

## Protect Your Skin

*Preparation is key to preventing skin cancer*

Remember the care-free days of summer? Perhaps as a child, you headed off to camp every day to swim, play kickball, do arts and crafts, and spend your days out in the warm sun, rather than in the classroom.

As adults, we no longer have the luxury of believing that summer is care-free. But that doesn't mean that we can't still have fun with our friends and families—it simply means that we need to be prepared. The best way to prepare for fun in the sun is to make sure we're protected from the sun's potentially harmful rays.

According to the American Cancer Society's website ([www.cancer.org](http://www.cancer.org)), "skin cancer is the most common form of cancer in the United States. More than 3.5 million cases of basal and squamous cell skin cancer are diagnosed each year, while more than 76,000 people are diagnosed with melanoma, the deadliest forms of skin cancer."

While the numbers are staggering, skin cancer is actually among the most preventable forms of cancer. The American Cancer Society has designated August as Summer Sun Safety Month. The ACS encourages you to visit [www.cancer.org/healthy/besafeinthesun](http://www.cancer.org/healthy/besafeinthesun) for information on exposure to the sun and its links to cancer, how to spot skin changes, and ways to protect yourself and your family.

After you've checked out the American Cancer Society's website, we invite you—as always—to check out the new and improved AlphaBioCom website ([www.AlphaBioCom.com](http://www.AlphaBioCom.com)) and feel free to leave comments and suggestions about our newsletter and our organization. We can be found on Twitter at @alphabiocom, and you can connect with us on LinkedIn.

## EXAMPLES OF ONCOLOGY DRUGS APPROVED BY THE FDA FROM 2005–2015

**2015 February:** FDA approves carfilzomib (Kyprolis, Onyx Pharmaceuticals, Inc., an Amgen subsidiary) in combination with lenalidomide and dexamethasone and accelerated approval to panobinostat (FARYDAK capsules, Novartis Pharmaceuticals) in combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma

**2014 August:** FDA approves bevacizumab solution for intravenous infusion (Avastin, Genentech, Inc.) for the treatment of persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin or paclitaxel and topotecan

**2013 November:** FDA grants accelerated approval to ibrutinib (IMBRUVICA, Pharmacyclics, Inc.) for the treatment of patients with mantle cell lymphoma (MCL) who have received at least one prior therapy

**2012 September:** FDA approves regorafenib (Stivarga tablets, Bayer HealthCare Pharmaceuticals, Inc.), for the treatment of patients with metastatic colorectal cancer who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy

**2011 April:** FDA approves abiraterone acetate (Zytiga Tablets, Centocor Ortho Biotech, Inc.) for use in combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer who have received prior chemotherapy containing docetaxel

**2010 June:** FDA approves cabazitaxel (Jevtana Injection, sanofi-aventis) for use in combination with prednisone for treatment of patients with metastatic hormone-refractory prostate cancer previously treated with a docetaxel-containing regimen

**2009 March:** FDA approves everolimus tablets (AFINITOR, Novartis) for treatment of advanced renal cell carcinoma after failure of treatment with sunitinib or sorafenib

**2008 December:** FDA approves degarelix for injection (Ferring Pharmaceuticals Inc., Parsippany, NJ), a new gonadotropin-releasing hormone receptor antagonist, for the treatment of patients with advanced prostate cancer.

**2007 May:** FDA approves Doxorubicin HCl liposome injection (Doxil) for use in combination with bortezomib in patients with multiple myeloma

**2006 September:** FDA approves Vectibix (panitumumab; Amgen) for the treatment of colorectal cancer

**2005 December:** FDA approves Nexavar (sorafenib tosylate) to treat adults with advanced renal cell carcinoma, the most common type of kidney cancer

# Taking Steps in the Right Direction

*New screening methods, promising treatments help wage battle against cancer*

Estimates indicate that roughly one in three women, and one in two men will develop cancer during their lifetime. Since the declaration of the War on Cancer in the 1970s, advances in screening and treatment have considerably improved the survival rates of cancer patients. Patients with less advanced disease have improved outcomes, and consequently, earlier detection of tumors may improve prognosis for patients. For example, the 5-year survival rate for patients with colorectal cancer, which is the second leading cause of cancer mortality, is 90% for patients with precancerous lesions or localized disease, but is significantly lower for those with more advanced disease. Therefore, routine screening in accordance with guideline recommendations represents a significant step in reducing cancer-associated mortality. Indeed, one estimate suggests that increased screening has decreased the incidence of colorectal cancer by approximately 550,000 cases between 1976 and 2009.

Recent years have witnessed the emergence of rapid, less-invasive, and more cost-effective screening techniques. The introduction in 2014 of Cologuard, a non-invasive test that detects colorectal cancer using a stool sample, offers an important alternative to conventionally used screening techniques such as colonoscopy.

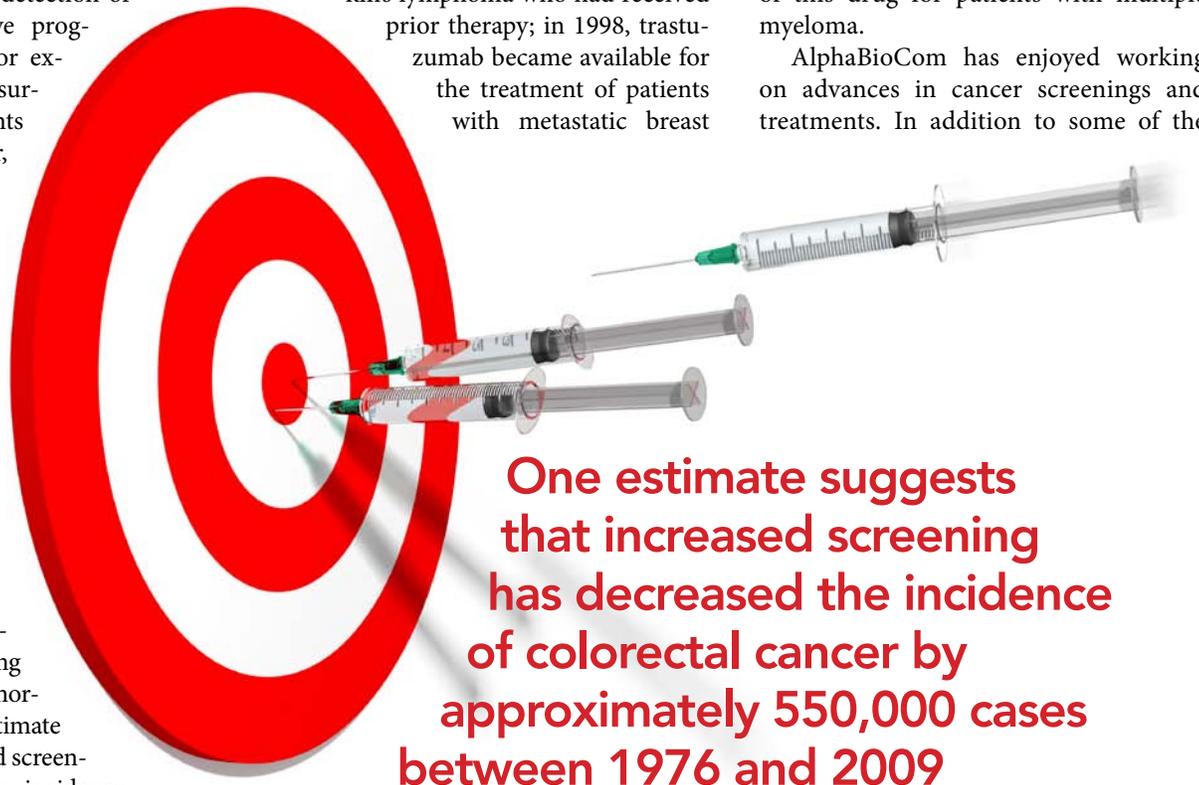
In addition to the development of new screening methodologies, several exciting and promising novel treatments have become available for oncology patients within the past decade. Until the 1990s, chemotherapy, radiation therapy, and hormonal therapy, employed individually or in combination, together with surgery,

were the cornerstone of cancer treatment. The emergence of targeted therapies, which are designed to attack a subset of tumors with a specific mutation, has revolutionized cancer treatment, and has tremendously improved patient outcomes.

In 1997, rituximab, the first targeted therapy, received approval for the treatment of patients with B-cell non-Hodgkin's lymphoma who had received prior therapy; in 1998, trastuzumab became available for the treatment of patients with metastatic breast

development, including ibrutinib. Ibrutinib inhibits the function of BTK, a protein that is aberrantly expressed in a number of leukemias and lymphomas. Ibrutinib received FDA approval for the treatment of patients with mantle cell lymphoma or chronic lymphocytic leukemia who have previously been treated. Phase 3 studies are under way investigating the potential of this drug for patients with multiple myeloma.

AlphaBioCom has enjoyed working on advances in cancer screenings and treatments. In addition to some of the



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cancer with HER2 positive tumors; in 2001, imatinib received approval for the treatment of patients with chronic myelogenous leukemia whose tumors are positive for Philadelphia chromosome, a specific mutation commonly found in this cancer. Since the advent of these pioneering drugs, more than 60 targeted therapies have been approved for various indications or are under clinical de-

velopment. In addition to some of the aforementioned products and screening tests, we have also scientifically supported work in cervical cancer screening, and treatments for prostate cancer, non-small cell lung cancer, diffuse large B-cell lymphoma, and multiple myeloma. We look forward to the continual advances in cancer screening and treatment and the ability to prevent cancer and improve patients' lives.

For more information, guidelines, and tips on finding cancer early, please visit [www.cancer.org/healthy/findcancerearly](http://www.cancer.org/healthy/findcancerearly)

# A Decade of Delights on the Silver Screen

*The last 10 years have seen the revival of 3D movies and the rise of motion capture and superhero flicks*

In the past 10 years, so much has changed about the Silver Screen and our collective moviegoing experiences, but a few things remain the same—escapism is king, franchises rule, and tentpole movies are still cash cows at the box office.

The top five movies of 2005 (in terms of worldwide gross) were all science fiction movies. *Harry Potter and the Goblet of Fire* was the international box office champion, putting a spell on audiences to the tune of \$896 million. *Star Wars Episode III: Revenge of the Sith* (the top-grossing domestic film of the year) used the Force to pull in \$848 million, followed by *The Lion, The Witch, and the Wardrobe* (\$745 million), *War of the Worlds* (\$591 million), and *King Kong* (\$550 million).

Amazingly, three movies have already passed the \$1 billion mark worldwide in 2015 (as of July 31), and not surprisingly, they're all escapist, franchise installments: *Jurassic World* has pulled in a whopping \$1.559 billion thus far by simply recycling the previous three movies in its franchise, *Furious 7* has raced to \$1.511 billion, and *Avengers: Age of Ultron* has battled its way to \$1.398 billion. Kid-friendly *Minions* (\$854 million) and *Inside Out* (\$602 million) are not far behind, along with the decidedly not kid-friendly *50 Shades of Grey* (\$569 million).

Certainly, the resurgence of 3D and the increase in IMAX movies (not to mention the double-whammy “IMAX 3D presentation”) has resulted in increased ticket sales, but that might not be as significant as you think. According to Statista.com, the average North American ticket price in 2005 was \$6.41. In 2015, thus far, the average ticket price is \$8.12. Certainly an increase, but not as dramatic as one might expect (especially since this writer can remember paying \$9.50 in 2005 for an opening weekend showing of *Revenge of the Sith* as compared to \$18.50 for an IMAX 3D showing of *Avengers: AoU* a few months ago).

Ten years ago, 3D movies were rare to find in the theaters. That changed in 2009, when the massive success of *Avatar* ushered in a new age of 3D motion pictures. Just six years later, it's nearly impossible to find an action/adventure or animated



From top: The top-grossing movie worldwide in 2005 was *Harry Potter and the Goblet of Fire*; *Avengers: Age of Ultron* saw the reunion of Marvel's mightiest heroes and broke \$1 billion in worldwide box office totals in 2015; Andy Serkis has become the premier actor for motion capture, including his portrayal of Caesar in the *Planet of the Apes* movies and Gollum in the *Lord of the Rings* trilogy; Pixar's *Inside Out* is among the top moneymakers of 2015.

movie that does not offer a 3D option. The same can be said for the comic book/superhero genre. In 2005, only two of the top 20 highest-grossing movies were based on characters who originally appeared in comic books. In 2014, four of the top 10 movies (6 of the top 20) were superhero movies.

Computer generated imagery and motion capture technology have advanced by leaps and bounds in recent years. Many forget (or at least, try to forget) that Jar Jar Binks was a fully CGI-rendered character back in 1999, but the master of the motion capture has surely become Andy Serkis. From Gollum in the *Lord of the Rings* trilogy, to the titular *King Kong*, to *Planet of the Apes'* Caesar, Serkis has earned rave reviews and Oscar buzz for his performances, and the animators and artists he has worked with have helped create seamlessly integrated characters into numerous movies.

Of course, with options such as Netflix, as well as movies being released as Video On Demand via home cable systems—plus the typical complaints about movie theater prices and inconsiderate patrons—it may be no surprise that in 2014, an estimated 1.26 billion people purchased movie tickets, the lowest number since 1995, according to The Hollywood Reporter.

This year seems to be turning around that trend, though official estimates are unavailable. But with three \$1-billion movies already in the books, and a winter ledger that includes a new Pixar entry (*The Good Dinosaur*), the latest installment in the James Bond (*Spectre*) series, the finale of the Hunger Games series (*Mockingjay Part II*), and, of course, *Star Wars: The Force Awakens*, 2015 is looking like a strong year in the theaters.

What do the next 10 years hold? What up-and-coming stars will be the next decade's leading men and women? Will the likes of Daisy Ridley, Elizabeth Olsen, Dwayne Johnson, Chris Hemsworth, Jamie Bell, and Chris Pratt be the top money-earners in Hollywood, or will they fade away? Pass the popcorn, and let's find out!

# Coming Together for a Common Cause

I had been riding in the American Cancer Society's ACS bikeathon for longer than I had had any personal connection to the disease. In 2012, however, the ride took on a much more personal meaning to me as my mother-in-law was diagnosed with a very aggressive form of cancer in February 2012. Three months after her diagnosis, she lost her battle with the disease. With the ACS bikeathon looming in July—barely two months after—I focused my efforts on that ride and that cause. I gathered a team of riders, discovered and nurtured a solid support group and learned to utilize social media to improve awareness and gain team members and donations.

In addition, I had participated in numerous American Cancer Society Relays for Life over the last dozen years. When my older daughter, Julie, was looking for a bat mitzvah project, she decided to take the reins of The A-Team (in memory of my mother-in-law,



AlphaBioCom Medical Editor Craig Ostroff and his daughter Sydnee pause from walking the track at the 2015 Relay for Life of the Wissahickon Valley.

Arlene) for the June 2013 Relay for Life of Montgomery County. She recruited friends and family, created a walking schedule, led the fundraising efforts, and raised nearly

\$4,000 for cancer research and awareness.

We participated in the 2014 edition of the Relay for Life as well. And when my younger daughter, Sydnee, needed to choose a bat mitzvah project this year, she never had a second thought as to where she wanted to devote her time and energy. On May 29-30, The A-Team took to the track at Wissahickon High School in Ambler, PA, during the 2015 Relay for Life of the Wissahickon Valley.

We were a part of 53 teams comprising more than 700 participants who helped raise more than \$167,000 toward cancer research, treatment, and awareness. For my daughter, this was an opportunity to help defeat the disease that took away her Mommy, to see the survivors and caregivers who have benefited from past Relays for Life and other ACS fundraising efforts, to help make a difference in the community, and to see the people from different schools and walks of life come together for a common cause.

## MEET THE STAFF

### Craig Ostroff, Medical Editor



As AlphaBioCom's Medical Editor, Craig is responsible for quality control; copy-editing; online journal submissions; and fact-checking of all manuscripts, abstracts, slide decks, posters, and internal and external communications.

Craig graduated from Pennsylvania State University with a Bachelor of Arts degree in Journalism and a minor in Sociology.

He began his career in journalism at Montgomery Media in Fort Washington, PA. Advancing from Sportswriter to Associate Sports Editor, Craig was promoted to Managing Editor, where he spent 9 years overseeing the daily workings of the newsroom, and spearheaded the company's transition from a print-only product to newspapers plus a continuously updating online presence.

He has spent time as a writer/editor/photographer for a local high school sports website and served as a Publication Manager and as Manager of Centralized Editors for the community magazine division at Yellowbook/hibu. He has won more than a dozen state and national awards for writing and editing.

*Craig joined AlphaBioCom in October 2014.*

### Jennifer Tyson, PhD, Scientific Communications Manager



As a Scientific Communications Manager, Jennifer works with the scientific lead and assists with development of abstracts, posters, slide decks, and both primary data and review manuscripts.

Jennifer received her Bachelor's Degree in Neuroscience from Smith College, Northampton, Mass.; and earned her Doctorate in Neuroscience from Cornell University. She served a Post-doctoral Fellowship at the Children's Hospital of Philadelphia.

She received a Training Grant in Developmental Biology while at Cornell and was awarded the Howard Hughes Medical Institute Fellowship in two consecutive years while studying at Smith College. She has served as an Adjunct Faculty Member at Arcadia University and as a Consultant with PBG Healthcare Consulting. She has co-authored numerous papers that have been published in various medical journals.

*Jennifer joined AlphaBioCom in November 2014.*



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