



Meet LRG member Rachel Gilbert, age 18, from the United Kingdom.

Meet the LRG Community

A Letter from Rachel Gilbert

Cancer is hard on everyone, that's its nature. We have no answers for the why's or how's. It affects us all, some more than others. This is the first article where you will hear the youth of the Life Raft Group reflect on life, GIST and their fears.

In this age of pop icons like Batman, Spiderman and Powerpuff Girls, we can sometimes forget who the real heroes are...

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By Sara Rubinoff

The Life Raft Group, Das Lebenshaus, and the Association of Cancer Online Resources recently collaborated to launch the Global GIST Network. The mission

Battling gastrointestinal stromal tumor



LIFE RAFT GROUP

Sept.-Oct. 2005

In Memory of Roberta Gibson, Patricia Novicki, Lewis Thorp, Daniel Wieland

Vol. 6, No. 7

First strategic plan to address treatment resistance started

By Norman Scherzer

At an historic breakfast meeting in Boston with Novartis CEO Dan Vasella and Novartis Oncology President David Epstein, Life Raft Group Executive Director Norman Scherzer proposed that Novartis help fund a major research initiative aimed at identifying and overcoming GIST resistance to therapy. In response, Vasella offered to provide the Life Raft Group with \$2 million dollars in start up money to support this research. On July 8th the Life Raft Group received the first check in the amount of \$1million.

Since then the project has moved forward with deliberate speed. On September 14th, after a series of preliminary planning meetings, the entire LRG Research Team met for the first time by teleconference. Using software to present a PowerPoint overview we reviewed and approved a

strategic plan and agreed to a set of basic concepts.

Excellence would replace consensus and collaboration would replace professional competition as philosophical guideposts. Research grants would be driven by a strategic research plan, not by investigator initiated proposals, and the first phase of funding would be directed towards those investigations that offered the best prospects of

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Dr. Jonathan Fletcher discussing priorities with the LRG core research planning team.

Launching the Global GIST Network

of the Global GIST Network is to encourage and support the creation of GIST patient resources by providing a forum for patients to identify the support available in a given country or for a given language and to facilitate information exchange, mutual support and advocacy.

The Network is an association of patient organizations providing information and support to GIST patients and their families. The focus is to identify the support available in a given country or for a given language ranging from: 1) Liaison: A link to an

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Gilbert

From Page 1

Hi my GIST friends, my name is Rachel Gilbert, I am 18 years old and I live in St.Ives, England.

My family includes my mum, Julie; my dad, Phil; and my brother, Daniel, who's 16. We're a very close family, made stronger by my illness.

I've had Gist for 3 1/2 years, since I was 15; I was diagnosed on the 23rd December (not the best date to pick). I was also in the middle of my last year of school and 5 months away from my final exams (In England the school system goes to 16 and then you have your Gcse exams,

which are your final exams). They announced my diagnosis in a school assembly to make sure that everyone had the facts. My oncology nurse went to talk to them. I knew about it beforehand and thought it was a good idea, instead of people not being sure about it and making rumours. My friends didn't react very well.

When I started Glivec it hit me very hard, starting on 400mg. Slowly I have been moved up and down and up again and now I'm on 800mg. And stable.

I didn't manage to get to school anymore and didn't complete all my exams. I was upset about not going to school. I felt like I was missing out on having friends and socializing and now years later it upsets me a lot because I feel like I've missed out on my childhood and part of growing up.

I was also very surprised to find out that who I thought were best friends, didn't want to know me anymore. They were upset to start with, but later they didn't know how to talk to me, so

I lost touch with some of them. Then when I didn't go to school anymore, I didn't see them either and they never made contact themselves. I did think they were good friends but now when I look back I think they weren't as good

as friends as I had thought they were and they didn't care as much as I would have hoped friends would. This made me feel very lonely which hasn't gone away to this day. I don't see any of my old friends and haven't for 3 years.

This has made me lose my confidence, I think because I wasn't around people and haven't had friends so now I feel nervous

when I go out even to simple things like the hair dressers, I didn't use to go out in case I bumped into any of them but I'm now determined to make new friends. And for the last year or so I've started doing more including singing in our local church, which I love, I've also got a part time job as a secretary in a post office/parish centre, I work 3 mornings a week when I'm well enough and I'm taking driving lessons. I'm so excited because my driving instructor said I can do my test soon. Yippee.

Before I was ill I was an elite gymnast for England which I really enjoyed. I won 11 gold medals and several silver and bronze. I competed for England in Malta; I went with my coach and another gymnast which was really exciting. I won and was told (I didn't see it) that I was on Eurosport, which is a sports channel in England. I trained 6 days a week, 4 hours a day with competitions on the 7th day and my gymnastics club was an hour drive away. I can still just about do the splits

which I'm very proud of.

So, why me? Why an extremely fit and healthy 15 year old girl? Do you know what? Every time I think that, I think, why not me? What makes me so special above everyone else that I shouldn't get ill? I've always stayed positive; I love life.

Cancer is a very big part of me but I'm not going to let it hold me back. My dream is to be a famous singer which I'll try my best to achieve.

Since I've been diagnosed my Gist has stayed stable on the Glivec and shrunk once, so I'm very lucky.

My family, especially my mum, have been a huge support and I don't think I would be able to handle it without them, they've all been amazing.

In my first year of having cancer I met an amazing boy called Stuart who had been ill, not with Gist, but had been ill for 7 years. Sadly, he died aged only 15, along with many other young people who had been diagnosed at around the same time as me. Stuart showed such courage and bravery and I hope I can be as brave as he was.

I think good things to do when your ill is to stay positive, which I know can be hard and to talk about your fears and worries and if you fancy having a cry, do it, it feels much better when you've had a good cry. Do things that you want to do when you're well enough and live life to the fullest everyday. And most importantly: SMILE. I'm doing it right now.

Thanks to everyone at the Life Raft for their support and a wonderful pediatric meeting.

And thanks to my brilliant family.

Love you guys.

Rachel xx



Rachel training at the gym

Since the writing of this article Rachel's condition has altered. She now has multiple lung nodules and is being treated for a fungal infection. Our hopes and thoughts go out to Rachel and her family.

Life Raft members share medical solutions

By Jerry Call

Elevated liver enzymes are a rare side effect of Gleevec and can occur in CML and GIST patients. Auto-immune hepatitis appears to be one cause of elevated liver enzymes in some patients where the body's own immune system begins to attack the liver. The cause is not always known, but sometimes it can be drug induced. This condition appears to be treatable in the small set of patients reported here and the reintroduction of Gleevec was successful.

After taking the standard 400 mg dose of Gleevec for nine months, Life Raft Group member Vadim Schukin began having problems. A blood test found elevated levels of liver enzymes ALT and AST. Elevated levels of these two enzymes usually mean that damage is occurring to the liver. Schukin's doctor had him stop taking Gleevec after which his liver enzymes returned to normal; but when Vadim tried to restart Gleevec at 200, then 100, and finally at 50 mg, his liver enzymes started to rise again. After nine months of on and off low dose Gleevec, his ALT and AST were still above normal.

For most of Schukin's doctors, untangling the mystery of his elevated liver enzymes was difficult. That's when he started his own search for answers.

With the help of the American Society of Clinical Oncology (ASCO) website, he found an interesting report of a GIST patient from a group of Italian doctors (S. Aliberti et al). This patient's story was similar to Vadim's case. After a good response at 400 mg, the patient's AST and ALT levels began to rise. After ruling out other problems, the doctors found the presence of autoantibodies in the blood. After a liver biopsy, the diagnosis was autoimmune hepatitis. The patient was suc-



Vadim Schukin and his family

cessfully treated with prednisone which caused a decrease in ALT from 1056 U/L to a normal value.

Armed with this new information, Vadim's doctors performed additional tests and found a slight elevation in ANA, an antibody that is often elevated in autoimmune hepatitis. Ten days after starting prednisone, Schukin's liver enzymes drastically improved and neared normal levels. With this new information, the physicians gradually increased the dose of Gleevec while decreasing the prednisone. Schukin's liver enzymes remained low and he eventually increased his dose back to a "standard" dose of 400 mg without any problems. For the last month, Vadim has been taking 800 mg of Gleevec and his liver enzymes are within a normal range.

After finding the "cure" for his liver problems, Vadim shared his newfound information with several other Life Raft Group members with similar problems. Two members, Jani DeHart and Ginger Sawyer, worked with their doctors to begin the "prednisone treatment." Both met much success.

Jani DeHart's story is representative. In October 2004, Jani began having

upper quadrant pain and generally did not feel well after 10 months of treatment on Gleevec. Blood tests at the doctor's office revealed elevated AST and ALT levels (in the 700 and 400 range respectively). After consulting with other doctors, the conclusion was that Gleevec probably caused the elevated liver enzymes. The doctors told Jani that she would have to stop the Gleevec. This was "devastating news" according to Jani. The Gleevec had been keeping her GIST under control.

Jani stopped Gleevec in early November and a subsequent CT scan showed some progression. Her liver enzymes were checked a week later and were slightly higher than when she stopped Gleevec. This was about the time that Jani heard from fellow GIST patient Vadim Schukin. He described his case to Jani. She forwarded the information to her doctor who ran blood tests and ordered a liver biopsy to check for signs of autoimmune hepatitis. The liver biopsy came back as normal, but the blood tests showed slightly elevated level of ANA.

DeHart's doctors prescribed prednisone and Imuran (an anti-rejection

LRG Research

From Page 1

closing the known information gaps to understanding and overcoming treatment resistance.

Building a different culture:

Rare cancers traditionally have not attracted a great deal of research funding and GIST has not been an exception. Although a great deal of interest has been generated by research breakthroughs in identifying significant pieces of the genetic structure of GIST, particularly since the excitement generated by the incredible success of Gleevec as a front line treatment for this disease, relatively little money outside of clinical trials for new drugs has been focused upon the development of resistance. Certainly the government has allocated almost nothing toward GIST research.

Cancer research is a multi-billion dollar complex industry driven by academic and corporate interests that consume vast amounts of money with markedly mixed results. Although great advances have been made in the treatment of some cancers, particularly those whose treatment is responsive to earlier diagnosis, one could also make the case that too many lives continue to be lost since President Nixon declared war on cancer in 1971.

Until recently, the primary role of patient advocacy groups has been to raise money for cancer research and to appeal to government to do the same. Incredible amounts of energy and creativity have gone into such fundraising and Spring and Fall weekends find legions of patients and concerned friends walking and running with the hope of supporting a search for a cure. Unfortunately this energy and creativity has not been consistently matched on the research side. The presentation of checks to major medical and scientific institutions in the name of re-

search for a given disease has generally not been accompanied by a strategic plan for research nor even a minimal sense of accountability. Thirty-four years is a long time since the declaration of war against cancer and there has to be a better way of fighting it.

In the past few years, a few patient advocacy groups have started to become involved in the process of directing how their research funds should be spent and in creating accountability and oversight for this process. A new culture of research priority focus, coordination and accountability is beginning to emerge. It is that culture that the Life Raft Group has chosen to join and to enhance.

Our objective is clear. We intend to identify the mechanisms of imatinib resistance and the means to overcome them. To leverage our limited resources, our Research Team has drafted a strategic research plan that will enable us to direct grant funds to those research priorities with the greatest prospects of giving us the answers we need and to do so with the greatest possible speed. To complement that strategic process we are creating a supportive grants infrastructure that will hold each researcher accountable for specific results, redirect resources when research dead ends and supplement them when new needs arise. Along the way we believe that we will create a new research paradigm that will help other patient groups.

Ten Priority Projects have been identified:

1. Pediatric GIST: Identify the molecular mechanisms and potential drug targets for Pediatric GIST.

2. Oncogenic signaling mechanisms as novel therapeutic targets: Identify critical parts of the KIT and PDGFRA

signaling pathways that will provide synergistic and/or alternate therapeutic targets in GIST.

3. KIT/PDGFR α Wildtype GISTs: Identify the important pathways in GISTs that do not have KIT or PDGFRA mutations using methods, such as cDNA arrays and proteomics, that examine many genes at once.

4. Primary Resistance: Identify resistance mechanisms and evaluate effective therapies for GISTs that are resistant to initial Gleevec therapy. These include specific types of KIT or PDGFRA mutations called “activation loop mutants” and GISTs without mutations in KIT or PDGFRA.

5. Stable disease after imatinib: Identify the mechanisms that cause some tumors to remain stable for long periods, but prevent these tumor cells from undergoing cell death, including development of therapeutic strategies for cells that are not actively dividing (quiescent GIST cells).

6. Secondary resistance mechanisms & clinical evaluation: Evaluate new therapies for GISTs that have developed resistance to Gleevec. These crucial studies will be performed using a variety of methods, such as GIST cell cultures and other cells that have been altered to have KIT or PDGFRA mutations,

7. Kit Degradation: To examine the role of “chaperone” proteins (such as HSP90) that normally protect KIT from being destroyed within the cell, and to evaluate GIST therapies in which these proteins are inhibited, resulting in destruction of KIT.

8. Murine Models: Using mice that have been engineered with KIT mutations, evaluate therapeutic strategies to maximize initial response to Gleevec, as well as the development of resistant mice for the study of therapies for secondary resistance.

German GIST group new plan of action

By Markus Wartenberg

Executive Director of
The House of Life



Das Lebenshaus

“The House of Life” (Das Lebenshaus e.V.) was founded on June 24, 2003. The community supports GIST patients and caregivers in Germany, and Austria and works closely with GIST-Selbsthilfegruppe Schweiz to assist German speaking patients in Switzerland. From the very beginning there was a strong cooperation between The House of Life and The Life Raft Group. Reason enough to now present “Das Lebenshaus” to you.

“After 30 months filled with all sorts of projects and activities, Das Lebenshaus now supports about 400 GIST patients and caregivers in the German speaking countries of Europe. The vision “no one has to face GIST alone...” is not just visible in the family-like atmosphere within the GIST community, but visible as well in the professional cooperation and relationship among 40 medical GIST-experts, pharmaceutical companies and other global GIST communities” says Markus Wartenberg, Leader and Spokesperson of The House of Life.

The main responsibilities of the organization are: information, support, quality of life, help for patients, cooperation with GIST-medics, clinical studies and patient advocacy.

GIST-knowledge, new diagnosis, second opinion, therapy options, side effect management, and new clinical studies are a part of the organization’s daily activities. Many patients and caregivers are continuously supported and receive much needed help, such as immediate access to a regional GIST-expert. Yet this is still not enough – there is so much more to do. There are so many more questions and problems

confronted by GIST- patients and caregivers that can be handled by The House of Life.

The main activities can be categorized in four areas – starting from the individual to global activities (in parts):

Individual

- Support patients and caregivers in person or via phone
- ACOR-listserv system for the exchange of information amongst the community
- A psychooncological hotline, established on September 1, 2005 for all members of The House of Life

Regional

- Founding and support of 14 regional self-help-groups; there will be more groups founded throughout the next months
- Education, coaching and support of the leaders of the self-help-groups (called: patient contacts)

- Identification of additional experienced GIST-medics

National

- On an annual basis – a 2-day patients and caregivers meeting (GIST-forum)
- Publication of 6 House of Life magazines in 2 years –

6000 copies each

- GIST-Newsletter “INFORM” to all GIST patients, caregivers and interested medics – published every 6-8 weeks

- Internet-presence:

www.daslebenshaus.org

- Information material: the first global GIST-patient advisor, therapy guidelines, etc.

- Since mid September 2005: establishment of an interdisciplinary medical advisory board under the leadership of Dr. Peter Reichardt and with the support of three patient delegates

- Support of clinical studies in the German speaking area

- Material for medics to support the medic-patient dialogue concerning GIST

- Intensive cooperation with the “GIST-registry” (www.gistregister) – a national tumor database only for GIST relevant data

- Press-media work

International

- Close cooperation with the The Life Raft Group

- Member of the ECPC (European

See Das Lebenshaus, Page 11



Three members of the board of directors, two professionals and five leaders of the regional patient groups during the GIST-Forum

Daniel Wieland was a farmer, dairyman

DANIEL J. WIELAND, 53, of Ellsworth, died Saturday, Sept. 3, 2005, at his home surrounded by his family.

He was born Sept. 21, 1951, in Charlevoix, the son of Richard and Doris (VanDeventer) Wieland. On July 13, 1974, he married Joni Peterson in Banks Township, where they made their home, currently at Wieland's Whistling Pines Campground on Wilson Lake.

Dan was a partner in Wieland Dairy Farms and later worked at Friske Orchards.

He was a member of the Antrim County Farm Bureau, Ellsworth Lions Club (past King Lion), Michigan

Township Association, Antrim County Township Association (president).

Dan served as Banks Township supervisor from 1991-2005. He was Banks Township assessor for many years and served on Banks Township Fire & Rescue, and the Ellsworth Community School Board.

Dan loved snowmobiling (Guys, Gals and Geezers) and was an avid fan of John Deere farm equipment.

Surviving are his wife, Joni; children, Josh Wieland of Houghton, Jamie Wieland and friend, Ryan Fischer, of Central Lake; his parents, Richard and Doris Wieland, of Englewood, Fla.; sisters, Kathy (Marvin) Ruis of Beaver Island and Suzanne (John)

Cliff of Louisville, Ky.; brother, Lindon (Barb) Wieland, of Fayette, Ohio; mother-in-law, Isabel Peterson, and brother-in-law, Chuck Peterson, both of Ellsworth, sister-in-law, Ruth Cunningham, of El Segundo, Calif.; and niece, Lori (Brian) Frohock, of Oxford.

He was preceded in death by his father-in-law, Okey Peterson, and brother-in-law, Gary Peterson.

His funeral was held Sept. 7 at Belltower Reformed Church. Burial took place in Ellsworth Cemetery.

Memorial contributions may be made to the Ellsworth Lions Club or to the Ellsworth Community School Library Fund.

Liver Enzymes

From Page 3

drug) to treat the suspected auto-immune hepatitis. Within 5 days, her liver enzymes had dropped by half. She restarted the Gleevec at a higher dose (800 mg) in mid-November 2004 and her liver enzymes continued to drop even though she was now on double the dose of Gleevec. By early December her liver enzymes were back to normal.

DeHart saw a liver specialist during this period. The physician be-

lieved that another drug, Aldactone, a diuretic that she had started in mid-September, may have contributed to the auto-immune hepatitis. His opinion was that there are just so many different drug combinations that it is impossible to predict how specific combinations will affect different people.

DeHart continued the predinose until mid-February and the Imuran for an-

other month past that. Her liver enzymes continue to be normal and she remains stable on 800 mg of Gleevec.

Life Raft Group member Ginger Sawyer began having problems with elevated liver enzymes within 2 months of starting Gleevec. Her ALT and AST levels were above 2400. Gingers' doctors at M.D.



LRG members DeHart and Sawyer seek out solutions to their liver enzyme count

ter suspected that the problem might be auto-immune hepatitis and recommended prednisone. While this seemed to help, it did not seem to be the total answer. Her GIST specialist at M.D. Anderson then collaborated with a liver specialist near Ginger's home.

Gingers' doctors felt that she needed to stop the Gleevec until they got the auto-immune hepatitis under control.

She began this treatment with prednisone, then added Imuran and finally Entocort. With each addition, there seemed to be more improvement, until finally her liver enzymes were back under control. She has successfully resumed Gleevec at 300 mg (she started at 400 mg).

A "Pubmed" search of medical literature found several reports that mention both hepatitis and Gleevec. One of these reports by S. Kikuchi et al, concluded that "These results suggest that both hepatitis and molecular response were associated with the (high) serum STI571 concentration (in this patient)."

Vadim Schukin wanted to share his experience in the hope that he might be able to help other patients taking Gleevec who are having similar problems. In sharing his experience, Vadim helped Jani DeHart and Ginger Sawyer with their liver problems, just as he was helped by an Italian doctor whom he never met. Jani and Ginger have also agreed to share their stories in the hope that others might benefit from them.

Walk for Cure another success

By Richard Palmer

As a seven year GIST survivor, Tania Stutman has gotten to know many GIST patients. Tania still remembers what it was like to have a rare cancer that nobody ever heard of before. She remembers finally reaching other GIST patients via the Internet, and first experiencing the instant bond that forms between people who also struggle with their fight against cancer.

More than five years ago Tania and her husband Robert formally declared war on GIST. They formed the non-profit GIST Cancer Research Fund and set out to do battle, using dollars as their ammunition.

On Sunday October 2, they held the fifth annual Walk for a Cure at Rockland Lake in Congers, N.Y. The four previous walks collectively raised more than \$200,000--all of which goes to GIST research.

This year, a dinner was held the night before the Walk. Tania says she expected perhaps 20 participants from out of town to show up. Instead, three times that number gathered at Ume Sushi restaurant in Nanuet, N.Y. Among them was GIST researcher Dr. Chris Corless



Gail Orso chatting with Chris Corless

of Oregon Health & Sciences University in Portland, who showed up the next morning wearing a "GIST Research 2005" T-shirt he had made for the occasion.

Sunday dawned crisp and clear. Hun-

dreds of GIST patients met from around the world who only previously knew each other through two online organizations, the Life Raft Group and GIST Support International. Most never met face to face—until they attended the Walk for a Cure. It was a chance to see good friends whom they have never met before. "The warmth of the hugging and kissing was a sight to behold," says Robert, who even delayed the start of the walk for a half hour to give everyone an opportunity to meet each other.

"Everybody was glowing," says Tania. "It's so amazing when you meet. You think, this is the person I've been e-mailing; this is what we look like!"

As they turn in registration forms, participants also turned in donations. Local television news anchor Dave Curren started by introducing the Stutmans and directors of the GIST Cancer Research Fund: Mark Landesman, Ken Schou, Dorothy and Brian McBride (Pediatric Div.), Alan Stutman (legal advisor), and Dr. Ephraim Casper of Memorial Sloan-Kettering Cancer Center in New York (medical advisor). They joined the participants in a moment of silence for those who lost their battle with GIST.

Making his second appearance at the walk was Walt "Clyde" Frazier, one of the 50 greatest players in the history of

the National Basketball Association. Frazier told the crowd, "it's time, as a celebrity, to give back a little and it is an honor to help this worthy cause," he said.

Then, in groups large and small, jogging, striding and strolling, walkers began the three-mile journey around



Five-hundred GIST supporters participating in the walk

the picturesque lake. Among the walkers was a Who's Who of GIST doctors: Along with Corless and Casper were Margaret von Mehren, Andrew Godwin, and staffers from Fox Chase Cancer Center in Philadelphia; Cristina Antonescu, David D'Adamo and Ron DeMattero from Memorial Sloan-Kettering. Von Mehren even brought two-month-old Andrew and his brother, Jake.

Before the day was done, nearly 500 people participated in the fifth annual walk. The total raise at this year's walk is not known yet. "Every day the mail brings more checks," said Robert. But the total this year has already topped \$100,000.

Sponsors of the walk were Novartis, Pfizer, the National Hockey League, White Plains Dodge, Rockland Cardiology and Union State Bank, with assistance from GIST Support International, the Life Raft Group and Hudson News 12.

LRG Research

From Page 4

9. Resource Development (imatinib sensitive & resistant): Develop additional GIST research resources (tools) including natural GIST cell lines (Gleevec sensitive and resistant) as well as “engineered” cell lines that have been created in the lab with a variety of KIT or PDGFRA mutations.

10. Tissue Banks: Create an adult and a pediatric GIST tissue bank to support GIST research. New and existing tissue from pediatric GISTs, untreated GIST, “stable lesions,” and Gleevec-resistant GIST will be collected, analyzed, and annotated by the various research groups.

Organization:

Group Leaders: Each priority project will have a Group Leader. Each Group Leader will prepare a project plan which allocates implementation responsibility and budgets to individual investigators and which sets specific and measurable milestones. In addition, each group leader will be responsible for overall coordination of the priority group project, including reporting, and for working with other team leaders to share information and, where appropriate, specific data.

Two Phase Structure: We have decided to proceed with a two phase grants process. Phase one will allocate the two million dollars in start-up funding by directing grant funds to those researchers best suited to implement our strategic plan. Phase two will depend upon raising additional funds and will include the more traditional

process of investigator driven grants. This directed research phase will permit us to rapidly address those priority areas that have been determined to give us the best options for accomplishing our objectives.

multiple institutions.

Funding: Multi-year grants will be permitted but funding will be committed for one year only with non-competitive renewals conditioned upon receipt of satisfactory internal progress reports.

Accelerated funding: In the event that a project completes its yearly project milestone early, the grantee will be permitted to apply for an early start for the next phase. For example, if an applicant achieves its first year project objectives at the end of nine months we would consider awarding the second year of funding three months earlier-conditioned upon the availability of funds.

Supplemental funding: In situations where unexpected costs hinder the successful completion of a priority project, we will consider supplemental funding contingent upon the availability of funds.

Work In Progress: *We are engaged in a battle against time and we are trying to create a research process that will balance the urgent survival needs of patients against the time needs of scientists to find answers to hard questions. The patient and thoughtful guidance provided by Dr. Jonathan Fletcher has been the key to developing a sophisticated plan of action. We are very much a work in progress. The survival of GIST patients demands that we succeed and it is to that end that we are committed.*

1. Group Leaders Draft Project Plans, Including Individual Investigator Assignments, Evaluation Milestones and Budget Allocations

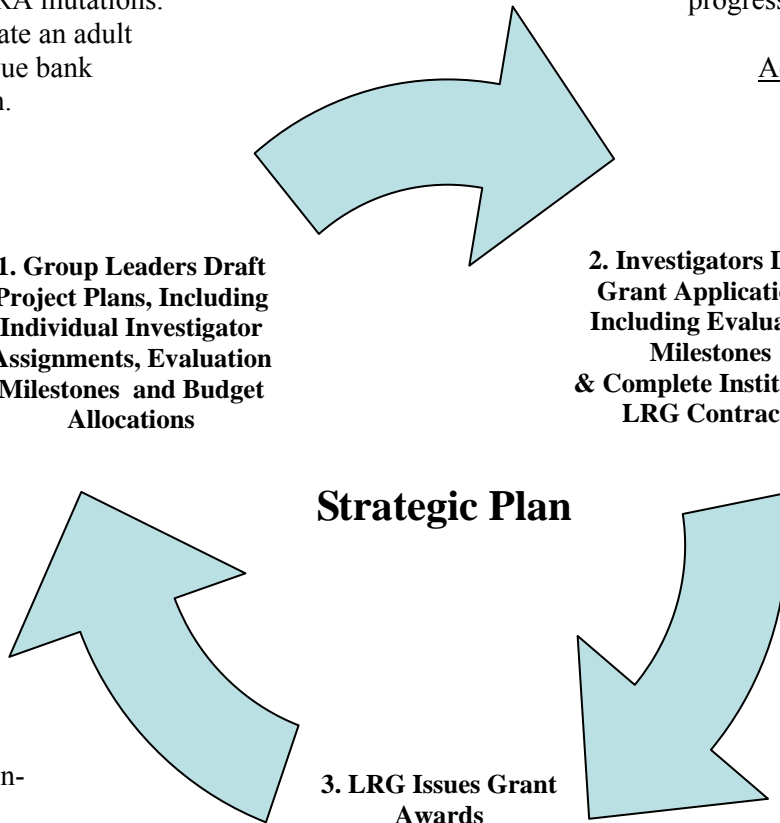
2. Investigators Draft Grant Applications, Including Evaluation Milestones & Complete Institution-LRG Contracts

Strategic Plan

3. LRG Issues Grant Awards

Indirect Costs: Indirect costs will be capped at 10% for all grants greater than \$50,000 and will be completely eliminated for all grants up to \$50,000.

Tissue Banks: There will be two GIST tissue banks. An adult tissue bank will be housed at Stanford University under the supervision of Matt van de Rijn and a Pediatric tissue bank will be housed at Memorial Sloan Kettering under the direction of Cristina Antonescu. Each will be responsible for being the point person for the rapid transfer of tissue and data across mul-



LRG Coming Attractions

November 5: SouthWest Area LRG Chapter Meeting at Gilda's Club from 10:00 a.m.-12:00m p.m. in Dallas, TX. For more information email Kerry Hammett at yaloo@gvtc.com.

November 12: The Detroit area LRG meets at Gilda's Club from 12:30 p.m.-2:30 p.m. in Royal Oak. For more information email Allan Tobes at atobes@comcast.net.

November 13: Special pediatric GIST exhibit at the Montclair Art Museum from 1:30p.m.-5:00 p.m. featuring decorated scrub pants as a creative and therapeutic expression of "Hope" for a display named "Hanging in There."

November 19-21:Connective Tissue Oncology Society Conference in Boca Raton, Florida

November 19: Research Team meeting in Boca Raton, Florida

November 20:Board of Directors meeting in Boca Raton, Florida

November 24: Thanksgiving Campaign (see right)

LRG Thanksgiving Campaign To Match Challenge Grant

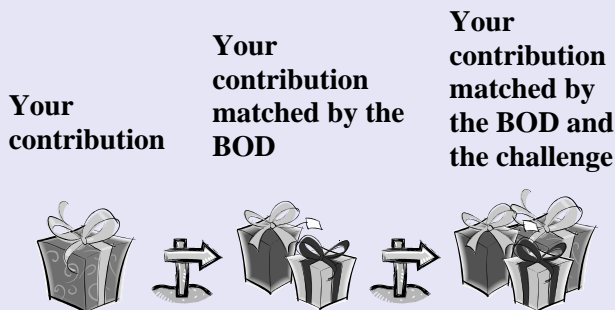
This fall marks the launch of the Life Raft Group's third annual Thanksgiving campaign. Many members have supported the campaign for the last two years and we would like to take the opportunity to thank them for not only contributing themselves but also reaching out to friends and family.

The campaign will be very much like last year's, only with a twist. This past January the family of a young mother, who lost her battle with GIST, gave the LRG an anonymous challenge grant. The challenge is to match their contribution with the LRG's own fundraising efforts.

So much has happened since our Thanksgiving fundraiser a year ago. Most poignantly, a number of GIST patients have now passed the five-year mark on Gleevec and continue to do well.

Our objective is clear; our mission is survival. The Life Raft Group needs your help to ensure that no one faces GIST alone.

Each dollar you donate to the LRG will triple in amount until 2009!!



Dr. Lewis Thorp will be remembered

Lewis Sumner Thorp, M.D., 79, of Rocky Mount departed this life on August 17, 2005.

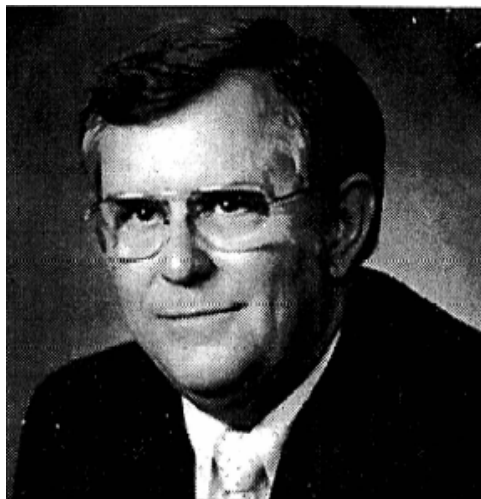
"Rocky Mount has lost a truly outstanding citizen and, for those of us who knew Lewis personally, an outstanding friend. He was an outstanding and dedicated physician, an interested and informed citizen," says Rocky Mount Mayor Fred Turnage.

Thorp's wife, Nany Yelverton Thorp, said her husband gave comfort to those who needed his care.

"He cared about his patients very much, not just the illness but the whole person," she said. "His family was his greatest achievement. He cared about his family very much. He gave himself whenever he was needed. He cared

about his church. He cared about the Lord."

Dr. Thorp was a devoted husband, father, grandfather, and great-



Lewis Sumner Thorp

grandfather. He leaves his family to cherish his memory; His wife Nancy Yelverton Thorp, sons Lewis Sumner Thorp III wife Cindy, Robert Yelverton Bennett and wife Sue, William Rowland Thorp and wife Sherry, and David Gordon Thorp, daughter Routh Louise Cooper and husband Matthew, grandchildren Erin and husband Grzsiak, Tim, Sarah Thorp, Allison Cooper, Rob and Alex Bennett, and great-grandson Adrian Buczkowski. Dr. Thorp was the eldest son of Lewis Sumner Thorp and Routh Speed Mercer Thorp.

Dr. Thorp preceded in death by his first wife, Harriet Anne Williamson Thorp. He is survived by two brothers, John Mercer Thorp and Seabury Daniel Thorp.

Roberta Gibson was LRG's first accountant

Roberta Sue Biles Gibson died Saturday, Sept. 24, at her home in Edmond, Okla., in the arms of her husband. She was 57.

She was born March 20, 1948 in Pauls Valley, Okla. She attended Maysville public schools where she was a majorette. At the University of Oklahoma, she graduated in 1970 with a degree in piano performance. After raising a family, she returned to college and obtained her degree in accounting from the University of Central Oklahoma. For 19 years she was a partner in Arledge and Associates, an accounting firm in Edmond. She was a member of several professional societies including OSCP, the state society for CPAs, as well as the national society for CPAs. She was also a regular attendee at the Tuesday Tax luncheon and a member of Henderson Hills Baptist Church.

She fought GIST for the past five years. She was involved in several cancer studies and her family expressed thanks to M.D. Anderson Cancer Center in Houston and Siteman



Roberta Gibson

Cancer Center in St. Louis, Mo., for their tireless effort and genuine care in moving toward conquering this horrible disease; to Mercy Hospital in Edmond and the Cancer Care Associates in Oklahoma City; to Dr.

Craig Reitz and his nurse, Peggy, for their undying devotion to families dealing with cancer, and finally to the

staff at Hospice of Oklahoma County and Julie Lindsay in particular.

Roberta is survived by her husband, Douglas Gibson of Edmond; her parents, Robert and Maxine Biles of Pauls Valley; son, Joe Hargis and wife, Melody; grandchildren Hanna and Sam of Marshfield, Wis.; daughter, Stephanie Eskew and husband, Jeff, and grandson, Tristan, of Portsmouth, Va.; sister Marilyn Johnson and husband, Fred, of Edmond; brother, Ron Biles and wife, Bonnie, of Broken Bow, Okla.; her step-daughter Melissa Graham and husband, Ben, of San Antonio, Texas, and step-daughter Michael McNellis and husband, Michael, and grandson, Jack Henry, of Prairie Village, Kan.. She also has countless others that are blessed to have called her friend.

Services were held Sept. 28 in Edmond. In lieu of flowers the family asks donations be made to either the Boys and Girls Club of Oklahoma County, P.O. Box 18701, Oklahoma City, OK 73154 or Hospice of Oklahoma County, 4334 NW Expressway; No. 106, Oklahoma City, OK 73116.

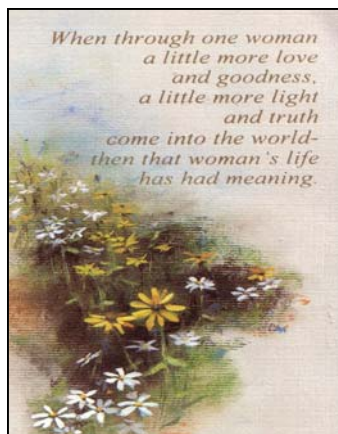
Patricia H. Novicki was 77

Patricia H. Novicki, mother of Life Raft member Tricia Brasen, died Sept. 7, 2005. She was 77. Born Aug. 2, 1928, in Chicago, she lived in Orland Park, Ill.

She was the wife of the late Joseph I. Novicki, loving mother of Joseph (Judy) Novicki, Laura (Tom) Fitzgerald, Lynn (Bill) Seifert, Briant Novicki and Tricia (John) Brasen, proud and fun-loving "Pa" to Matt, Mary Kate, Beth, Bridget, Bill, Allison, Joshua (Laurie), Zach, Lexie, Natalie, Jake and Luke; adored sister of Jack (Rita) Klintworth, the late Bill (Marge) Klintworth and Dolores Hildenbrand, loving aunt to Deanne Stiglich and many more.

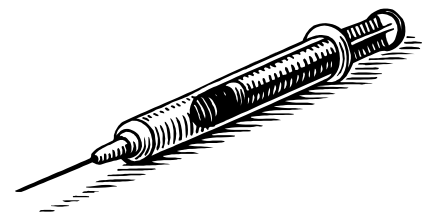
A Mass was held Sept. 10 at Our

Lady of the Woods Church. Interment was at Holy Sepulchre Catholic Cemetery in Orland Park, Ill. In lieu of flowers, the family asks that donations may be made to the Life Raft Group, 40 Galesi Dr., Wayne, NJ, 07470.



Flu Shots

Cancer patients are considered high priority candidates for annual influenza immunizations and this certainly includes GIST patients. For those patients living in countries approaching winter (like the United States) this is the time to get your Flu Shot. In addition, you should talk to your doctor about getting pneumococcal vaccine."



Das Lebenshaus

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German GIST expert Dr. Reichardt educates patients

Cancer Patient Coalition)
 • Since mid-2005 – together with the Life Raft group: buildup of the “Global

GIST-Network”

We all know: there is much more left to do – for all GIST patients and caregivers in the German speaking area, in the USA – and globally. Board of directors, regional patient contacts, en-

gaged staff, medical GIST-experts and the representatives of the pharmaceutical companies do their utmost to support patients and caregivers in all phases of the disease, so life is worth living despite GIST.

For more information, please contact:

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Global GIST

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individual GIST patient or caregiver who is available to help another; 2) Listserv: A link to a foreign language listserv where GIST patients and families can talk to one another in their own language; 3) Organization: A link to an organization for a given country, culture or language; and 4) Web Site: A link to an organization's Web Site.

Members of the Global GIST Network agree to link all other member sites to their web pages, to share information about local resources, including clinical trials, and to support the access of GIST patients to treatment.

Requests to join the Global GIST Network should be sent to liferaft@liferaftgroup.org

Clinical trials target resistant GIST

By Jerry Call

SUTENT

Study of SU011248 Administered In A Daily Regimen In Patients With Gastrointestinal Stromal Tumor

As previously reported, Pfizer has submitted a new drug application for Sutent (sunitinib malate) to the Food and Drug Administration. Pfizer is seeking FDA approval for Sutent in the treatment of GISTs and renal cell carcinoma among patients whose tumors do not respond to or do not tolerate standard treatment.

Sutant belongs to the new class of cancer drugs known as signal transduction inhibitors. More specifically, it is a “tyrosine kinase inhibitor”. There are a number of tyrosine kinase inhibitors that have been approved for use or are in clinical trials. Gleevec was the first to be approved and is the most widely recognized drug in this class.

Most tyrosine kinase inhibitors, such as Gleevec, are oral drugs that are given daily on a continuous basis. In contrast, the new drug application for

Sutant for GIST patients was based on phase III trials where patients took Sutent for four weeks, then stopped the drug for two weeks and repeated this cycle as long as they received benefit from the drug. The dose for the phase III trials was 50 mg/day as long as the patient tolerated that dose.

Some doctors and researchers have wondered whether Sutent might be more effective if given on a continuous basis instead of the four week on drug/two week off drug cycle. A new phase II trial for GIST patients is now open at Dana-Farber Cancer Institute to begin to examine this question. The trial will also examine the feasibility of giving Sutent on a continuous basis. Our understanding is that the dose chosen for evaluation will be 37.5 mg/day.

This trial is for patients that have failed Gleevec therapy, or are intolerant to Gleevec, and who have not previously tried Sutent. Patients can contact EmergingMed at 1-800-620-6104 (U.S.) or 1-877-416-6248 (international number) for more infor-

mation.

BAY 43-9006

A Phase II trial of BAY 43-9006 for GIST patients that have failed Gleevec

The University of Chicago has opened a phase II trial of BAY 43-9006 for GIST patients that have failed Gleevec. We understand that several other centers will also participate in this trial. As we go to press, we are aware of Memorial Sloan-Kettering and Duke. For further information check our website: www.liferaftgroup.org.

BAY 43-9006 is a tyrosine kinase inhibitor that is being produced by Bayer Pharmaceuticals Corporation in a partnership with Onyx Pharmaceuticals Inc. BAY 43-9006 is perhaps best known as a potent inhibitor of RAF kinases. RAF is an important kinase in the MAPK pathway. BAY 43-9006 also inhibits several other kinases including KIT, VEGFR-2, VEGFR-3, PDGFR-β, FLT3, and RET. Inhibition of KIT signaling provides a direct anti-tumor effect in most GIST tumors and

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Clinical Trials

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inhibition of VEGF receptors and PDGFR- β provide antiangiogenesis effects (similar to Sutent). Since RAF is downstream of KIT, inhibition of RAF might also contribute an anti-tumor effect.

Many tyrosine kinase inhibitors are being evaluated in more than one cancer. Bay 43-9006 and Sutent have both been evaluated in Phase III trials for patients with advanced renal cell carcinoma (kidney cancer). In July, 2005, Bayer and Onyx submitted a New Drug Application (NDA) for sorafenib (BAY 43-9006) for patients with advanced renal cell carcinoma (kidney cancer). This was followed by a September announcement that it had been accepted for review and granted Priority Review status by the U.S. Food and Drug Administration. Our understanding is that the drug will be called Nexavar.

Dr. Hedy Kindler is in charge of GIST research at the University of Chicago. She is the Director of Gastrointestinal Oncology at the university.

Those interested in an appointment at the University of Chicago can call the intake coordinator at 773-834-7424. Those interested in information about the trial can contact Pam Lofton at 773-702-2036.

AMN107 + Gleevec

Phase I Study of AMN107 with Imatinib in Gastrointestinal Stromal Tumors (GIST)

We have previously reported the opening of a phase I/II trial combining AMN107 and Gleevec. Our understanding is that this trial is moving along well.

This is a dose escalation trial to determine the maximum tolerated dose of the combination. Below is our understanding of the intended dose escalation cohorts. This is subject to change/modification as information about the combination is obtained.

The first 6 patients will in fact receive 800mg of AMN107 (400mg twice a day)

The next group will receive 200mg

of AMN107 plus 800mg of Gleevec

The next group will receive 400mg of AMN107 plus 800mg of Gleevec

The next group will receive 800mg of AMN107 plus 800mg of Gleevec

The first cohort (800mg of AMN107) of this trial has filled and patients are now being placed into the second cohort (200mg AMN107 plus 800mg Gleevec).

This trial is an early phase trial with a limited number of slots (currently 35 slots). We understand that there is a waiting list at trial centers.

Dana-Farber and Fox Chase are working together to provide the best possible access to U.S. Patients. In Europe, the trial sites are:

- Peter Reichert, Berlin, Germany
- Paolo Giovanni Casali, Milan Italy
- J.Y. Blay, Lyon France
- P. Schöffski, Leuven Belgium

U.S. patients wanting more information can contact Travis Quigley at Dana Farber at 617-632-5117 or Monica Davey at Fox Chase at 215-728-5534.



LRG meeting in Guelph, Canada on October 9, 2005. From left: Al Murphy, Michael Josephy, Sheila Murphy, Linda Hampson, Lee Cousins, Janice Cheung and Keith Cheung.

THE LIFE RAFT GROUP

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Who are we, what do we do?

The Life Raft Group is an international, Internet-based, non-profit organization offering support through education and research to patients with a rare cancer called GIST (gastrointestinal stromal tumor). The Association of Cancer Online Resources provides the group with several listservs that permit members to communicate via secure e-mail. Many members are being successfully treated with an oral cancer drug Gleevec (Glivec outside the U.S.A.). This molecularly targeted therapy represents a new category of drugs known as signal transduction inhibitors and has been described by the scientific community as the medical model for the treatment of cancer. Several new drugs are now in clinical trials.

How to join

GIST patients and their caregivers may apply for membership free of charge at the Life Raft Group's Web site, www.liferaftgroup.org or by contacting our office directly.

Privacy

Privacy is of paramount concern, and we try to err on the side of privacy. We do not send information that might be considered private to anyone outside the group, including medical professionals. However, this newsletter serves as an outreach and is widely distributed. Hence, all articles are edited to maintain the anonymity of members unless they have granted publication of more information.

How to help

Donations to The Life Raft Group, incorporated in New Jersey, U.S.A., as a 501(c)(3) nonprofit organization, are tax deductible in the United States.

Donations, payable to The Life Raft Group, should be mailed to:
 The Life Raft Group
 40 Galesi Dr., Suite 19
 Wayne, NJ 07470

Disclaimer

We are patients and caregivers, not doctors. Information shared is not a substitute for discussion with your doctor. As for the newsletter, every effort to achieve accuracy is made but we are human and errors occur. Please advise the newsletter editor of any errors.