissues is the standard around the world, we need new technology to allow us to detect cancer and ensure adequate resection at the time of surgery," said Brett Miles, DDS, MD, professor of otolaryngology at the Icahn School of Medicine at Mount Sinai and co-chief of the division of head and neck cancer surgery at the Mount Sinai Health System.

— **Brett A. Miles, DDS, MD, Professor, Otolaryngology, Director, Head and Neck Oncology-Microvascular Reconstructive Surgery Fellowship Program, Icahn School of Medicine at Mount Sinai, Co-Chief, Division of Head and Neck Cancer Surgery, Department of Otolaryngology, Mount Sinai Health System**

MEDSCAPE – April 25

## Promising Results in Mice Prompt Human Trial of Novel Lymphoma Vaccine

An in situ vaccine combined with immune stimulants and radiotherapy showed efficacy in mice, prompting a phase 1 trial of patients with advanced indolent non-Hodgkin's lymphoma, according to researchers at the Icahn School of Medicine. Specifically, they determined that Fms-like tyrosine kinase 3 ligand recruits intratumoral dendritic cells, which then can be loaded with tumor-associated antigens and sensitized to a toll-like receptor agonist via radiotherapy. "We showed that we could inject two immune stimulants into a single tumor and - by tricking the immune system into thinking that the cancer is like an infection - immune cells were able to traffic throughout the body and eliminate cancer cells wherever they were hiding," said Joshua Brody, MD, director of the Lymphoma Immunotherapy Program at The Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai.

— **Joshua Brody, MD, Director, Lymphoma Immunotherapy Program, The Tisch Cancer Institute, Assistant Professor, Medicine, Hematology, Medical Oncology, Icahn School of Medicine at Mount Sinai**

— **Linda Hammerich, PhD, Postdoctoral Fellow, The Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

THE ASSOCIATED PRESS – April 25

## Forbius: First Patient Dosed in a Phase 1b Myelofibrosis Trial of AVID200, a Novel TGF-beta 1 & 3 Inhibitor

Forbius, a clinical-stage company that develops novel biologics for the treatment of fibrosis and cancer, announced today that the first patient has been dosed in a Phase 1b trial assessing AVID200, a novel TGF-beta 1 & 3 inhibitor, in patients with myelofibrosis. This multicenter trial is sponsored by the Icahn School of Medicine at Mount Sinai and the Myeloproliferative Neoplasm Research Consortium, with the support of a peer-reviewed NIH grant. "This clinical trial will evaluate the ability of AVID200 to achieve the disease-modifying outcomes of reversing bone marrow fibrosis and restoring normal hematopoiesis. Preclinical data demonstrate that selective neutralization of TGF-beta 1 & 3 by AVID200 results in both of these critical outcomes," said Ronald Hoffman, MD, director of the myeloproliferative disorders research program at the Icahn School of Medicine at Mount Sinai. "We believe that AVID200 has the potential to become the first disease-modifying treatment for MF."

— **Ronald H. Hoffman, MD, Director, Myeloproliferative Disorders Research Program, Professor, Medicine, Hematology, Medical Oncology, Icahn School of Medicine at Mount Sinai**

## Mount Sinai Cancer in the News

MD LINX – April 26

### Lung-cancer Survival Worse in Patients with Pulmonary Fibrosis

According to researchers at the Icahn School of Medicine at Mount Sinai, non-small cell lung cancer presents differently in patients with idiopathic pulmonary fibrosis, who also have higher overall and lung-cancer mortality. "We found that patients with IPF and lung cancer have a greater proportion of early stage disease of squamous histology in a lower lobe distribution," said Stacey-Ann Brown, MD, assistant professor of medicine, pulmonary, critical care and sleep medicine at the Icahn School of Medicine at Mount Sinai. The study, published in the *Annals of the American Thoracic Society*, showed lung cancer prevalence may be as high as 30 percent in patients with IPF. Dr. Brown added, "This atypical distribution may need to be incorporated into risk models for lung nodule management in IPF patients.

— **Stacey-Ann Brown, MD, MPH, Assistant Professor, Medicine, Pulmonary, Critical Care and Sleep Medicine, Icahn School of Medicine at Mount Sinai.**

Additional Coverage: [MD Alert](#)

YAHOO FINANCE – May 2

### Mount Sinai Researchers Discover Novel Cancer Pathway, Opening New Treatment Options

Mount Sinai researchers have broken new ground in the understanding of the MDM2 gene—which is often overexpressed in cancer—finding that when it acts with a specific protein, it can lead to cancer cell death. The study appears in the print edition of *Molecular Cell*. "Future research should involve delving into MDM2 biology and its pharmacological regulation and examining cellular respiration and mitochondrial dynamics. Understanding the exact nature of the cellular responses to MDM2-induced stress will help advance our efforts to develop concrete therapeutic treatments for cancer," said lead investigator Jerry Chipuk, PhD, associate professor of oncological sciences and dermatology at the Icahn School of Medicine at Mount Sinai.

— **Jerry Chipuk, PhD, Associate Professor, Oncological Sciences, Dermatology, Associate Director, Basic Science Shared Resources, The Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Daily Times Leader](#); [The Chronicle-Journal](#)

MEDPAGE TODAY – May 3

### Device Misses Mark for Lymphedema Prevention in Breast Ca

Use of a bioimpedance spectroscopy device for lymph fluid surveillance showed a non-significant advantage in reducing lymphedema following breast cancer surgery, early results of the randomized PREVENT trial found. Among women in the study requiring intervention for subclinical lymphedema, 4.9 percent of those using BIS progressed to clinical lymphedema compared with 14.7 percent using standard tape measure assessment. Sarah Cate, MD, assistant professor of surgery at the Icahn School of Medicine at Mount Sinai said "There hasn't been any major sort of trial showing that it's of benefit, so I think it's hard for major academic centers, like where I work, to take it on and say every patient should be using it."

— **Sarah P. Cate, MD, Assistant Professor, Surgery, Icahn School of Medicine at Mount Sinai**

CRAIN'S HEALTH PULSE – May 3

### Mount Sinai, Holy Name Form Interstate Affiliation

May 3

Mount Sinai Health System and Holy Name Medical Center—a 361-bed hospital in Teaneck, N.J.—have inked an affiliation agreement. They will focus on coordinating oncology and cardiology service lines, as well as on genetic research, physician development and recruitment, and potentially graduate medical education. "We recognize that the academic medical centers in Manhattan are the nexus for patients coming from the tristate area," said Arthur Klein, MD, president of the Mount Sinai Health Network. "We always knew that New Jersey was important to us because patients from New Jersey have historically sought health care in Manhattan."

— **Arthur A. Klein, MD, President, Mount Sinai Health Network**

Additional coverage: [Medical Health News](#); [The Evening Leader Online](#); [NJ Biz](#); [ROI-NJ](#)

## Mount Sinai Cancer in the News

NEW YORK POST – May 6

### Can You Survive Pancreatic Cancer? Experts Explain Symptoms, Prognosis

This year in America, some 56,770 people will be stricken with pancreatic cancer, and 45,750 people will die from it. Symptoms, which include jaundice, greasy bowel movements, weight loss, belly pain, back pain, nausea and blood clots — don't generally develop until the disease has progressed. "In general, five-year survival rates are between five and ten percent, while the median survival rate — meaning how long most patients at this phase typically live — is about a year, depending on how they react to treatment," said Daniel Labow, MD, professor of surgery at the Icahn School of Medicine at Mount Sinai and site chair of the department of surgery at Mount Sinai St. Luke's and Mount Sinai West. He added, "Unfortunately, the prognosis is poor for patients with stage 4 pancreas cancer."

— **Daniel M. Labow, MD, Professor, Surgery, Icahn School of Medicine at Mount Sinai, Site Chair, Department of Surgery, Mount Sinai St. Luke's, Mount Sinai West**

RADIOLOGY BUSINESS – May 7

### Distribution of Lung Cancer Screening Programs in U.S. Varies Considerably

Lung cancer screening programs in the United States have not been distributed properly throughout the country, according to a new study published in *Chest*. "In this study, we conducted a cluster analysis to examine the similarity and dissimilarity among the current lung cancer screening facilities across the United States in the context of lung cancer incidence and mortality and socioeconomic environment," wrote lead author Minal S. Kale, MD, assistant professor of medicine and general internal medicine at the Icahn School of Medicine at Mount Sinai, and colleagues. "Identifying variations of geographic regions may inform state- and regional-level policy agencies regarding the allocations of resources to improve lung cancer detection and mortality."

— **Minal S. Kale, MD, Assistant Professor, Medicine, General Internal Medicine, Icahn School of Medicine at Mount Sinai**

CBS NEW YORK – May 7

### What You Need to Know About Melanoma

Melanoma is the least common skin cancer, but it is by far the deadliest, and on the rise. "My first melanoma was right here on my cheek," said David Lipman. But a combination of missed diagnosis and procrastination on Lipman's part meant that melanoma wasn't diagnosed for years. Lipman was lucky. The melanoma had not spread, but it took a large tissue graft from his back to repair the defect left from the melanoma removal. Eventually he was referred to Hooman Khorasani, MD, chief of the division of dermatologic and cosmetic surgery at the Mount Sinai Health System, who's been monitoring Lipman, including a second melanoma on his back. Dr. Khorasani explained why melanoma is so deadly. "It has the ability to spread to other tissues, much easier than other skin cancers."

— **Hooman Khorasani, MD, Associate Clinical Professor, Dermatology, Chief, Division of Dermatologic and Cosmetic Surgery, Icahn School of Medicine at Mount Sinai**

HEALIO: HEMONC TODAY – May 7

### Factors May Help Predict Which Patients with HER2-Positive Breast Cancer Can Forgo Surgery

Physicians may be able to predict which patients with HER2-positive breast cancer can safely forgo surgery based on tumor hormone status, imaging results after neoadjuvant chemotherapy and ductal carcinoma in situ on initial biopsy, according to study results presented at the American Society of Breast Surgeons Annual Meeting. "This is an exciting concept and there's an ongoing NRG cooperative group trial in the United States and Canada addressing this issue, seeking to identify exceptional responders to neoadjuvant chemotherapy and define which patients may not benefit from surgery after treatment," said Hank Schmidt, MD, PhD, associate professor of surgery at the Icahn School of Medicine at Mount Sinai. "Such an approach could one day allow patients to avoid surgery that can have long-term cosmetic implications, which would be an advantage for these patients in terms of quality of life."

— **Hank Schmidt, MD, PhD, Associate Professor, Surgery, Icahn School of Medicine at Mount Sinai**

HEALTH MAGAZINE – May 7

## All Five Stages of Melanoma - Explained by a Dermatologist

More than 96,000 Americans are diagnosed each year with melanoma, the deadliest form of skin cancer. That's quite a scary statistic, but it's important to remember that when melanoma is diagnosed – and how quickly it's treated – has a lot to do with a patient's chances of survival and recovery. The earliest stage of melanoma is a stage 0, also known as melanoma in situ or carcinoma in situ. "This diagnosis has a very good prognosis," said Noelani Gonzalez, MD, instructor of dermatology at the Icahn School of Medicine at Mount Sinai. People with localized melanomas who are treated quickly have a five-year survival rate of 97 percent – meaning they are, on average, about 97 percent as likely to still be alive in five years as people who don't have these cancers.

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

Additional coverage: [Yahoo News](#)

CBS NEW YORK – May 8

## Chemical Sunscreens Help Prevent Skin Cancer, But What Else Do They Do To A Body?

An FDA study in the [Journal of the American Medical Association](#) finds that some sunscreen chemicals are also absorbed into the bloodstream at levels the FDA says requires proof that they cannot do harm. "It might be necessary to do further studies to look into the higher levels to see if they are associated with any toxicological systemic effect," said Hooman Khorasani, MD, chief of the division of dermatologic and cosmetic surgery at the Mount Sinai Health System. Dr. Khorasani also pointed out that the study was small, just 24 volunteers who spread sunscreen over 75 percent of their body, four times a day for four days. This test was done indoors without sunlight, heat, sweat and all the other variables that could have altered the results.

— **Hooman Khorasani, MD, Associate Clinical Professor, Dermatology, Chief, Division of Dermatologic and Cosmetic Surgery, Icahn School of Medicine at Mount Sinai**

OUR TOWN NEW YORK – May 8

## Pancreatic Cancer: What You Need to Know

Aimee Lucas, MD, MS, associate professor of medicine and gastroenterology at the Icahn School of Medicine at Mount Sinai discusses pancreatic cancer. According to Dr. Lucas, eighty percent of cases are diagnosed at an advanced stage, and the disease is on the rise in the U.S. However, for those at highest risk, screening is an option. Dr. Lucas explains, that the main risk factors for pancreatic cancer include older age, tobacco use, heavy alcohol use, and obesity. "Once we have information about genetic risk, we can talk about whether someone is a candidate for pancreatic cancer screening. Even without doing genetic testing, some people with multiple affected family members (such as a mother and maternal grandfather) may be candidates for screenings."

— **Aimee Lucas, MD, MS, Associate Professor, Gastroenterology, Medicine, Icahn School of Medicine at Mount Sinai**

TELEMUNDO 47 – May 8

## Melanoma Risks

Noelani Gonzalez, MD, instructor of dermatology at the Icahn School of Medicine at Mount Sinai discusses melanoma risks. "A benign mole presents with equal and regular edges, unlike melanoma. The borders of melanoma mole are not the same as a benign mole. The ends may be wavy or irregular."

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

**CRAIN'S HEALTH PULSE – May 9**

## **The Tisch Cancer Institute and Precision Immunology Institute at Mount Sinai Launch Center for Computational Immunology**

(No web link available)

Mount Sinai Health System has established the Center for Computational Immunology, which will conduct research that aims to discover new drugs that use the body's immune system to fight cancer. The center will be made up of researchers in the fields of cancer, genomics, machine learning and immunology. The center is a collaboration of the Tisch Cancer Institute and the Precision Immunology Institute at the Icahn School of Medicine at Mount Sinai. Benjamin Greenbaum, PhD, assistant professor of oncological sciences, pathology and medicine at the Icahn School of Medicine at Mount Sinai is the center's director.

— **Benjamin D. Greenbaum, PhD, Assistant Professor, Medicine, Hematology and Medical Oncology, Pathology, Oncological Sciences, Icahn School of Medicine at Mount Sinai**

**UROTONDAY – May 9**

## **Clinicopathologic and Genomic Factors Associated With Oncologic Outcome in Patients With Stage III to IV Chromophobe Renal Cell Carcinoma - Beyond the Abstract**

Ketan Badani, MD, professor of urology at the Icahn School of Medicine at Mount Sinai and Alp Tuna Beksac, MD, urology fellow at the Icahn School of Medicine at Mount Sinai discuss their recent study. "In the modern era, the majority of kidney tumors are diagnosed as organ confined disease. cT1-2 masses are manageable with extirpative surgery and treatment outcome remains excellent. They added, "In our study, we wanted to focus on chromophobe renal cell carcinoma. Identifying these genomic alterations could help predict outcome and identify potential targeted therapy options in the future, as well as predicting treatment outcome."

— **Ketan K. Badani, MD, Professor, Urology, Icahn School of Medicine at Mount Sinai, Director, Robotic Surgery, Mount Sinai West, Vice Chairman, Urology and Robotic Operations, Director, Comprehensive Kidney Cancer Program, Mount Sinai Health System**

— **Alp Tuna Beksac, MD, Fellow, Urology, Icahn School of Medicine at Mount Sinai**

**MD ALERT – May 9**

## **Bioimpedance Spectroscopy Helps Prevent Breast Cancer-related Lymphedema Progression**

For triggering compression therapy to prevent progression of breast cancer-related lymphedema, bioimpedance spectroscopy appears to be more effective than standard tape measure assessment of arm circumference, according to interim results of the PREVENT trial reported at the American Society of Breast Surgeons annual meeting. Fewer women in the trial went on to develop clinical lymphedema when referred for therapy using BIS than traditional TM, suggesting that BIS is a highly effective tool for pinpointing patients at risk. Paul Schmidt, MD, PhD, associate professor of surgery at the Icahn School of Medicine at Mount Sinai who was not involved in the study said, "The L-DEX device used in the study has been available for several years but I think the data are still evolving. This trial has been going on for a while and this is an interim analysis."

— **Paul H. Schmidt, MD, PhD, Associate Professor, Surgery, Icahn School of Medicine at Mount Sinai, Director, Cancer Risk Program, Dubin Breast Center, Mount Sinai Health System**

**MEDSCAPE – May 9**

## **High Tech Lymphedema Surveillance Helps Prevent Progression**

A new technique may help in the diagnosis of lymphedema, a dreaded complication that can develop after breast cancer surgery that includes the removal of lymph nodes in the armpit. A new technique could lead to earlier diagnosis, and allow earlier instigation of treatment, say a group of researchers reporting on the use of bioimpedance spectroscopy, a device that uses electrical current to measure intercellular fluid volume. In the study, women who were assessed by BIS and were referred for early treatment had a 9.8 percent absolute and a 67 percent relative reduction in clinically diagnosed lymphedema when compared with women who were assessed with a tape measure. "It's an interesting concept, but I would like to see if they looked at risk factors," said Sarah Cate, MD, assistant professor of surgery at the Icahn School of Medicine at Mount Sinai.

— **Sarah P. Cate, MD, Assistant Professor, Surgery, Icahn School of Medicine at Mount Sinai**

## Mount Sinai Cancer in the News

MEDSCAPE – May 9

### [Skipping Surgery for HER2+ Breast Cancer: Which Patients?](#)

Surgery is an integral part of a breast cancer treatment regimen, but with recent advances in neoadjuvant systemic therapy, there may be patients who could skip the operation, specifically, women with HER2+ breast cancer who achieve a pathologic complete response after NST may be candidates for clinical trials that will evaluate non-operative management, say researchers. Sarah Cate, MD, assistant professor of surgery at the Icahn School of Medicine at Mount Sinai said the idea of skipping surgery is an important issue and something patients ask about all the time. "They want to know why they still need surgery if there isn't any evidence of cancer after chemo."

— **Sarah P. Cate, MD, Assistant Professor, Surgery, Icahn School of Medicine at Mount Sinai**

MEDSCAPE – May 9

### [Making Strides: New Approaches to Metastatic Bladder Cancer](#)

In the United States, bladder cancer ranks as the fourth most common cancer in men, striking roughly three times more men than women. The approvals of five PD-1 and PD-L1 inhibitors for second-line therapy have dramatically altered the treatment landscape for cisplatin-ineligible patients, who for decades have had limited treatment options. "When I first started working with bladder patients, the only treatment line for metastatic disease was chemotherapy," said Kiev Gimpel-Tetra, RN, nurse manager in the cancer clinical trials office at the Icahn School of Medicine at Mount Sinai. He added, "Now with the start of immunotherapies, that is now part of their treatment regimen." Matthew Galsky, MD, professor of medicine, hematology and medical oncology, urology at the Icahn School of Medicine at Mount Sinai said, "Like with any treatments, it's associated with some favorable properties and some unfavorable properties."

— **Kiev S. Gimpel-Tetra, RN, Nurse Manager, Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

— **Matthew Galsky, MD, Professor, Medicine, Hematology and Medical Oncology, Urology, Icahn School of Medicine at Mount Sinai, Director, Genitourinary Medical Oncology, The Tisch Cancer Institute**

BECKER'S HOSPITAL REVIEW – May 10

### [Mount Sinai Launches Immunology Hub for Genomic, Machine Learning Research](#)

A new Center for Computational Immunology at the Icahn School of Medicine at Mount Sinai will serve as a research hub for the study and discovery of targeted immunotherapies for cancer patients. "The center aims to increase the number of patients who benefit from cancer-killing immunotherapy drugs. To do so, researchers will utilize genomics, machine learning and immunology, and look further into the tumor microenvironment for answers," said Miriam Merad, MD, PhD, professor of medicine, hematology and medical oncology, and oncological sciences at the Icahn School of Medicine at Mount Sinai. "We want to understand how to model interactions between cancers and the immune system to help more people benefit from the life-saving potential of immunotherapy," said Benjamin Greenbaum, PhD, assistant professor of oncological sciences, pathology and medicine at the Icahn School of Medicine at Mount Sinai.

— **Miriam Merad, MD, PhD, Professor, Medicine, Hematology and Medical Oncology, Oncological Sciences, Director, Precision Immunology Institute, Co-Director, Cancer Immunology Program, The Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

— **Benjamin D. Greenbaum, PhD, Assistant Professor, Medicine, Hematology and Medical Oncology, Pathology, Oncological Sciences, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Health Data Management](#)

NORTHJERSEY.COM – May 10

### [Teaneck's Holy Name Medical Center Joins Mount Sinai for Cancer, Cardiac Care](#)

Holy Name Medical Center in Teaneck and the Mount Sinai Health System have formed a partnership, giving the New York hospital system a larger toehold in New Jersey and allowing Holy Name to expand its offerings.

The two will focus first on coordinating cancer care and cardiac services, two highly competitive specialties in northern New Jersey. The agreement is intended to enable Holy Name to participate in national research initiatives. Patients will be able to access genetic tests for cancer, and physicians will be able to receive additional training, according to Adam Jarrett, Holy Name's chief medical officer and Arthur Klein, MD, president of the Mount Sinai Health Network.

— **Arthur A. Klein, MD, President, Mount Sinai Health Network**

**MD ALERT – May 10**

### **Nipple-sparing Mastectomy Safe for More Women with Breast Cancer**

More women with breast cancer can benefit from less-invasive nipple-sparing mastectomy, according to an analysis of data presented at the American Society of Breast Surgeons annual meeting. The analysis shows that complication and implant failure rates have fallen significantly since nipple-sparing mastectomy was introduced, while the patient population increasingly includes more advanced cancers and women traditionally considered at risk for post-surgery problems. According to Paul H. Schmidt, MD, PhD, associate professor of surgery at the Icahn School of Medicine at Mount Sinai, "Nipple-sparing mastectomy has significantly increased in utility over last 10 years and there are a lot of reports to show that it offers comparable oncologic safety when used in cancer patients and is also an important tool for risk reduction for a lot of women."

— ***Paul H. Schmidt, MD, PhD, Associate Professor, Surgery, Icahn School of Medicine at Mount Sinai, Director, Cancer Risk Program, Dubin Breast Center, Mount Sinai Health System***