

HEALTH DATA MANAGEMENT – February 15

### [Cancer Prediction Tool Combines Machine Learning, Radiomics](#)

Researchers at Mount Sinai and USC have developed a predictive framework that can distinguish between low- and high-risk prostate cancer. The prediction tool combines machine learning with radiomics, a branch of medicine that uses algorithms to extract large amounts of quantitative characteristics from medical images. "By rigorously and systematically combining machine learning with radiomics, our goal is to provide radiologists and clinical personnel with a sound prediction tool that can eventually translate to more effective and personalized patient care," said Gaurav Pandey, PhD, assistant professor of genetics and genomic sciences at the Icahn School of Medicine at Mount Sinai.

— **Gaurav Pandey, PhD, Assistant Professor, Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai**

MD ALERT - February 20

### [Expanding Genetic Testing for Prostate Cancer Could Improve Patient Management](#)

Expanding genetic testing beyond current guidelines could better stratify prostate cancer patients for the presence of pathogenic variants and improve their medical management, researchers say. An assessment of self-reported family histories revealed that 37 percent of men with positive variants would not have qualified for genetic testing per the National Comprehensive Cancer Network genetic/familial breast and ovarian guidelines for patients with prostate cancer. Alberto Martini, MD, clinical fellow in the department of urology at the Icahn School of Medicine at Mount Sinai, who was not involved in the research, said the study confirms, "Previous results regarding the most common germline mutated genes in prostate cancer, and appropriately points out some consistencies among the current guidelines." Dr. Martini added, "There was some concern either in the clinical or familial history that led the treating physician to order these tests. Thus, it is not unlikely that the actual frequencies of these mutations would be lower in the general population."

— **Alberto Martini, MD, Clinical Fellow, Department of Urology, Icahn School of Medicine at Mount Sinai**

TELEMUNDO – February 21

### [Mobile Mammography Program Coming To Your Neighborhood](#)

The Mount Sinai Hospital is bringing essential breast cancer detection services and education to women in New York City. The Mount Sinai Mobile Mammography Program is the only van equipped with digital breast tomosynthesis – high-quality, state-of-the-art, digital 3D mammography technology – serving women in all five boroughs. Minority women face significant disparities in breast cancer screening and outcomes. To address these issues, the program provides culturally targeted educational workshops discussing the importance of mammography screenings. Multi-lingual patient navigators with access to language interpreters are available to assist participants make screening appointment and access follow-up services.

— **Mount Sinai Mobile Mammography Program**

NBC NEW YORK – February 26

### [Mammography Van Rolls Into NYC](#)

(No web link available.)

Mount Sinai Health System's new van aims to make breast cancer screens more accessible to all women, by traveling to low income neighborhoods. The van transmits images directly to The Mount Sinai Hospital. "Any woman who is over 40, who has no breast symptoms, and who has not had a mammogram in the past year can come," said Laurie Margolies, MD, director of breast imaging at the Dubin Breast Center of the Tisch Cancer Institute at the Icahn School of Medicine at Mount Sinai.

— **Laurie R. Margolies, MD, Professor, Radiology, Director, Breast Imaging, The Dubin Breast Center of the Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

WABC NEWS – February 26

### [New Mom Shares Battle with Pregnancy-associated Breast Cancer](#)

New mom Reilly Starr had no idea that what she thought were blocked milk ducts while nursing her new baby boy were actually the beginning signs of cancer. "Everything came to an abrupt halt one day, when I finally got my ultrasound and my mammogram and had seven biopsies taken," said Reilly. She was informed she had stage 4 breast cancer. Elisa Port, MD, associate professor of surgery at the Icahn School of Medicine at Mount Sinai explains that the chances of developing pregnancy-associated breast cancer are very low, about one in 3,000 women. However, Dr. Port says this does not mean the percentage is at zero, and this is the problem.

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

MEDPAGE TODAY – February 27

### [New Frontline Options Stir Debate in Metastatic RCC](#)

Sunitinib (Sutent) received FDA approval for first-line metastatic renal cell carcinoma (RCC) over a decade ago, but now three new combinations using immune checkpoint inhibitors have toppled the former standard and sparked a debate over which combination clinicians should gravitate toward, and for whom. In interim analyses of two phase III trials presented earlier this month at the Genitourinary Cancers Symposium, axitinib (Inlyta) plus PD-1/PD-L1 checkpoint inhibition improved response rates and delayed disease progression over single-agent sunitinib, and across all risk groups. "To me, the immediate practice-changing part is that axitinib plus pembrolizumab should be considered a standard of care for patients with favorable-risk disease," said Che-Kai Tsao, MD, associate professor of medicine, hematology, and medical oncology at the Icahn School of Medicine at Mount Sinai. "Right now the bar is higher. Therapies may not necessarily get approved based on PFS," he added.

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

UROTODAY – March 1

### [Combination Approaches with Immune-Checkpoint Blockade in Bladder Cancer](#)

Matthew Galsky, MD, professor of medicine, hematology, urology, and medical oncology at the Icahn School of Medicine at Mount Sinai shares in a discussion on combination and maintenance strategies for muscle-invasive and metastatic bladder cancer and a number of reasons for combining immunotherapy with immune checkpoint blockade. These reasons include the concept of immunogenic cell death, depletion of suppressive immune cell subsets and independent drug action.

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

HEALTHDAY – March 1

### [Radioactive Chemo Meds Might Threaten Crematorium Workers: Study](#)

Deceased people who are cremated after having been treated with radioactive medications might be a health hazard to crematory operators, a new case study shows. An Arizona crematorium became contaminated with radiation following the cremation of a man who received "radiopharmaceutical" treatment two days before he died. The contamination was detected a few weeks after the 69-year-old man's cremation in 2017, and involved lutetium 177 -- the radioactive particle used to treat his pancreatic neuroendocrine tumor, the report noted. Follow-up tests found radioactive particles in the urine of the crematory operator. Paolo Boffetta, MD, associate director of global cancer at the Icahn School of Medicine at Mount Sinai, noted that while the ashes contain radioactive particles, "it's not a source of major exposure." Boffetta said, "I don't think this is an issue that may entail any risk of cancer or other radiation-induced illnesses. Having said that, it's clear it's a possible source of exposure, and if someone is exposed regularly, every week or every few days, then it may become a source of concern. There is a need for a notification process to be put into place."

— **Paolo Boffetta, MD, Associate Director, Population Sciences, Tisch Cancer Institute, Chief, Cancer Prevention and Control, Department of Oncological Sciences, Professor, Medicine, Hematology and Medical Oncology, Oncological Sciences, Environmental Medicine and Public Health, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Smithsonian Magazine](#)

ONCLIVE - March 4

### [Dr. Chari Discusses Frail and Elderly Patients With Multiple Myeloma](#)

Ajai Chari, MD, director of clinical research in the Multiple Myeloma Program at the Icahn School of Medicine at Mount Sinai, discusses frail and elderly patients with multiple myeloma. The biggest unmet medical needs in multiple myeloma are the frail and elderly population, specifically patients with renal failure and those with high-risk disease. Although outcomes have improved for high-risk patients with novel regimens, they have yet to reach those seen in standard-risk patients. The same thing is true for the frail and elderly population and those with renal failure, adds Dr. Chari. Currently, there are no studies that are investigating novel therapeutics for these patient populations, partly because of how complex it is to perform these studies. Moreover, elderly and frail patients are difficult to enroll in trials due to difficulties in accessing academic medical centers.

— **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**

OBR ONCOLOGY - March 4

### [William Oh, MD, Discusses the Evolving Treatment Landscape for Patients with nmCRPC](#)

William Oh, MD, professor of medicine, hematology, urology, and medical oncology at the Icahn School of Medicine at Mount Sinai, elaborates on the scope of unmet need for patients with nonmetastatic castration-resistant prostate cancer and how the treatment landscape is evolving. “Patients start on hormonal therapy when they have no metastatic visible disease, their PSA’s go down, and then they start to go up, again with still no metastasis visible. They feel fine except for the side effects of hormonal therapy. This concept is that if they continue to be watched they will eventually develop metastasis. All these therapies have been shown to have a benefit in preventing metastasis if you shift it to this nmCRPC,” said Dr. Oh.

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

HEALTHLINE - March 5

### [FDA Warns Thermography Is Not a Substitute for a Mammogram](#)

Thermography involves the use of infrared cameras to show patterns of heat and blood flow. Images show temperature changes in different areas of the breasts. However, the FDA issued a warning to women, patients recommended for breast cancer screening, healthcare providers, and cancer treatment advocacy organizations. “There is no credible scientific evidence to support thermography. I agree with the Society of Breast Imaging position and do not support the use of thermography / infrared imaging of the breast as either a screening or diagnostic tool,” said Laurie Margolies, MD, FACR, director of breast imaging at the Dubin Breast Center at the Icahn School of Medicine at Mount Sinai. False positives and false negatives can lead to significant delays in diagnosis and the usefulness of thermography has not been proven, she added.

— **Laurie Margolies, MD, FACR, Professor, Radiology, Director, Breast Imaging, The Dubin Breast Center of the Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai**

Additional coverage: [Medical Health News](#); [Infosurhoy](#)

YAHOO TRAVEL – March 6

### [Seven Ways to Reduce Your Risk of Colon Cancer](#)

Colon cancer is the third most common cancer in the United States, according to the American Cancer Society, and the second most common cause of cancer death. Incidence rates among younger adults under age 50 are on the rise, but there is plenty you can do to protect yourself, like staying at a healthy weight, eating a plant-based diet and being physically active. Women who are overweight or obese have up to twice the risk of developing colorectal cancer before age 50 compared to women who are at a normal BMI. One theory is that heavier individuals have more inflammation in their bodies, which can lead to DNA damage that raises the risk of colon cancer. It may also be that people at healthy weights are also more likely to eat a well-balanced diet and frequently exercise, which have both been shown to reduce risk, 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. Eating a plant based diet has especially been known to reduce risk of colon 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**

ONCOLOGY NURSING NEWS - March 7

### [Alex Trebek Diagnosed With Stage IV Pancreatic Cancer](#)

Alex Trebek, the long-time host of the popular game show *Jeopardy!*, announced that he was diagnosed with stage IV pancreatic cancer. In a [YouTube video](#), the 78-year-old stated that he learned of his diagnosis this week and that he, "wanted to prevent viewers from reading or hearing some overblown or inaccurate reports regarding my health." Alex continued "Now normally, the prognosis for this is not very encouraging, but I'm going to fight this, and I'm going to keep working, and with the love and support of my family and friends and with the help of your prayers also, I plan to beat the low survival rate statistics for this disease." 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 said that the only treatment option for stage IV pancreatic cancer is chemotherapy, and how well an individual tolerates treatment could have huge implications for their outcomes. "First of all, I think he looks pretty good. It doesn't look like he's already lost weight and have this taken over his body, which means he should be able to tolerate treatment. I think his philosophy is a good one – to be aggressive and fight this as hard as he can. Of course, only time will tell."

— **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**

Additional coverage: [WCBS Radio](#); [The New York Post](#)

THE WASHINGTON POST – March 8

### [What is Pancreatic Cancer? Alex Trebek's Difficult Diagnosis.](#)

Alex Trebek ended his announcement Wednesday that he has Stage 4 pancreatic cancer with a somber vow. "I'm going to fight this," said the beloved "Jeopardy!" game show host. "I plan to beat the low survival-rate statistics for this disease." The National Cancer Institute tracked patients' survival rates from the time of diagnosis and found that by the five-year mark, only 9 percent of pancreatic cancer patients remained alive. "With breast cancer, you feel a lump. With colon cancer you see bleeding in stool. But when it comes to pancreatic cancer, there's nothing like that," 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. Dr. Labow added that in his experience, unfortunately, only 50 percent of stage four patients make it to the one-year mark after diagnosis.

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

**ASSOCIATED PRESS – March 11**

### [FDA Approves 1st Immunotherapy Drug to Treat Breast Cancer](#)

The U.S. Food and Drug Administration has approved the first immunotherapy drug for breast cancer, Tecentriq. This is for treating advanced triple-negative breast cancer, which accounts for about 15 percent of cases. It's to be given with chemotherapy, the standard treatment. Mount Sinai breast cancer specialist Dr. Amy Tiersten in New York called it "tremendously exciting news." In a study of 900 women, the benefits were modest. Those who received Tecentriq plus chemo went two months longer on average without their cancer worsening compared with those on chemo alone.

— **Amy 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**

*Additional coverage:* [The New York Times](#); [U.S. News & World Report](#); [Business Insider](#); [National Post](#); [Washington Times](#); [FOX Business Network](#); [MedPage Today](#)

**CANCER THERAPY ADVISOR – March 11**

### [NSAIDs in Head and Neck Cancer Bring New Meaning to Precision Medicine](#)

A retrospective analysis published in the Journal of Experimental Medicine showed that patients with PIK3CA-altered head and neck cancer had improved survival outcomes if they regularly took nonsteroidal anti-inflammatory drugs (NSAIDs).<sup>1</sup> Although the findings must be validated in a prospective clinical trial, the study highlights how old drugs, like aspirin, can be repurposed as personalized treatments for patients with a specific genomic aberration. Krzysztof Misiukiewicz, MD, head and neck oncologist at Mount Sinai, was not involved in the study, but expressed during an interview with Cancer Therapy Advisor. "[Given] the high cost of the drugs that we currently have, repurposing old drugs, I think, is a good way to find other treatment options that are going to be cheaper, but at the same time efficacious."

— **Krzysztof Misiukiewicz, MD, Associate Professor, Medicine, Hematology and Medical Oncology, Assistant Professor, Otolaryngology, Icahn School of Medicine at Mount Sinai**

**HEALIO – March 12**

### [Proposed FDA Sunscreen Rule Could Save Lives, Reduce Confusion](#)

The FDA has proposed a rule that it says would update regulatory requirements for most sunscreen products sold in the United States. "Proper use of sunscreen can prevent skin cancer and premature aging, so I am encouraged by any new regulations that enhance consumer knowledge," Joshua Zeichner, MD, and director of cosmetic and clinical research within the department of dermatology at The Mount Sinai Hospital in New York City said in an interview. These proposals, if enacted, could have a positive impact on the health of patients and eliminate confusion surrounding these products.

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

**CURE MAGAZINE – March 13**

### [Radical Cystectomy: Risk Versus Reward for Patients with Bladder Cancer](#)

Standard treatment for patients with muscle-invasive bladder cancer is radical cystectomy, which involves surgery to remove all the bladder and nearby tissues and organs. But research from the Icahn School of Medicine at Mount Sinai explained that the standard procedure is associated with life-altering implications because of the need to create a new way to pass urine out of the body after the organ has been removed and, potentially, considerable risk of death. "Radical cystectomy is a curative backbone of treatment for muscle-invasive bladder cancer," said Matthew Galsky, MD, professor of medicine, hematology and medical oncology at the Icahn School of Medicine at Mount Sinai. "However, the median age of onset bladder cancer in the United States is the mid- to the late-70s. Cystectomy is a major operation and not without risks." He concluded, "Our study provides a general picture of the frequency of such risk across a large group of patients in the U.S. and identifies some patient and system specific factors that might place patients at higher risk."

— **Matthew Galsky, MD, Professor, Medicine, Hematology and Medical Oncology, Urology, Icahn School of Medicine at Mount Sinai**

THE DERMATOLOGIST – March 14

[Persistent Alopecia After Cancer Treatment Tied to Lower Quality of Life](#)

Persistent chemotherapy-induced alopecia (pCIA) is often more severe than endocrine-induced alopecia after chemotherapy, but both conditions are associated with a “negative emotional effect,” researchers say. Charles Shapiro, MD, director of Translational Breast Cancer Research and Director of Cancer Survivorship at the Icahn School of Medicine at Mount Sinai said, “As expected, chemotherapy caused worse alopecia than endocrine therapy. It was no surprise quality-of-life scores were adversely affected in both groups, and women with more hair loss reported worsening quality-of-life scores.” That topical minoxidil improved hair loss in some of these patients is “interesting,” said Dr. Shapiro, who was not involved in the study. “Prospective randomized, placebo-controlled are necessary to understand the true effects of topical minoxidil in women with treatment-induced alopecia.”

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

Additional coverage: [MD Linx](#)

HEALTHLINE – March 18

[FDA Approves First Immunotherapy Drug for Triple-Negative Breast Cancer](#)

Until now, people with inoperable triple-negative breast cancer had one treatment option: chemotherapy. But this month, the FDA granted accelerated approval to the first immunotherapy treatment for breast cancer. It combines the drug atezolizumab with a form of chemotherapy. Amy Tierstein, MD, a breast oncologist at the Dubin Breast Center at the Tisch Cancer Institute at Mount Sinai, was thrilled about the drug’s approval and said it should be covered by insurance. About one-fifth of people with triple negative breast cancer have the PD-L1 protein, which is what atezolizumab targets.

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

THE CANCER LETTER – March 18

[Fred Hirsch To Join Mount Sinai’s Tisch Cancer Institute](#)

Fred Hirsch has joined the Mount Sinai Health System as executive director of the newly-created Center for Thoracic Oncology in the Tisch Cancer Institute at Mount Sinai. Dr. Hirsch was also named the Richard Stein, Joe, Lowe, and Louis Price professor of medicine at the Icahn School of Medicine at Mount Sinai. He will serve as the associate director of biomarker discovery for the Tisch Cancer Institute. The center will expand Mount Sinai’s lung cancer screening program. Patients will also have access to the latest research and clinical trials.

— **Fred Hirsch, MD, PhD, Executive Director, Center for Thoracic Oncology, Associate Director, Biomarker Discovery, The Tisch Cancer Institute, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

HEALTHLINE – March 18

[FDA Approves First Immunotherapy Drug for Triple-Negative Breast Cancer](#)

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

DOT MED – March 19

### [Dr. Fred R. Hirsch](#)

Fred R. Hirsch, MD, PhD, an internationally-renowned authority on lung cancer treatment and research, has joined Mount Sinai Health System as Executive Director of the newly-created Center for Thoracic Oncology in The Tisch Cancer Institute at Mount Sinai and the Richard M. Stein, MD, Joe Lowe and Louis Price Professor of Medicine (Hematology and Medical Oncology) at the Icahn School of Medicine at Mount Sinai. He will also be the Associate Director of Biomarker Discovery for The Tisch Cancer Institute. Dr. Hirsch's career in lung cancer research spans more than 25 years and includes translational research, targeted therapies, and early detection of lung cancer.

— **Fred Hirsch, MD, PhD, Executive Director, Center for Thoracic Oncology, Associate Director, Biomarker Discovery, The Tisch Cancer Institute, Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

MD LINX – March 21

### [Initial presentation of human papillomavirus-related head and neck cancer: A retrospective review](#)

Because human papillomavirus (HPV) has been identified as a risk factor for oropharyngeal squamous cell carcinoma (OPSCC) and a reason for the recent dramatic increase in the incidence of this disease, researchers outlined the common presenting signs of HPV-positive OPSCC in this retrospective review. The study sample consisted of 370 subjects treated for OPSCC between April 2007 and November 2015 at the Icahn School of Medicine in Mount Sinai, New York City. The final analysis included patients with newly diagnosed OPSCC and adequate history and physical data. The inclusion criteria were met by 207 patients. According to findings, HPV-positive OPSCC is an incipient epidemic aimed at surpassing cervical cancer as the most common cancer associated with HPV by 2020.

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

ONCLIVE – March 21

### [Dr. Cho on Promising Combinations in Multiple Myeloma](#)

There are several trials combining daratumumab (Darzalex) with immune checkpoint inhibitors, says Hearn Jay Cho, MD, PhD, Associate Professor of Medicine, Hematology/Oncology at the Icahn School of Medicine at Mount Sinai. Preliminary analyses have shown promising activity with this approach. However, these are early-phase trials that are not powered for efficacy, he cautions. If these combinations turn out to be effective, it will be important to understand what their efficacy is relative to other daratumumab combinations, as many daratumumab-based combinations show excellent response rates in long-term follow-up.

— **Hearn Jay Cho, MD, PhD, Associate Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai, The Mount Sinai Hospital**

ONCLIVE – March 21

### [Dr. Malamud on Key Data From KATHERINE Study in HER2+ Breast Cancer](#)

The goal of the phase III trial, which was presented at the 2018 San Antonio Breast Cancer Symposium, was to evaluate the role of ado-trastuzumab emtansine (T-DM1; Kadcyla) against the gold standard trastuzumab (Herceptin) in patients who had residual disease following neoadjuvant therapy with a HER2-targeted agent. The results were a “runaway,” in favor of T-DM1, Stephen C. Malamud, MD, associate professor, Icahn School of Medicine at Mount Sinai says, in terms of invasive disease-free survival (iDFS) and delaying local and distant recurrences. The antibody-drug conjugate also demonstrated a toxicity profile that can easily be managed.

— **Stephen C. Malamud, MD, Associate Professor, Medicine, Hematology and Medical Oncology, Icahn School of Medicine at Mount Sinai**

**MEDICAL XPRESS – March 22**

### [Researchers uncover key to greater efficacy in cancer treatment](#)

In exposing various types of cells to six concentrations of a pro-apoptotic drug and measuring the abundance of mitochondria within the surviving cells, Mount Sinai and IBM researchers discovered that surviving cells had a greater amount of mitochondria than untreated cells. This strongly suggests that cells with fewer mitochondria are more likely to respond to certain drug treatments. "Enhancing our understanding of the relationship between mitochondria variability and drug response may lead to more effective targeted cancer treatments, allowing us to find new ways to tackle the problem of drug resistance," said Pablo Meyer, PhD, Adjunct Assistant Professor of Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai, Team Leader of Translational Systems Biology at IBM Research, and co-corresponding author of the publication. "The outcomes of this study were truly multidisciplinary, and only made possible by the strong scientific collaboration established between Mount Sinai and IBM."

— **Pablo Meyer Rojas, PhD, Adjunct Assistant Professor, Genetics and Genomics, Icahn School of Medicine at Mount Sinai**

**CANCER NETWORK – March 22**

### [SGO 2019: TWiST Backs Benefits of PARP Inhibitor in Ovarian Cancer](#)

As a maintenance therapy, niraparib, a poly (ADP-ribose) polymerase (PARP) inhibitor, prolonged the time without symptoms or toxicity (TWiST) for patients with recurrent ovarian cancer compared with placebo, regardless of germline BRCA status. "The TWiST data gives us insight into not only the amount of time this drug provided but also the quality of this time. When you are looking at a maintenance drug, qualitative data is extremely important," said Stephanie Blank, MD, director of the Division of Gynecologic Oncology for the Mount Sinai Health System, during an interview with Cancer Network. However, she cautioned, "The TWiST data looks at three symptoms—fatigue, nausea, and vomiting—and these cannot capture the complete picture of how a woman with ovarian cancer is living."

— **Stephanie V. Blank, MD, Professor, Obstetrics, Gynecology, Reproductive Science, Icahn School of Medicine at Mount Sinai, Director, Women's Health, The Mount Sinai Hospital, Director, Gynecologic Oncology, Mount Sinai Health System**

**CANCER THERAPY ADVISOR – March 22**

### [Study Concludes Finasteride Does Not Increase the Risk of High-Grade Prostate Cancer](#)

Finasteride, a 5-alpha reductase inhibitor, has long been linked to high-grade prostate cancer, hindering its use as a chemoprevention agent. According to a long-term analysis of the Prostate Cancer Prevention Trial (PCPT), however, no such increased risk exists, potentially clearing finasteride as a safe and effective chemoprevention agent for prostate cancer. During an interview with Cancer Therapy Advisor, Bobby Liaw, MD, assistant professor of medicine, hematology, and medical oncology at Mount Sinai in New York, New York, expressed a similar sentiment, describing the use of finasteride as a chemoprevention agent as a "long-standing controversy." Dr Liaw cautioned if finasteride is to be recommended to patients, they will need to have regular prostate cancer screenings and be monitored. "[Use of finasteride in prostate cancer] is not a common practice right now, and so there has to be a little bit of learning as to what's the right way for us to monitor these patients," he said.

— **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**