Battling gastrointestinal stromal tumor

LIFE RAFT GROUP

December 2006 | In memory of Luann Stanaland, Carolyn Reinheimer, Thuy Tran, Nicoletta John, & Rita Raj | Vol. 7, No. 10

Call comments on phase III Sutent results

By Jerry Call
LRG Science Coordinator

Detailed results of the phase III Sutent trial were published in the October 14th print edition of *The Lancet*; Dr. George Demetri and colleagues presented results from a phase III trial of Sutent in patients with advanced GIST after failure of Gleevec. The study concluded that Sutent is well tolerated and results in significantly greater time to tumor progression, progression-free survival, overall survival and other measures of tumor response compared to placebo. Early results had previously been presented in abstract form and in presentations at several major oncology meetings.


CALL

The randomized trial was conducted at 56 sites in the United States, Australia, Europe and Asia (Singapore). The study accrued 312 patients within 12 months between December 2003 and December 2004.

The trial was designed so that patients were randomized in a 2:1 ratio to receive Sutent or placebo. Patients progressing on the placebo were allowed to cross over and receive Sutent.

At the first planned interim analysis in January 2005, a statistically significant difference in time to progression (the primary endpoint) was noted between patients receiving Sutent and patients receiving placebo. At that point, treatment was unblinded and patients receiv-

See SUTENT, Page 3

European conferences attract GIST medical professionals

By Norman J. Scherzer with contribution from Dr. Christopher Corless

Note: Norman Scherzer, Life Raft Group executive director, represented one of the few patient organizations present at the CTOS meeting. Dr. Christopher Corless, member of the Life Raft Group Research Team, attended the EORTC meeting.

While navigating complex meeting agendas, GIST specialists, researchers, pharmaceutical companies and some patient groups made their way to one or both of two major GIST-related meetings in November. A record turnout of sarcoma specialists and GIST specialists attended the annual meeting of the Connective Tissue Oncology Society (CTOS) in Venice, Italy. Immediately following CTOS, an even larger group of professionals attended the 18th Symposium on


SCHERZER

See CTOS, Page 6


Gordon, Meredith, and Loosha Simmons celebrate Meredith's marriage. See page 11 to read more about the first wedding of a pediatric GIST patient.

LRG Netherlands successfully hosts third annual meeting

By Anja Long

Once again the annual contact meeting for the Dutch Life Raft Group was held Sept. 30 on a beautiful and balmy autumn day. From all over Holland, about 110 GIST patients, their partners, family and friends descended upon the small town of Renswoude in the center of Holland. This is an increase from the previous year, which gathered about 70 people; people are finding the website and the group in growing numbers. The organizing committee was overheard to say that for 2007 a larger venue would be needed.

The meeting was an international one, with 3 people attending from the German GIST organization, Das Lebenshaus, as well as a growing number of Belgian members who do not have their own group. Also present were representatives from the firms Novartis and Pfizer, which sponsored the day.

The big attractions of the day were the two speakers, each well-known and respected in their profession. Both had the enviable knack of making complex medical matters understandable to a largely layman's audience. Their clear, concise, enthusiastic and informative presentations, full of humor, elicited good responses from the audience in the Q & A sessions.

The first speaker was Jaap Verweij, M.D., Head of Experimental Chemotherapy and Pharmacology at the Department of Medical Oncology at the Rotterdam Cancer Institute (Daniel den Hoed Kliniek) and the University Hospital in Rotterdam (Erasmus MC) in the Netherlands. As a medical doctor he has treated many GIST patients and is therefore very experienced in this speciality. He is active both nationally and internationally in his field. This was proved on the day, as he had to return from the ESMO (European Society for Medical Oncology) meeting in Istanbul,Turkey via Germany to speak to the Dutch LRG meeting.

His talk was about GIST in its widest sense: diagnosis; treatment in past, present and future; who is involved in treatment; GIST management; when to use Gleevec or Sutent, etc. Because of

See DUTCH LRG, Page 4

Attendees of the third annual Dutch LRG meeting enjoyed meeting new faces.

The Life Raft Group

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.

SUTENT

From Page 1

ing placebo were permitted to cross over to Sutent.

Patients in the Sutent arm of the study had a median time to tumor progression of 6.3 months versus 1.5 months for placebo (See Figure 1). This represented a 4-fold increase in time to tumor progression. These benefits were noted with all subgroups analyzed irrespective of age, weight, race, pain score, performance status, time since initial diagnosis, duration or dose of initial imatinib treatment, or study location.

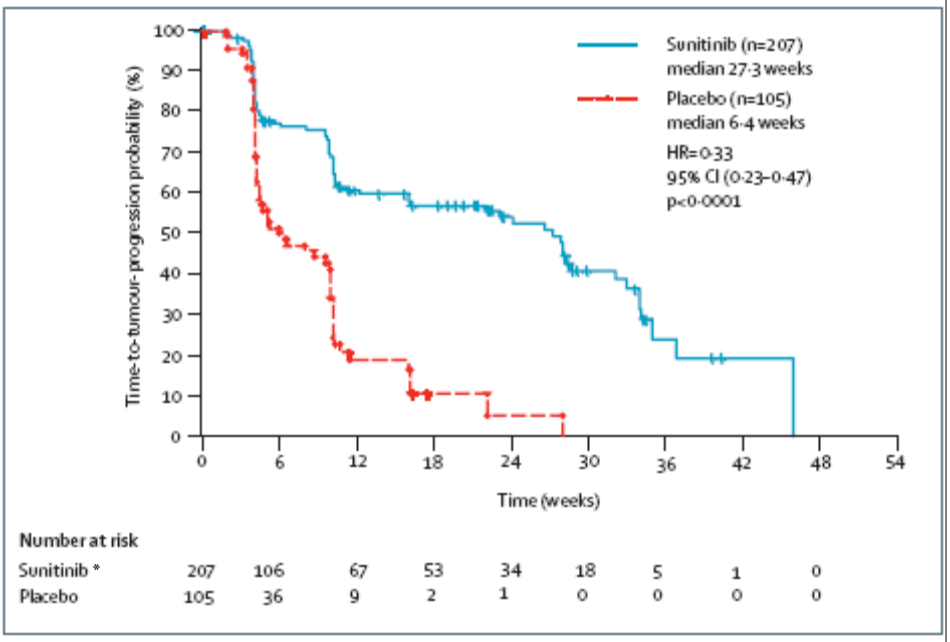
Despite the option to cross over from placebo to Sutent, the Sutent arm still demonstrated a significantly longer survival time than the placebo arm (p=0.007), meaning there was a higher death rate for people on placebo despite the opportunity to cross over. The median survival for the Sutent arm has not been reached.

Side effects were generally mild to moderate in intensity and easily managed by dose reduction, dose interruption or standard supportive medical treatments (see Table 1). One of the most common side effects was fatigue. Interestingly, fatigue affected placebo patients as well as patients taking Sutent (22% and 34% respectively) supporting the hypothesis that a large proportion of

See SUTENT, Page 12

Figure 1: Kaplan-Meier estimates of time to tumor progression

Results represent central radiology assessment of intention-to-treat population



Republished from *The Lancet*, October 10, 2006.
**Sunitinib is another name for Sutent*

Alabama LRG group meets for first time in Birmingham

On October 13, Pat George organized the first meeting for Alabama GISTers. Pat has been active in the Life Raft Group and has volunteered his time to local outreach, education, and awareness. Additionally, Pat contributed many pictures from Life Fest 2006 to the November 2006 newsletter.

The group had a lively discussion ranging from topics of previous misdiagnoses, familial GIST, and the importance of finding GIST specialists.

Pictured back left to front: Heather Connell, Hannah Connell, Karen Connell, Anne George. Pictured from back right to front: Tony Williams, Sharon McCall Williams, Chris Connell (missing from picture: Pat George).

DUTCH LRG

From Page 2

the complexity and rarity of GIST, he made a very strong case for centers of excellence, where patients can be sure of being treated by a team of GIST experts, whether it is the medical oncoloGIST, surgical oncoloGIST, patholoGIST, radioloGIST or molecular bioloGIST. He demonstrated a risk calculator (see page 8) for side-effects, something he already uses at his clinic. By using this, chances of developing certain side-effects through the use of Gleevec can be predicted for patients with certain characteristics (e.g., side-effects are more prevalent in women, older patients, bad performance status (PS), previous chemotherapy treatment and the presence of relatively small metastases). This risk calculator is useful in informing patients and for the planning of follow-up treatment.

Clinical trials that are ongoing or being started up were outlined too, with at least 8 drugs in the pipeline. There is also a trial running in the Netherlands for patients with metastatic CML or GIST (treated with 400 mg Gleevec), to answer the question "Does liver involvement affect the pharmacokinetics of imatinib in patients?"

Prof. Verweij finished by saying: "We have made enormous progress in the treatment of GIST, but be well aware of this, it still is not easy! Gleevec was an enormous step forward in the treatment of GIST, but the next steps will be much smaller."

Pancras Hogendoorn, M.D., pathologist at the Leiden University Medical Centre was the speaker after lunch. He is an authority on bone and soft-tissue tumors. He advises medical specialists both in his own hospital as well as elsewhere on diagnosing and treatment of these tumors. As coordinator of the big phase III trials for GIST in the past four years, he has seen the patient tissue material from many GIST patients. Still every day his lab deals with the tissue of 6,7 or 8 GIST patients, while a lab in a so-called "ordinary hospital" handles maybe 1 or 2 in any given year. Therefore he can be called *the* expert in the pathology field of GIST in the Netherlands.

Prof. Hogendoorn gave a very informative and lucid account of what he considered to be "Sense and Non-sense in GIST." The main thrust of his presentation was the fact that GIST is very difficult to detect even for experienced pathologists and it is paramount that the analysis be carried out by specialists in the field who see GIST tissue samples on a daily basis. He also outlined the different patterns that can show up, and how other tumors can look very similar GIST tumors.

He touched on many aspects of his work: alertness for other tumors in the differential diagnosis, every mesynchemal tumor of the tractus digestivus is a GIST until proved otherwise, diagnoses should be done in specialist centers, the role of genotyping (mutation analysis) for diagnosing and managing GIST, the fact that GIST should always be considered malignant, how long patient tissue samples should be kept (Dutch Government rules state 10 years, whereas University and other specialist labs keep these for 60 years), how to deal appropriately with transfers of tissue and patients to a specialist center, and the ever thorny issue of who pays for what, especially since the Dutch health insurance system had a major overhaul in 2006**.**

Chairman Ton de Keijser (left) and Committee Member Carolien Verhoogt in discussion with Mark van Hattem of Novartis (right).

Again this session gave rise to plenty of questions from the audience, which made Prof. Hogendoorn comment on the fact that he was impressed with the level of knowledge already present.

The rest of the afternoon was spent with discussions surrounding the future developments of the group, especially now that it is a member of the Dutch Federation for Cancer Patient Groups (NFK). The board has written a management plan for the period 2007-2011, and this session was used to sound out the views of the members. The management plan sets out the aims and objectives of the group. One of aims is to reach out to more patients and caregivers . Another one is how patients can be reached who do not readily have access to computers, especially older patients. This proved to be another lively session, after which the day was rounded off with an excellent dinner-buffet.

Judging from the comments sent by mail to the organizers of the day, again it seemed to fulfill expectations from members, both on the quality of speakers as well as on the social interaction and the ambiance.

A nice quote was received from one of the speakers, Dr. Jaap Verweij, who said that he never ceased to be amazed by the vitality and enthusiasm of the group members, and that every moment he is involved he sees how important contact with peers can be.

Life Raft awards next round of research grants

LRG Research Team members (pictured from left to right) Dr. Maria Debiec-Rychter, Dr. Chris Corless, Dr. Brian Rubin, and Dr. Matthew van de Rijn enjoy hearing an update from a colleague on the LRG Resistance Research Project.

By Norman J. Scherzer

Grant Award checks went into the mail last week to support the next phase of funding for the Life Raft Group Resistance Research Project. About $400,000 in new funding is to be shared by key researchers.

So far this year, the Life Raft Group has awarded over $800,000 to support the project to find the reasons for GIST resistance and to find a cure for this cancer.

If you would like to learn more about this Project, you can visit http://www.liferaftgroup.org/research.html.

Holiday Fundraising Campaign

By Stan Bunn, President of LRG Board of Directors
and Norman J. Scherzer,
LRG Executive Director

Recently a young mother wrote to the Life Raft Group about how her life has changed since she was diagnosed with GIST. Here is an excerpt of what she had to say:

"I have been on Gleevec since October of 2001 and I have to say my life has changed in profound ways.

I went from being an energetic mom of 3 who worked full time at an airline career that began 24 years ago. I was a fixture at the gym and crammed each minute with non-stop activity. That changed in 2001. I traded in uniforms and business attire for comfort clothes. I could no longer keep pace with the meetings and travel commitments of my job…My appointments to get my hair done, a manicure, pedicure and facial have been replaced with appointments with my local oncologist for blood work and ultrasounds.

But as life has presented this challenge I am thankful to be at such peace… I have loved watching my 8 year old son during autumn chasing leaves and catching them before they touch the ground. He calls them magic leaves and makes a wish before giving me each one. I have a beautiful vase that contain all of my magic leaves and know that each one represents love and wishes from my son for his mom to survive cancer.

I am thankful for the many blessings that have occurred in my life…I am at peace much more of the time, rather than feeling like I am part of the daily rat race. It has been so nice to slow down and to appreciate each day and celebrate each holiday and birthday. Each one is so much more meaningful. It is my hope that even if I don't survive GIST that my family and friends know that I have had the best times of my life with them."

In so many ways, the Life Raft Group provides the vase for thousands of patients and caregivers who come together to collect the magic leaves each one needs to survive cancer.

Our e-mail communities and local groups provide the branches to ensure that no one has to face this crisis alone.

- Our websites, newsletters and educational materials provide the leaves of knowledge to ensure that no one has to die from ignorance about the diagnosis and treatment of GIST.
- Our advocacy and interventions provide the safety nets to ensure that no one has to die because of a lack of access to treatment.
- And, most importantly, our research is focused upon an unprecedented coordinated strategy to find a cure for GIST.

This holiday season, more than ever, we need your support to help us gather enough magic leaves so that every mom can live to see her children grow up and all of us can grow older together. Help us spread the magic by participating in this year's campaign. If you need materials or would like to make a personal contribution, please contact us: The Life Raft Group, 40 Galesi Drive, Ste. 19, Wayne, NJ 07470, Ph: 973-837-9092, liferaft@liferaftgroup.org.

CTOS

From Page 1

Molecular Targets and Cancer Therapeutics in Prague, Czech Republic, co-sponsored by the European Organization for Research and Treatment of Cancer (EORTC) along with the National Cancer Institute (NCI) and American Association for Cancer Research (AACR).

There were a series of discussions that took place at these meetings, demonstrating that networking remains a major reason for attending these conferences. The report below combines formal and off the record information from both meetings.

Two GIST trials ended

Robert Benjamin of MD Anderson formally reported on the AMG706 trial. Benjamin concluded that of the 120 protocol eligible patients, 30 had achieved stability for at least 22 weeks and that a total of 28 percent had some clinical benefit, an even more significant achievement considering that these were patients with advanced high-dose resistance to imatinib. Unfortunately, as we reported in our August 2006 newsletter, AMGEN has decided to not pursue a filing with the Food and Drug Administration because the non-randomized design of the phase II study was unlikely to support a filing for GIST. This was because Pfizer had already been granted a full approval for Sutent in the same indication.

RAD001: We were also informally advised that the trial for Gleevec plus RAD001 has also come to an end but we do not know yet what Novartis plans to do in the future. RAD001 is available in many countries, and in some, a similar version of a drug called Rapamune®. In recent days we have received reports of several GIST patients resistant to Gleevec and Sutent receiving a combination of Rapamune plus Sutent. We have no reports regarding efficacy yet.

Ongoing GIST trials

Sutent: Two papers were presented on Sutent (Sunitinib), one with updated results from the treatment-use trial (this is an intermittent dosing regimen) and one on continuous daily dosing. Both treatment regimens had considerable efficacy for imatinib resistant GIST patients, with some demonstrated stability of about 6 months.

Perifosine plus Gleevec: An interesting poster was presented on a randomized, two treatment regimen arm phase II study of imatinib plus perifosine, also for imatinib-resistant GIST patients. The abstract concluded that the treatment was tolerated and might improve efficacy in the treatment of these patients. Early presented data showed that of 16 GIST patients enrolled (and of 12 patients with evaluable disease), two (using Choi criteria) had a partial response. Interestingly, one of these responses was in wild-type kit.

AB1010: Although not on the formal agenda, informal discussions took place regarding an ongoing phase II trial in France with AB1010. This drug, according to several sources, is being given to GIST patients as a first line therapy in lieu of imatinib. We understand that about two dozen patients have demonstrated clinical benefit in excess of 90 percent as the trial enters its second year. We cannot be more specific at this time, but we remain very interested in watching this drug and its parent company, AB Science.

Two new trials presented

Dasatinib (BMS-354825): At CTOS there was a poster about a phase I study of dasatinib. Although this early trial for 18 GIST patients and 30 others reported acceptable side effects, the preliminary data showed only 4 GIST patients still on the drug over 3 months. No objective responses from CT scans have been reported.

IPI-504: At EORTC there was a presentation of the new Infinity drug IPI-504 that was also the subject of a press release sent to us. Preliminary data is encouraging, with 20 GIST patients to date receiving IPI-504. IPI-504 is an intravenous drug and is administered to patients on days 1, 4, 8, and 11, followed by 10 days off treatment (referred to as a "drug holiday"), in a 21-day cycle. Patients included in the study were heavily pre-treated and nearly all had failed prior therapy with Sutent as well as Gleevec. A maximum tolerated dose has not yet been identified.

Investigators have observed evidence of biological activity for IPI-504 using positron emission tomography imaging, or PET. In 7 of 17 evaluated patients (41%), PET scans revealed a decrease in tumor uptake of 18-fluorodeoxyglucose, an imaging agent used to measure metabolic activity, in response to IPI-504 administration. In some cases, a rebound in tumor activity was observed during the drug holiday, followed by a decrease in tumor activity upon re-administration of IPI-504 in the next cycle. This pattern of tumor response appears to demonstrate biological activity of IPI-504. In addition to the observed PET responses, 6 of 15 evaluated patients (40%) received five or more cycles of therapy with IPI-504. We understand that a second schedule of treatment without a drug holiday is beginning. Further work on developing an oral version of this drug is underway.

What is particularly noteworthy is the quote in the press release from Dr. George Demetri that the data emerging "is reminiscent of the clinical data seen with other approved therapies such as the kinase inhibitors Gleevec and Sutent."

Several papers were presented on improving management of GIST patients

Surgery: A group from Poland led by Piotr Rutkowski, M.D., looked at patients treated surgically after responding to imatinib. In the group receiving surgery (n=36) there were no deaths and a progression rate of 11 per-

Piotr Rutkowski

See CTOS, Page 8

Quilt auction brings Life Raft Group over $300

By Erin Kristoff
Administrative Assistant

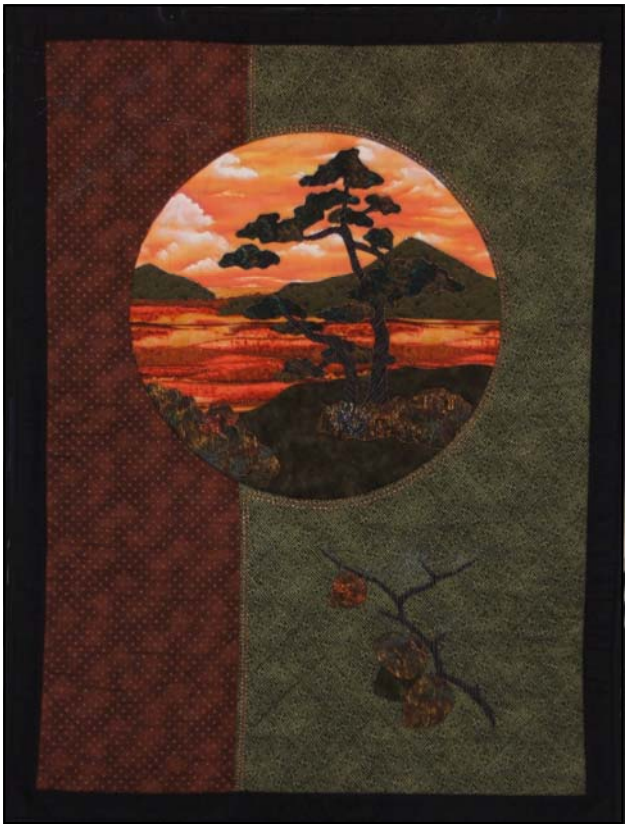
At this year's Life Fest, we displayed a quilt by Gail Mansfield created especially for The Life Raft Group.

"I wanted to do something unique that could be a lot of fun and that would raise funds for Life Raft. I got so much good feedback from people who went to Life Fest. It was a really fun thing to do for a great cause," says Gail.

Gail is a LRG member and caregiver to her husband, Tim. Tim was diagnosed with GIST in 1994 on his birthday. Ten years later, almost to the day, he found out he had metastatic GIST; he was immediately put on Gleevec and was fortunate to have immediate shrinkage and then stability. Tim recently had his 24-month scans and is still stable. Besides being an excellent caregiver, Gail enjoys quilting and water color painting. She wanted to help the LRG raise funds so she decided to use her favorite hobby as a means to do so.

The quilt is entitled "Windswept Tree". It is #4 in the series, Postcards from Japan designed by Portland, Oregon Quilt Artist, Helen Knott. Knott's series was inspired by the work of the 19th century artist Ando Hiroshieg, who traveled the ancient highways of Japan. He immortalized the views from "stations" (resting areas) along the way in a series of prints.

The Life Raft Group placed the quilt up for auction on eBay in October and it was able to raise over three hundred dollars. Thank you to all who placed bids to help raise money for a good cause!



Rita Raj was an active women's health advocate

Rita passed away on Thanksgiving, Nov. 23. She is survived by her partner, Marilen, her sons, Iska and Rizal, and her sister, Nina. "She was a wise, compassionate, and beautiful woman" says Marilen.

RAJ

Rita co-founded ARROW (Asian-Pacific Resource and Research Centre for Women) with Rashidah Abdullah in 1993, and was a co-director until her resignation in 1995. She went on to study traditional Chinese medicine at the New England School of Acupuncture in Massachusetts, and then became a New York-based licensed acupuncturist. Rita also worked as a reproductive health consultant with UNFPA (United Nations Population Fund).

Rita had been a staunch advocate for women's health for the past 30 years, in both her professional and personal lives. She worked or was involved with the Asian-Pacific Development Centre, Boston Women's Health Collective, World Health Organization, United Nations Development Fund for Women, International Fund for Agricultural Development, International Planned Parenthood Federation and Rutgers University's Center for Global Women's Leadership. She was the Malaysian coordinator for the seven-country research study of the International Research on Reproductive Rights and Action Group (IRRRAG) project. She also researched on violence against women, and her work helped to influence legislation on domestic violence in Malaysia, eventually creating the Domestic Violence Act of 1994. She was a director and past president of the Women's Aid Organisation, Malaysia's first refuge for battered women.

Rita continued her interest in complementary health systems and sociocultural dimensions of reproductive health through her consultancies and volunteer work, both in the United States and internationally.

Information adapted from the website: http://www.arrow.org.my

CTOS

From 6

cent. These patients continued imatinib therapy following surgery. In the group that did not receive surgery (n=130), 17.7 percent died and there was a progression rate of 31.5 percent.

Toxicity: A toxicity risk calculator was introduced for predicting imatinib toxicity for patients with advanced GIST tumors. This calculator was also presented at EORTC and can be seen below.

Patient Advocacy Group Reports: I gave an oral presentation on the changing role of patient groups in cancer research. This presentation discussed the two parallel research tracks of the Life Raft Group, namely conducting our own research using medical updates provided by patients and caregivers and directing a coordinated strategy by the LRG world-class research team to find a cure for GIST that will serve as a model for other cancers.

Report by Dr. Chris Corless at the EORTC meeting

At the Prague meeting there was enthusiasm for recommending mutation testing upfront on all high-risk and metastatic GISTs. This is primarily to determine whether a patient is exon 11 positive (and rule out PDGFRA D842V), but also with regard to dosing of exon 9 cases.

Some data presented suggests that measuring blood levels of imatinib might be helpful in monitoring patients. This is very preliminary and there are no formal recommendations made at this time.

Several cases of imatinib-resistant GIST were presented in which responses were observed (somewhat unexpectedly) when patients were switched from sunitinib to AMG706 or nilotinib, and vice-versa. Though strictly anecdotal, these cases illustrate the complexity of resistance and how, at this time, it is not safe to predict what response might be seen in a given patient, irrespective of the original tumor genotype. Several people attending the conference asked about screening for resistance mutations in patients progressing on imatinib. The consensus of the experts was that there is insufficient information at this time to use such testing to guide therapy. Obviously, we need more studies.

CORLESS

The final mutation dataset for the S0033 phase III is now being statistically analyzed. Novartis is funding a meta-analysis of the mutation data from both phase III trials, which is supposed to get underway very soon.

Interactive risk calculator for predicting toxicities in patients with advanced Gastro-Intestinal Stromal Tumors treated with imatinib mesylate

Enter the patient's characteristics		▼	
	Unit / code		Allowed range
Planned imatinib daily dose	mg	400	400 - 800
Age	years	60	18.0 - 90.0
Sex	1=male, 2=female	1	1, 2
Performance status	WHO scale	1	0, 1, 2, 3
Prior chemotherapy	0=no, 1=yes	0	0, 1
Largest tumor diameter	mm	80	8 - 800
Gastro-intestinal tumor origin	0=no, 1=yes	1	0, 1
Hemoglobin	mmol/l	8	6.0 - 16.0
Neutrophils	10**9/l	9	2.0 - 30.0

Read the probability of toxicities			
		Score	Probability
Edema	CTC grade 2 or higher	1.543	18 %
Lethargy	CTC grade 2 or higher	1.163	24 %
Rash	CTC grade 2 or higher	2.2628	9 %
Nausea	CTC grade 2 or higher	2.313	9 %
Diarrhea	CTC grade 2 or higher	1.852	14 %
Anemia	CTC grade 3 or higher	2.787	6 %
Neutropenia	CTC grade 3 or higher	3.888	2 %

Reference: Martine Van Glabbeke, Jaap Verweij, Paolo G. Casali, John Simes, Axel Le Cesne, Peter Reichard, Rolf Issels, Ian R. Judson, Allan T. van Oosterom, Jean-Yves Blay. Predicting toxicities for patients with advanced gastro-intestinal stromal tumors (GIST) treated with imatinib: an EORTC-ISG-AGITG study. *European Journal of Cancer*, submitted.

Software programmed by: Martine Van Glabbeke, EORTC Data Center, Brussels, Belgium. http://www.eortc.be/tools/imatinibtoxicity/default.htm

December 2006 clinical trial update

By Jim Hughes
Member of LRG Science Team

XL820 (Exelixis)

This drug inhibits c-Kit, PDGFRb and VEGFR. It is similar to the OSI-930 drug below. Data presented by Exelixis in a poster at EORTC in October 2006 showed results for 23 evaluable patients in phase I, including one GIST patient.The GIST patient had stable disease after 3.5 months on XL820. Exelixis has a phase I trial listed in the clinicaltrials.gov database to assess "the safety and tolerability of XL820 when given orally." The listing says it is not open but we checked with one of the sites (Texas) and understand that it is now open. The sites are: The Cancer Institute of New Jersey, New Brunswick, N.J.- Mark Stein, M.D., and the Cancer Therapy and Research Center, San Antonio, Texas- Kyriakos P. Papadopoulos, M.D. This trial is open to patients with solid tumors failing standard therapy.

AZD2171 (AstraZeneca International)

This investigational drug is in early trials for a number of cancers. It inhibits KIT and VEGFR-1, VEGFR-2 and VEGFR-3. This phase II trial is being sponsored by AstraZeneca in the United Kingdom. The clinicaltrials.gov website lists a site recruiting in London. GIST patients progressing on Gleevec are given AZD2171 45mg daily without Gleevec. Biologic tumor activity is evaluated by FDG/PET response at eight days and four weeks.

OSI-930

OSI Pharmaceuticals has begun a phase I trial of the compound OSI-930 at two locations in the United States and one in Europe. The trial is for patients with advanced solid tumors, but will admit GIST patients. Locations include:

- Dana-Farber Cancer Institute- Boston, Mass. (Dr. George Demetri, Principal Investigator)
- Colorado University- Denver, Colo.
- Royal Marsden Hospital- London, UK (Dr. Michelle Scurr, Principal Investigator)

OSI-930 is a new small molecule tyrosine kinase inhibitor. It inhibits c-Kit, VEGFR and PDGFRb. The trial began in August. Up to 60 patients are expected to be accrued.

Sutent

In the United States, Canada, the United Kingdom and the European Union countries Sutent is now approved for patients failing Gleevec or those who cannot tolerate Gleevec. In addition, Sutent continues to be available to patients via the "Treatment Use Protocol," which is "four weeks on/two weeks off" (50 mg). There are many sites open throughout the world. Site information changes frequently; for the most current information, contact EmergingMed at 1-877-416-6248 (outside the United States) or at 1-800-620-6104 (inside the United States). If international patients have problems with the listed number, use email at: sutent@emergingmed.com.

In September Pfizer posted a new phase III trial on the NIH website. This study will compare 37.5mg daily of Sutent with 800mg daily of Gleevec for patients progressing on 400mg of Gleevec. Anticipated enrollment is 212. Site information has not yet been announced. According to the listing this trial is not yet recruiting and is scheduled to start November 2006. It had not yet started when we last checked on November 17.

AMN107 + Gleevec

The combination of AMN107 and Gleevec may have a broad spectrum of

HUGHES

activity against primary and secondary mutations in GIST. The generic name for AMN107 is nilotinib and our understanding is that the brand name will be Tasigna. The phase I trial is now closed at all sites. A phase III trial is planned. In the meanwhile, access to AMN107 is available through a compassionate use process.

IPI-504

The IPI-504 phase I trial is open for patients resistant to prior therapies and is accruing patients at Dana-Farber Cancer Institute. It undergoes fairly frequent start/stop periods as cohorts accrue.

IPI-504 is an inhibitor of Heat Shock Protein 90 (HSP90) and has been the subject of articles in the November 2005 and January 2006 editions of the Life Raft Group newsletter. This is an intravenous drug which is administered twice a week for two weeks followed by a one week off period. HSP-90 is administered without Gleevec. We understand that a second schedule of treatment without a

See TRIALS, Page 11

Novartis meets in Monterrey, Mexico to jump start clinical trials

By Rodrigo Salas
LRG Board Member

On October 25th, officers from Novartis Oncology Mexico visited Monterrey TEC's facilities per request of David Epstein, president of Novartis Oncology. We had a very interesting meeting. Several areas of cooperation were discussed including clinical research and continuous medical education. The Head of Oncology Business Unit, Dr. Fratarcangeli, is going to report directly to David Epstein to check on the possibilities of doing clinical research at the Monterrey facility.

To the right is a picture of the Novartis visit to the Virtual University of the Monterey TEC, which can be a very powerful tool to give oncologists remote education on different kinds of cancer. Pictured from left to right: Rodrigo Salas; Dr. Jose Athie, Oncology Medical Director; Dr. Stefano Fratarcangeli; and Dr. Jose Ramos, Director of the Center of Health Knowledge Transfer of the Monterrey TEC.

New Jersey Local Life Raft Group

Seated left to right: Butch Eller, Jake the schnauzer, Mark Becker. Standing left to right: Jeannie Eller, Leo Fitzgerald, Joan Fitzgerald, Judy Earl, Sandy Krizan, and Amy Stoltzis.

The group discussed previous misdiagnoses, appointment waiting times, side effects and how to manage them, the need for more GIST specialists, and their gratitude to all those doctors and pharmaceutical companies who are helping them find a cure for GIST.

TRIALS

From Page 9

one week off period is beginning.

Genasense + Gleevec

A phase II trial testing the combination of Genasense plus Gleevec in patients with Gleevec-resistant GIST recently opened.

Genasense (Genta Inc.) is an antisense drug that inhibits bcl-2. Bcl-2 is a protein involved in cellular survival. This drug is administered intravenously. It is hoped that Genasense may help Gleevec kill tumor cells by making them more sensitive to Gleevec.

This trial is currently open only at M.D. Anderson. Several other trial sites are planned including: Dana-Farber Cancer Institute, Boston, Mass.; University of Michigan Comprehensive Cancer Center, Ann Arbor, Mich.; Mayo Clinic Cancer Center, Rochester, Minn.; and Memorial Sloan-Kettering Cancer Center, New York, N.Y.

Perifosine (Keryx Biopharmaceuticals)

Keryx Biopharmaceuticals has perifosine (KRX-0401) is an oral drug that inhibits the AKT protein. AKT is an antiapoptosis protein. It is speculated that inhibition of AKT might enhance therapy. Apoptosis is a form of controlled cell death, a type of cellular suicide where the cell issues its own death warrant.

Perifosine + Gleevec Phase II

A phase II trial, which combines Perifosine with Gleevec, is open at M.D. Anderson Cancer Center, Houston, Texas; Oncology Specialists, Park Ridge, Ill.; and under Dr. Sant Chawla at the Cancer Center at Century City in Los Angeles, Calif. This trial is accruing Gleevec-resistant GIST patients.

Perifosine + Sutent Phase I

This phase I trial is primarily for renal cell cancer and GIST patients. It has two parts. The first part will determine the maximum tolerable dose (MTD) in a four week "on," two week "off," six week cycle. The second part of the phase I trial will use the MTD to determine if a larger group of patients can remain on the drug for two six week cycles. The inclusion criteria includes the following caution:

"The physician must believe that the patient's course and the growth rate of the tumor are such that the patient would feel comfortable continuing treatment for 12 weeks even if there is a transient period of modest tumor growth during the first weeks following the initiation of perifosine and sunitinib malate treatment."

It is not stated that tumor growth or failure on a current treatment is a necessary condition for entry into this trial.

See TRIALS, Page 13

First pediatric GISTer to tie the knot!

Through the years we have had the opportunity to write many thank you's for expressions of kindness, but none has meant more to us than your expression of care for our family. Many of you we know well, and some we do not know at all. Your contribution to Meredith's wedding has allowed us some real relief from the challenge of trying to provide the best and most memorable wedding possible.

We wish to express our most sincere thank you for all each of you has provided, and pray that your kindness will be rewarded in ways only our Father in heaven could provide. Life is full of surprises and joys. Thank you for both.

Love and blessings,
The Simmons family

Pictured to the right: Meredith Simmons and Brad Ellison pose on their wedding day, October 7, 2006. Meredith has been stable on Gleevec since Feb. 2001.

SUTENT

From Page 3

fatigue might be attributed to the burden of advanced GIST according to Demetri and colleagues.

Diarrhea, skin discoloration and nausea were also fairly common. Anorexia (grade 1 or 2) also affected 19 percent of patients versus 5 percent with placebo. Hematological side effects (lowered blood counts) were also common (See Table 1).

The study was designed in 2002-2003. At that time there was little objective data about the expected clinical course of patients with disease progression. According to Demetri and colleagues, **"Subsequent preliminary data suggest that discontinuation of imatinib in patients with GIST increases risk of disease progression and is associated with accelerated disease progression in some patients, although the magnitude of this effect has not been studied in patients after progression on imatinib. With this perspective, continuing imatinib despite progression might have served as an alternative approach for the control group, for reasons of patients' well-being and because discontinuation of imatinib therapy might not represent the most current standard of palliative care."**

It appears likely that future trials for second and third-line treatment of GIST will include some type of control arm. Several GIST experts have indicated that they believe that a placebo is unlikely in these future trials; instead the control arm may consist of continuation of Gleevec or perhaps continuation of Sutent.

On a personal note:

My wife Stephanie Call is one of the patients that has benefited from the Sutent treatment use protocol. Stephanie is an example of both how far GIST treatment has advanced and how far it still has to go.

In June of 2005, Stephanie was failing Gleevec after 4.5 years. With heart failure and edema, possibly related to pulmonary hypertension (very elevated blood pressure in the blood vessels of the lungs), Stephanie could not walk more than a few steps. With concerns about Sutent of heart toxicities and raising blood pressure, enrolling in the Sutent treatment use protocol seemed like a risky move. The move paid off; despite what might have been predicted, her pulmonary hypertension and heart function significantly improved while on Sutent; Stephanie has been on Sutent for almost 18 months now.

Like many patients, Stephanie feels much better during the 4 week period she takes Sutent and during her two week off period she can't wait to start taking Sutent again!

Table 1: Adverse events that occurred with a frequency of at least 5% greater on sunitinib than on placebo in per-protocol population

	Sunitinib (n=202)			Placebo (n=102)		
	Grade 1/2	Grade 3	Grade 4	Grade 1/2	Grade 3	Grade 4
Non-haematological*						
Fatigue	58 (29%)	10 (5%)	0 (0%)	20 (20%)	2 (2%)	0 (0%)
Diarrhoea	52 (26%)	7 (3%)	0 (0%)	8 (8%)	0 (0%)	0 (0%)
Skin discolouration	50 (25%)	0 (0%)	0 (0%)	6 (6%)	0 (0%)	0 (0%)
Nausea	47 (23%)	1 (1%)	0 (0%)	10 (10%)	1 (1%)	0 (0%)
Anorexia	38 (19%)	0 (0%)	0 (0%)	5 (5%)	1 (1%)	0 (0%)
Dysgeusia	36 (18%)	0 (0%)	0 (0%)	2 (2%)	0 (0%)	0 (0%)
Stomatitis	30 (15%)	1 (1%)	0 (0%)	2 (2%)	0 (0%)	0 (0%)
Vomiting	30 (15%)	1 (1%)	0 (0%)	5 (5%)	1 (1%)	0 (0%)
Hand-foot syndrome	19 (9%)	9 (4%)	0 (0%)	2 (2%)	0 (0%)	0 (0%)
Rash	24 (12%)	2 (1%)	0 (0%)	5 (5%)	0 (0%)	0 (0%)
Asthenia	18 (9%)	6 (3%)	0 (0%)	2 (2%)	2 (2%)	0 (0%)
Mucosal inflammation	24 (12%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Dyspepsia	22 (11%)	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)
Hypertension	15 (8%)	6 (3%)	0 (0%)	4 (4%)	0 (0%)	0 (0%)
Epistaxis	14 (7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hair-colour changes	14 (7%)	0 (0%)	0 (0%)	2 (2%)	0 (0%)	0 (0%)
Dry mouth	13 (6%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)
Glossodynia	11 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Haematological						
Anaemia†	117 (58%)	7 (4%)	0 (0%)	59 (58%)	2 (2%)	0 (0%)
Leucopenia	104 (52%)	7 (4%)	0 (0%)	5 (5%)	0 (0%)	0 (0%)
Neutropenia	86 (43%)	17 (8%)	3 (2%)	4 (4%)	0 (0%)	0 (0%)
Lymphopenia	80 (40%)	18 (9%)	1 (1%)	31 (30%)	2 (2%)	1 (1%)
Thrombocytopenia	72 (36%)	8 (4%)	1 (1%)	4 (4%)	0 (0%)	0 (0%)

Data are number (%). *Treatment-related. †Anaemia was included in the table, despite a difference of less than 5% between the treatment groups, because of its frequency and clinical relevance in GIST.

Republished from *The Lancet*, October 10, 2006.

STEPHANIE CALL

TRIALS

From Page 11

Patients who have received prior Sorafinib or Sutent are eligible for this trial.

Sites currently open include: Tower Hematology and Oncology, Beverly Hills, Calif., and Oncology Specialists, Park Ridge, Ill.

RAD001 + Gleevec

RAD001 is an mTOR inhibitor. We have been informally advised that the RAD001 plus Gleevec phase II trial for GIST patients has completed accrual. We are awaiting word from Novartis on the outcome of the trial and on future plans for this drug. RAD001 is available outside the United States as Certican® for heart and kidney transplant patients. A similar mTOR inhibitor from Wyeth called Rapamune® is available in the United States for kidney transplant patients. We have received reports from GIST patients who have been prescribed Rapamune "off-label" with Gleevec.

PTK787/ZK222584

This is a phase II study being conducted at the University of Helsinki in Finland and in Milan, Italy. This trial is for patients progressing on Gleevec. PTK787 is administered without Gleevec. A seven day washout period is required.

PTK787/ ZK222584 was synthesized and developed by Novartis AG and Schering AG. It is a tyrosine kinase inhibitor and inhibits VEGF receptors as well as KIT and PDGFRB. See the July 2006 Life Raft Group newsletter for an article about this trial.

BMS-354825 (Dasatinib)

BMS-354825 is a tyrosine kinase inhibitor of Src, abl, KIT, and PDGFR.

Dasatinib is available in a phase I trial at Dana-Farber and Glasgow, Scotland. In June the Karmanos Cancer Center in Detroit, Mich. also began recruiting patients. Future plans include a SARC phase II trial. We will update trial sites and the scope of the trial as this information becomes available.

This trial is for patients with progression on Gleevec. The BMS drug is administered without Gleevec.

BAY 43-9006 (known as Sorafenib and by trade name Nexavar)

This drug was approved in December 2005 for kidney cancer. BAY 43-9006 inhibits several kinases including KIT, VEGFR-2, VEGFR-3, PDGRF-β, RAF, FLT3, and RET.

The phase II trial for BAY 43-9006 is open and recruiting patients. Three trial sites are open in Illinois and one in New York:

- University of Chicago- Chicago, Ill.
- Decatur Memorial Hospital- Decatur, Ill.
- Oncology/Hematology Associates of Central Illinois- Peoria, Ill.
- Memorial Sloan-Kettering Cancer Center-New York, N.Y.

Several sites are also pending.

This trial is for patients progressing on Gleevec. BAY 43-9006 s administered without Gleevec. A fourteen day washout period is required before trial drug start.

Sarcoma trials that also allow GIST patients:

The last two trials listed are sarcoma trials that allow GIST patients. There are several ways to attack GIST tumor cells with drugs. The most common method is to inhibit KIT and/or PDGFRA signaling. The protein is still present; it is just inhibited by the drug. This is the method used by Gleevec, Sutent and most of the other new inhibitors being developed (dasatinib, AMN107, etc).

Another way to target GIST is to destroy the KIT or PDGFRA protein. IPI-504 targets GIST tumors in this manner.

A third way to target GIST is to try to prevent (or reduce) the formation of KIT or PDGFRA proteins. The following two trials take the approach of inhibiting the formation of a large number of proteins including KIT and PDGFRA.

Doxorubicin + Flavopiridol

This is a phase I trial to determine the maximum tolerated dose of the combination of doxorubicin (a traditional cytotoxic chemotherapy) with flavopiridol (an inhibitor of the cell cycle and an inhibitor of transcription). This trial is for sarcoma patients (including GIST patients) that are 18 years old or older. Patients must have a performance status of ECOG 0-2 or Karnofsky 60-100 percent. Projected accrual is 3 to 36 patients.

The trial is being conducted at Memorial Sloan-Kettering Cancer Center in New York, N.Y.

FR901228

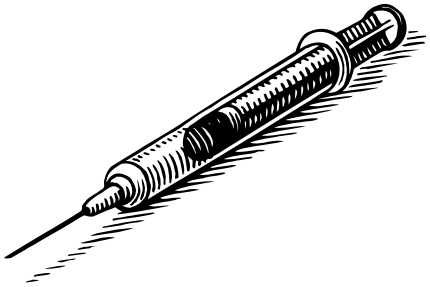
This is a phase II trial for sarcoma patients, including GIST patients, with metastatic or unresectable disease. FR901228 (depsipeptide) belongs to a new class of chemotherapy drugs called histone deacetylase inhibitors (HDAC inhibitors). This is a class of drugs that works at a higher level within the cell acting on the genome, which is like the master control room for all of the genes in a cell.

Patients must be at least 18 and have a performance status of ECOG 0-2 or Karnofsky 60-100 percent. Projected accrual is 18 to 36 patients.

Trial locations include: Phoenix, Ariz.; Oakland, Calif.; Rome, Ga.; Decatur, Ill.; Louisville, Ky.; Columbus, Ohio; Greenville, S.C.; Spartanburg, S.C.; Danville, Va.; Burlington, N.C.: Greenville, N.C.; Goldsboro, N.C.; Winston Salem, N.C.; High Point, N.C.; Elkin, N.C.; Goldsboro, N.C.

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.



Ohio Group meets with Dr. Manisha Shah of Ohio State University Medical Center

Pictured from left to right: J. Robert "Bob" Hall, Mary Netting, Daria Arbogast, Kaye Thompson, Susan Arnoczky and Dr. Manisha Shah.

Chicago brings speakers to discuss GIST treatment options

By Dick Kinzig
LRG Illinois Representative

The Life Raft Group Chicago Chapter met on Sunday Sept. 24 with twenty-one Rafters in attendance. New faces included Ed and Anita DeMunck from Plymouth, Ind., along with their son Larry DeMunck. Alice Ireland from Deer Park, Ill. was filling in for her sister Nancy Ireland, who is the GIST patient.

This meeting marked the fourth year of the Chicago Chapter meetings, having started in Sept. 2002 with six GISTers and five caregivers.

The participants heard from Dr. Mary Mulcahy, gastrointestinal oncologist from Northwestern Memorial Hospital and the Robert H. Lurie Cancer Treatment Center. She talked about the new therapies, mutations and mutational testing for effectiveness with the new drugs, conditions triggering whether to go off Gleevec, and several options for treating liver metastasis.

Jim Hughes offered a splendid summary of a Jerry Call's report of "Clinical Trials for GIST" that was presented at the Life Fest meeting for those unable to attend the Fest. He provided his own summary of a Trial Map displaying the many drugs undergoing trials and their impact on KIT and the downstream pathways.

Chicago LRG Group gathers to hear a presentation by Dr. Mary Mulcahy about GIST treatment therapies.

The Life Raft Group

Life Raft staff

Executive Director	**Norman Scherzer**	nscherzer@liferaftgroup.org
Executive Assistant	**Tricia McAleer**	tmcaleer@liferaftgroup.org
Administrative Assistant	**Erin Kristoff**	ekristoff@liferaftgroup.org
Program Coordinator	**Sara Rothschild**	srothschild@liferaftgroup.org
Research Coordinator	**Elizabeth Braun**	ebraun@liferaftgroup.org
Research Assistant	**Pamela Barckett**	pbarckett@liferaftgroup.org
Science Coordinator	**Jerry Call**	Jerry.Call@comcast.net
Office Assistant	**Shellon Jack**	sjack@liferaftgroup.org

Contact the Life Raft Group

40 Galesi Drive
Wayne, NJ 07470
Phone: 973-837-9092
Fax: 973-837-9095
Internet: www.liferaftgroup.org
E-mail: liferaft@liferaftgroup.org

Life Raft volunteers

General Counsel	**Thomas Overley**	guitarman335@msn.com
Accountant	**Kristi Rosenberg**	kristi@mackeycpas.com
Accounting Firm	**Mackey & Mackey**	calvin@mackeycpas.com
Database Consultant		
	Steven Rigg	StevenRigg@aol.com
List Manager	**Mia Byrne**	mebmcb@wowway.com
Newsletter Editor	**Sara Rothschild**	srothschild@liferaftgroup.org
Newsletter Editor Emeritus		
	Richard Palmer	richardpalmer@hawaii.rr.com
Web Designer	**Tami Margolis**	tami@comcast.net
Fund-raising co-chairs		
	John Poss	John@PossHaus.com
	& **Gerald Knapp**	gsknapp@winfirst.com
Science Team	**David Josephy**	djosephy@uoguelph.ca
	Michael Josephy	mjosephy@gmail.com
	Antonio Ramos	ramos.antonio@inbox.com
	Richard Singleton	dick@garlic.com
	Rick Ware	rwkathie1@aol.com
	Jim Hughes	tjhughes43@comcast.net

Life Raft regional chapters

Alabama	**Sharon McCall**	sharonm@snowhill.com
	Pat George	patgeorge@bham.rr.com
Arizona	**Linda Martinez**	linda.martinez1@cox.net
Illinois	**Richard Kinzig**	rjkinz@aol.com
Colorado	**Jerry Call**	Jerry.Call@comcast.net
Connecticut	**Anita Getler**	aquarius2550@comcast.net
California	**Floyd Pothoven**	floyd@keralum.com
	Martha Zielinski	3zielinski.ca@att.net
Georgia	**Pat Lemeshka**	riyank@bellsouth.net
Maryland	**John Murphy**	jdmurphyjr@aol.com
Massachusetts	**Janice Leary**	jleary@orr.mec.edu
Michigan	**Ellen Rosenthal**	ebrosenthal@comcast.net
New Jersey	**Amy Spires**	amylspires@hotmail.com
New York	**Dan Cunningham**	Daniel.Cunningham2@pseg.com
Ohio	**Kaye Thompson**	tnt.1@sbcglobal.net
Texas	**Kerry Hammett**	yaloo@gvtc.com
Washington	**Deanne Snodgrass**	g-d-snodgrass@comcast.NET
Wisconsin	**Rick Ware**	rkwelmwood@yahoo.com

Board of Directors

Executive Committee

Stan Bunn, President	SBunn@BSTGlobal.com
Jerry Cudzil, Secretary-Treasurer	Jerry.Cudzil@DACFunds.com
John Poss, Fund-raising	John@PossHaus.com

Directors

Robert Book	RMBook2@aol.com
Mia Byrne	mebmcb@wowway.com
Chris Carley	ccarley@fordhamco.com
Jim Hughes	tjhughes43@comcast.net
Gerry Knapp	gsknapp@winfirst.com
Dr. Arnold Kwart	amkbmp@aol.com
Rodrigo Salas	rsalas@maprex.com.mx
Silvia Steinhilber	nswplas@mb.sympatico.ca

Life Raft country liaisons

Australia	**Katharine Kimball**	katharine_kimball@hotmail.com
Bolivia	**Virginia Ossio**	vossiop@acelerate.com
Brazil	**Vanessa Passos**	vanessa@endo.med.br
Canada	**David Josephy**	djosephy@uoguelph.ca
China	**Ruijia Mu**	mu_ruijia@yahoo.com
Colombia	**Jaime Peralta**	peraltas@cable.net.co
Costa Rica	**Michael Josephy**	mjosephy@gmail.com
France	**Estelle LeCointe**	gist.estelle@laposte.net
Germany	**Markus Wartenberg**	wartenberg@lebenshauspost.org
Iran	**Negar Amirfarhad**	negaraf@sympatico.ca
Ireland	**Carol Jones**	roycal-re-gist@hotmail.com
Israel	**Ben Shtang**	ehuds@merkavim.co.il
Italy	**Anna Costato**	anna.costato@virgilio.it
Kenya	**Francis Kariuki**	bridgestone@coopkenya.com
Malaysia	**Yong Choo Sian**	ycspj2005@yahoo.com
Mexico	**Rodrigo Salas**	rsalas@maprex.com.mx
Netherlands	**Ton de Keijser**	tdk@liferaftgroup.nl
Norway	**Jan Einar Moe**	jeinmoe@online.no
Poland	**Stan Kulisz**	listy@gist.pl
Romania	**Simona Ene**	si_mi_ene@yahoo.com
Russia	**Tanya Soldak**	tsoldak@citihope.org
Singapore	**Yong Choo Sian**	ycspj2005@yahoo.com
Switzerland	**Ulrich Schnorf**	ulrich.schnorf@bluewin.ch
Turkey	**Haver Tanbay**	tanbay@tanbay.net
U.K.	**David Cook**	D.Cook@sheffield.ac.uk

Learn more about the Global GIST Network: www.globalgist.org