// Annual Report

New Opportunities FOR Innovation

2018

The Ruesch Center
for the Cure of Gastrointestinal Cancers

AT GEORGETOWN LOMBARDI
COMPREHENSIVE CANCER CENTER

In Grateful Recognition of Jeanne W. Ruesch and Family

The Ruesch Center for the Cure of Gastrointestinal Cancers owes its existence to the vision and generosity of Jeanne W. Ruesch. Her late husband Otto, a prominent businessman and philanthropist, was treated for pancreatic cancer at the Lombardi Comprehensive Cancer Center, but died in 2004.

Over the course of Otto's year-long battle with the disease, the Ruesch family came to recognize an urgent need for increased focus — and funding — to develop better drugs and treatment options for patients with gastrointestinal cancers. In 2009, Ms. Ruesch made a financial commitment to support the establishment of a new center dedicated to that goal. Her and her family's generosity encouraged and sustained us as we grew into a leader in patient-centered GI cancer care and research — and continues to inspire us today.

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The Ruesch Center continues to investigate the complex underlying biomechanics of a broad variety of GI cancers, as well as the most promising treatment strategies and approaches.

Fighting GI cancers is a team sport — and the Ruesch Center is serving as a key convener and facilitator of cooperation among medical practitioners, advocacy groups and medical organizations.

Essential to our mission are our efforts to prevent the occurrence of GI cancers and, for those who have been diagnosed, to help them live life more fully as we work to treat and cure their illness.

Message from the Director

Over the past nine years, I have seen our Center grow from a promising but amorphous idea into a solid institution.

—John Marshall, MD

Serving as the director for the Ruesch Center for the Cure of Gastrointestinal Cancers has been one of the most challenging and rewarding periods in my career. Over the past nine years, I have seen our Center grow from a promising but amorphous idea into a solid institution.

Jeanne Ruesch's vision has become real — and the Center that was brought into being thanks to her generous seed grant is now solidly on its own two feet. Her support gave us the precious time we needed to establish our own internal structure and processes, as well as networks, coalitions, and partnerships with other cancer providers, locally, nationally, and even around the world.

As I look back on the last year in particular, it feels in some ways like the conclusion of our initial chapter. We have continued the core functions that have defined us — outstanding patient care, sponsoring and conducting advanced research, and serving as a convener and facilitator of collaboration among our diverse partners and allies.

One important change that occurred last year was that our Center is now supported by the MedStar Georgetown Cancer Institute, which extends across the MedStar system, far beyond the MedStar Georgetown University Hospital itself. Two measurable impacts of this change have been even better patient care, and rising numbers for clinical trial participation.

More importantly, the change means that we enjoy the combined support of the university, the Lombardi Comprehensive Cancer Center, and the broader MedStar Georgetown Cancer Institute. Thanks to this support, our overhead is remarkably low, which allows us to devote almost all of the philanthropic support we receive to research grants.

That support has also allowed us to establish a variety of other initiatives that have become yearly traditions — including our symposium, golf tournaments, and other events that raise money — that have helped us reach a point where we are essentially self-sustaining.

Of course, we cannot, and will not, rest until we have fulfilled our mission: curing GI cancers once and for all. Still, I believe this is a time to celebrate our coming of age, and the realization of the vision that Jeanne Ruesch had a decade ago to honor the memory of her late husband, Otto J. Ruesch.

I truly believe that the future is brighter than any of us could have imagined only nine short years ago.

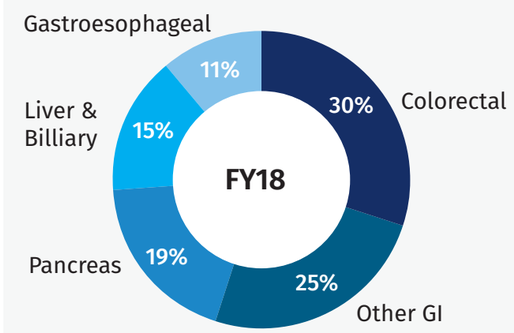
John Marshall, MD
Ruesch Center Director

Care, Research, and Innovation

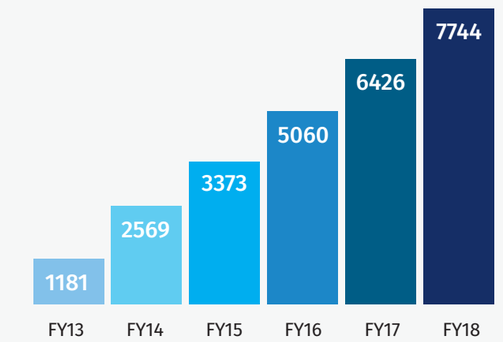
One of the hallmarks of our Center has been not only providing expert care to patients with GI cancers, but also helping to lead and fund innovative research into new treatment approaches. In the past fiscal year, we continued our work on both fronts.

For example, we continued seeing patients within the MedStar Georgetown University Hospital itself, as well as patients from across the MedStar system. We treated patients facing an array of GI cancers in proportions similar to previous years.

New GU Medical Oncology Patients in FY18, by Tumor Type



System-Wide GI Cancer Patients, by Year

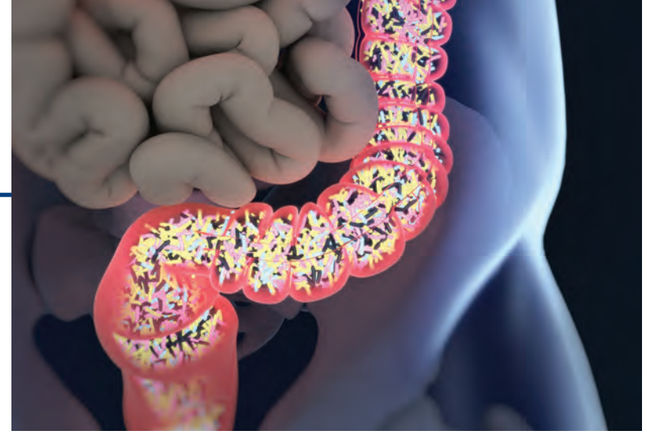


MedStar Georgetown Cancer Institute

This year, we officially joined the MedStar Georgetown Cancer Institute, the largest group of cancer care providers in our region. Because we are now connected to and supported by fellow Institute members, as well as Georgetown University and the Lombardi Comprehensive Cancer Center, we will be able to see and treat a growing number of patients from around the region.

Our Latest Trials

The Ruesch Center continues to investigate the complex underlying biomechanics of a broad variety of GI cancers, as well as the most promising treatment strategies and approaches.



Investigating the Role of the Microbiome in Fighting Colorectal Cancer

A Comparison Study of Intestinal Microbiota and Molecular Profiles of Colorectal Cancers in Young and Older Patients (COSMO-CRC)

→ *Co-investigators: Benjamin Weinberg, MD, John Marshall, MD, Hongkun Wang, PhD*

Over the past few years, medical researchers have noted an alarming increase in the rate of colorectal cancer among adults under age 45, along with an increase in the mortality rate those individuals have faced. Less well understood, however, is the reason or reasons for these alarming trends, and how to address them.

Benjamin Weinberg, MD, one of the Ruesch Center's newer faculty members, is leading an innovative study into one possible source for an answer: the microbiome, or the vast population of bacteria that live in a human's digestive tract. We have more than 1.5 trillion bacteria living in our gut, notes Dr. Weinberg, and beyond knowing that some are good and some are bad, there is no clear answer to the question of what their impact is on colorectal cancer initiation, development, and progression.

There have been some preliminary findings from studies in mice, suggesting that the presence of a particular bacterium, Fusobacterium nucleatum (F. nuc.), may be at least partly to blame for increased rates of colorectal cancer. Studies have found that mice whose digestive tracts contain this bacterium have a higher tendency to develop colorectal cancer; moreover, when the cancer moves to other parts of the body, the bacterium appears to travel with it. When researchers treat the mice with an antibiotic that targets the bacteria, the tumors actually shrink.

Weinberg's study is still in its early stages, and is currently examining tissues collected from patients after their initial diagnosis, and following their initial treatment. "In our study," Dr. Weinberg explains, "we're specifically interested in the younger patient population, so our trial involves enrolling patients who were diagnosed with colorectal cancer before the age of 45, and comparing them with a group who were diagnosed at 65 or older." Weinberg's team is collecting the subjects' untreated tumor tissue and performing bacterial profiling on the extracted DNA. Through this pioneering study, Weinberg is exploring the topic as very few other researchers have ever done.

The study's researchers have reviewed the first batch of data, from the older patients, and confirmed that the testing process works. The next step is to analyze data from the first cohort of younger patients for the same analysis. One goal of the study is taking a "shotgun approach" to generate hypotheses about what bacteria we find. Weinberg is also looking specifically at F. nuc. to see what its incidences are in the younger patient population.

Potentially, Weinberg thinks a future area of inquiry for the study may involve how to treat young individuals who have had colon cancers removed, and who have a high risk of the cancer coming back. It may be possible, Weinberg observes, for medical professionals to alter a patient's microbiome in order to prevent the occurrence of new colon cancers, or the same colon cancer returning.

Weinberg's research is being funded primarily through a partnership with the Colorectal Cancer Alliance, the generous support of the Honorable Peter Teeley and Dr. Victoria Casey, along with several other donors.

Finding More Precise Ways to Target the Vulnerabilities in GI Cancer Cells

Posttranscriptional Regulation of PARG mRNA by HuR Facilitates DNA Repair and Resistance to PARP Inhibitors

→ *Co-investigators: Jonathan Brody, PhD, Michael Pishvaian, MD, PhD*

Some types of cancer cells have DNA repair deficiencies that allow them to be sensitive to inhibitors of a repair enzyme called poly (ADP-ribose) polymerase (PARP). Michael Pishvaian, MD, PhD is leading a study exploring the role of PARP inhibitors in patients who have GI cancers with defects in certain tumor suppressor genes called BRCA. Using CRISPR technology (an acronym for Clustered Regularly Interspaced Short Palindromic Repeats), the study is investigating two related matters: first, the underlying genetic defects of cancer cells that can make them vulnerable to treatment; and second, the ability of specific drugs to damage the cancer cells' ability to repair their own DNA.

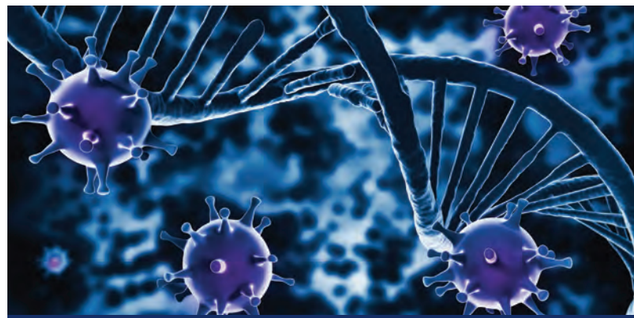
Our hope is that for any patient whose cancer cells have a specific genetic abnormality, we can find a drug, or drug cocktail, that will be optimal. This work has implications for all types of cancer, but we are focused on its impact on GI cancers.

"Although our work on PARP inhibitors is still at an early stage, we are already finding more effective ways to kill cancer cells that have defects like BRCA genes," says Dr. Pishvaian. "Our next generation of research will go beyond PARP and BRCA to find ways to interfere with other DNA damage repair mechanisms in cancer cells."

Pishvaian's current study builds on the work of an earlier Ruesch-sponsored study that examined the responsiveness of a group of different genetic mutations to one specific drug cocktail. The new study will take a similar approach, but compare a group of cell mutations to a much broader array of drugs. We expect that the results will allow us to design clinical trials to bring us significantly closer to being able to customize each patient's course of treatment based on the subtle mutations of genes within their tumor cells, thereby increasing the effectiveness of treatment.

We believe our approach has key advantages over other lines of inquiry. First, this phase of our work can be done in the laboratory, where we can place specific genetic mutations into a model cell type, and then observe the responsiveness of a range of DNA damage repair drugs inactivate those particular mutations. Second, once we've tested these drugs against a spectrum of genetic mutations, we will be looking for patterns. For example, PARP inhibitors might work for one specific BRCA mutation, but there may be other DNA damage repair inhibitors that will be more effective for other mutation types.

"Ultimately," says Dr. Pishvaian, "we want to equip oncologists with the information that basically says, 'For this kind of mutation, this specific cocktail will work the best.'"



"Our next generation of research will go beyond PARP and BRCA to find ways to interfere with other DNA damage repair mechanisms in cancer cells."

Finding New Ways to Prevent Cancer Cells from Surviving

// Last year, Arielle Heeke, MD, co-authored a paper regarding a collaborative investigation of homologous recombination DNA damage repair (HRD) and targeted therapies.

A recent paper, a collaboration between Georgetown, Caris, and Thomas Jefferson University, highlighted the important research underway at GU on homologous recombination DNA damage repair (HRD) and targeted therapies. One of the paper's noteworthy goals was to quantify the magnitude of the problem, as approximately 13% of all cancer patients have problems related to PARP repair enzymes.

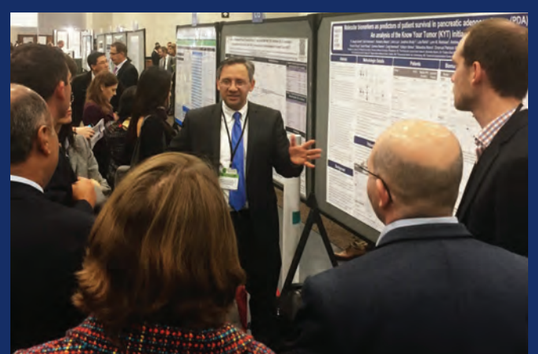
In the paper, Arielle L. Heeke, MD and her collaborators explored the interaction between HRD and mutations in a number of genes in DNA repair pathways, which act as important targets in the treatment of many cancers, particularly those with an inherited aspect. PARP and other inhibitors of genes mutated in this pathway could prove to be very effective treatments in combination with cytotoxic therapy or with other targeted therapies. The theory is that when a mutational error occurs in one HRD pathway, DNA repair can occur via an alternate pathway. But if the alternate pathway is also blocked, cell replication becomes impossible and the cell dies.

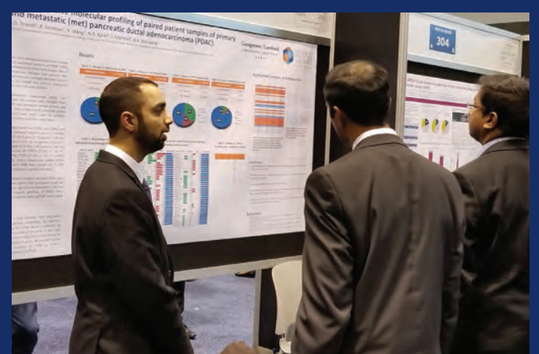
This is a very promising area of research that requires much more work and collaboration, both of which are occurring under the leadership of Mike Pishvaian, Jonathan Brody and others.

Prevalence of Homologous Recombination–Related Gene Mutations Across Multiple Cancer Types

Co-authors: Arielle L. Heeke, Michael J. Pishvaian, Filipa Lynce, John L. Marshall, and Claudine Isaacs, Georgetown University, Washington, DC; Joanne Xiu, Wang-Juh Chen, and Tabari M. Baker, Caris Life Sciences, Inc., Phoenix, AZ; and Jonathan R. Brody, Thomas Jefferson University, Philadelphia, PA.

Published online in JCO Precision Oncology, July 23, 2018.



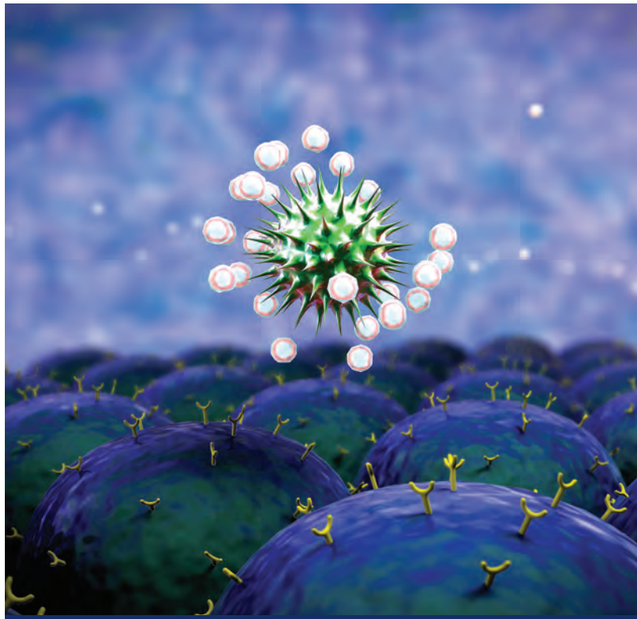


// The Center is highly active in sharing the results of its research. Above, Drs. Michael Pishvaian and Neel Trivedi present findings with other leading researchers in GI cancers.

Partnering with NIH on Ways to Engage the Immune System to Combat Colon Cancer

CLINICAL TRIAL: A Randomized Phase II Trial of Standard of Care Alone or in Combination with Ad-CEA Vaccine and Avelumab in Patients with Previously Untreated Metastatic or Unresectable Colorectal Cancer

→ *Co-investigators: Sunnie Kim, MD; Julius Strauss, MD*



Typically, colon cancer does not respond to immunotherapies, but we're hoping that a clinical trial being led by Sunnie Kim, MD in partnership with researchers at National Institutes of Health (NIH) will allow us to find a way to achieve this much needed response.

Originally the brainchild of researchers at NIH, the study is a first-line trial for patients with stage IV colon cancer, which is seeking ways to induce immunogenicity — the provoking of the body's immune system to combat cancer cells. The approach combines standard of care chemotherapy with a vaccine targeted against CEA, an antigen or protein commonly expressed in colon cancer, plus another drug called a PD-L1 checkpoint inhibitor, which has been approved for other types of cancers.

One of the novel aspects of this study is the NIH's ability to bring together drugs from several different pharmaceutical companies, an approach that cannot commonly be implemented outside of the NIH. We believe that our strong partnerships with community oncologists will make our center an ideal location to further the trial. Over the past year, we have worked closely with several pharmaceutical companies to convince them of the advantages to all parties involved of opening this study at the Ruesch Center and Georgetown Hospital.

"We know that the immune system is really important in keeping tumors at bay, and in many patients, causing remission," says Kim. "We now need to find a way to do that in colon cancer." The study will involve a total of 70 patients, and after the study opens up at Georgetown, we are hoping to finish accruing patients within the next two years.

"We know that the immune system is really important in keeping tumors at bay, and in many patients, causing remission," says Kim. "We now need to find a way to do that in colon cancer."

Ruesch-funded Research: Leveraging Resources to Spur Innovation

A core mission of the Ruesch Center's work in research has been to grant seed money to fund the early phases of promising research, giving researchers at MedStar Georgetown University Hospital, and the MedStar network, the financial support they need to collect initial findings that may help them attract more significant funds for subsequent studies.

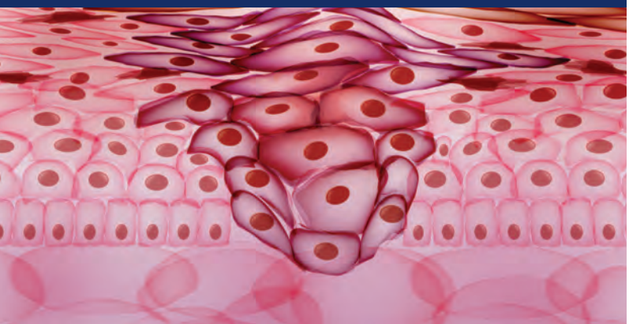
In the past year, we continued this tradition, issuing research grants totaling almost $200,000. In fact, as of the end of the current fiscal year, since we opened our doors, the Center has awarded nearly $1 million in grants, most of which have been in the $25,000-$50,000 range. Below are descriptions of two of these promising research projects.

Assessing the Value of Cadherin-11 as a Biomarker and its Role in Pancreatic Stellate Cell Activation, Pancreatic Ductal Adenocarcinoma Progression and Local Pancreatic Immune Modulation

→ *Co-Investigators: Ivana Peran, PhD, Shahin Assefnia, DVM, Stephen Byers, PhD, Michael Pishvaian, MD, PhD*

Patients diagnosed with pancreatic adenocarcinoma (PDAC) generally have a bad prognosis, and there is still much to learn about the biology of this disease. The Ruesch Center has invested in related preclinical and clinical research, mostly through supporting research collaborations between the Department of Oncology, tumor biology research section, and Lombardi's Histopathology and Tissue Shared Resource and the Innovation Center for Biomedical Informatics.

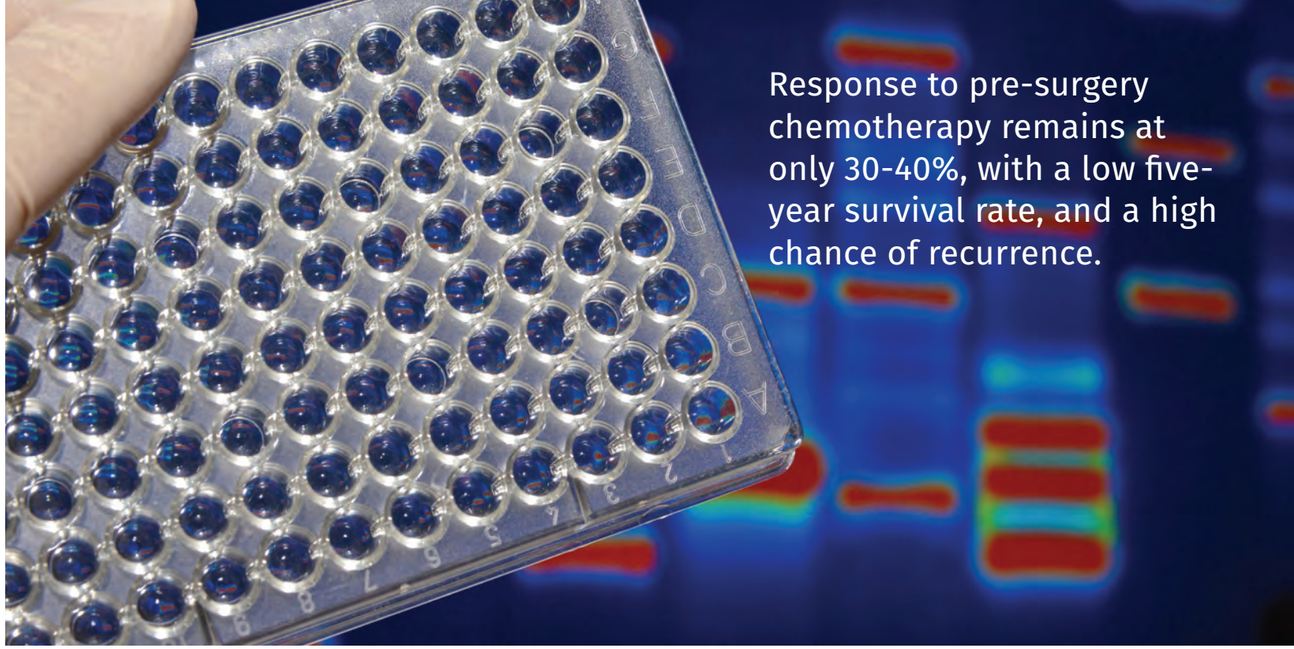
Taken together, the data indicate that inhibiting the cadherin-11 (CDH11) protein may improve the effect of immunotherapy on pancreatic adenocarcinoma.



One example of this focus on investment is the Ruesch-funded study of Principal Investigator Ivana Peran, PhD and the Ruesch Center's Michael Pishvaian. One finding over the past year was that most of the PDAC patient samples tested expressed high levels of the cadherin-11 (CDH11) protein, compared with normal pancreas tissue. The data showed that pancreatic stellate cells (PSCs, which are associated with pancreatic cancer in humans and mice), express CDH11 once they are activated. Importantly, when CDH11 expression in these cells is inhibited in mice, pancreatic cancer progression is also significantly inhibited, and a variety of immune-related biomarkers, including those associated with antigen presentation, are changed.

Taken together, these data indicate that inhibiting CDH11 in PDAC may improve the effect of immunotherapy. Preliminary clinical data on a small number of patient samples show that around 30% of human PDAC specimens do not express CDH11, roughly corresponding to the proportion of PDAC that is responsive to immunotherapy.

In ongoing research, the team is studying CDH11 expression in a larger number of PDAC patient samples. In the near future, when a pancreatic tissue microarray project under the guidance of Dr. Benjamin Weinberg is complete, Peran and her team will use those results to expand their study.



Response to pre-surgery chemotherapy remains at only 30-40%, with a low five-year survival rate, and a high chance of recurrence.

Identification of Predictive Molecular and Immune Biomarkers to Neoadjuvant Chemotherapy In Resectable Gastric and Gastroesophageal Cancers

→ *Co-investigators: Sunnie Kim, MD, Waddah Al-Refaie, MD, Shervin Shafa, MD*

The current standard of care for patients with locally advanced gastric and gastroesophageal (GEJ) cancers begins with chemotherapy, then surgical resection followed by more chemo. However, response to pre-surgery chemotherapy remains at only 30-40%, with a low five-year survival rate, and a high chance of recurrence.

Also challenging is that there are no tried-and-tested biomarkers to predict a patient's response. Newer treatments such as immune therapy using checkpoint inhibition, have shown promise in patients with advanced disease when chemotherapy is provided before or after surgery. For this reason, doctors need immune biomarkers that can predict who will benefit from these therapies.

Sunnie Kim and others on her team hope to provide a personalized treatment approach to patients with locally advanced gastric and GEJ cancers. As a first step, they are identifying both molecular and immune biomarkers of treatment response. In this Ruesch-funded study, the investigators performed biopsies on tumor and normal tissue samples taken from 20 patients with gastric or gastroesophageal cancers. The Nontherapeutic Studies Shared Resource provided clinical information (i.e. survival and outcome data), which was used to identify biomarkers that could be of interest in a prospective trial.

Molecular profiling of biopsy samples is being performed by CARIS Life Sciences, based on prior work at Lombardi. A variety of candidate immune subsets are being examined, as well as the differences in density between immune cells in normal tissue, and those at the margins and centers of the tumors. The goal will be to identify molecular and immune biomarkers for testing in a prospective study.

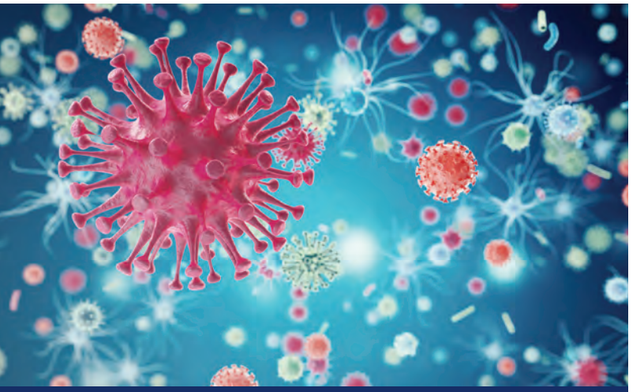
This pilot study should serve as a foundation to better understand the role of molecular and immune factors important in response of gastric and GEJ cancers to current treatments and newer immunotherapies. Based on these preliminary results, we will apply for future funding to identify optimal tailored therapy in a setting of a clinical trial for patients with gastric cancer.

Innovation & Progress: Highlights of Important Clinical Trials

A Phase I/II trial of the PD-L1 inhibitor, Durvalumab (MEDI4736) plus CV301 in Combination with Maintenance Chemotherapy for Patients with Metastatic Colorectal or Pancreatic Adenocarcinoma

→ *PI: Michael Pishvaian, MD, PhD*

Collaborating Institutions: Mayo Clinic, Indiana University, Emory University, National Cancer Institute (NCI), George Mason University, Thomas Jefferson University, MedImmune LLC, and Bavarian Nordic, Inc.



Pishvaian's study focuses on the safety, tolerability and recommended dosage of the PD-L1 inhibitor durvalumab used in combination with the cancer vaccine CV301in in treating colorectal and pancreatic cancers.

Dr. Pishvaian is also conducting a study to determine the safety and tolerability, and the recommended Phase II dose, of AstraZeneca's PD-L1 inhibitor Imfinzi (durvalumab) when used in combination with CV301, Bavarian Nordic's cancer vaccine, together with maintenance chemotherapy. His study has two major components — one examining this combination in the treatment of colorectal cancer, and another investigating its use for treating pancreatic cancer.

The Phase 1/2 trial will begin with a lead-in study to determine the safety and tolerability of the combination, as well as the recommended Phase 2 dose of durvalumab in combination with CV301 and chemotherapy. The Phase 2 portion of the study will consist of two parallel trials, enrolling up to 26 patients for each disease setting.

This trial will be conducted in conjunction with Dr. Jeffrey Schlom, Chief of the Laboratory of Tumor Immunology and Biology and Dr. James Gulley, Chief of the Genitourinary Malignancies Branch (Head, Immunotherapy Section) in the Center for Cancer Research, NCI, NIH, along with Dr. Steve Byers at Georgetown, Dr. Jonathan Brody at Thomas Jefferson University, and Dr. Chip Petricoin at George Mason University.

Clinical Trials

Clinical trials are an important treatment option for GI cancer patients. The Ruesch Center continues to maintains a large portfolio of clinical trials.

Nearly 20%

of eligible patients were enrolled in phase 1, phase 2 or phase 3 clinical trials in FY18.

A Phase 2, Fast Real-time Assessment of Combination Therapies in Immuno-Oncology Study in Participants with Advanced Gastric Cancer (FRACTION-Gastric Cancer)

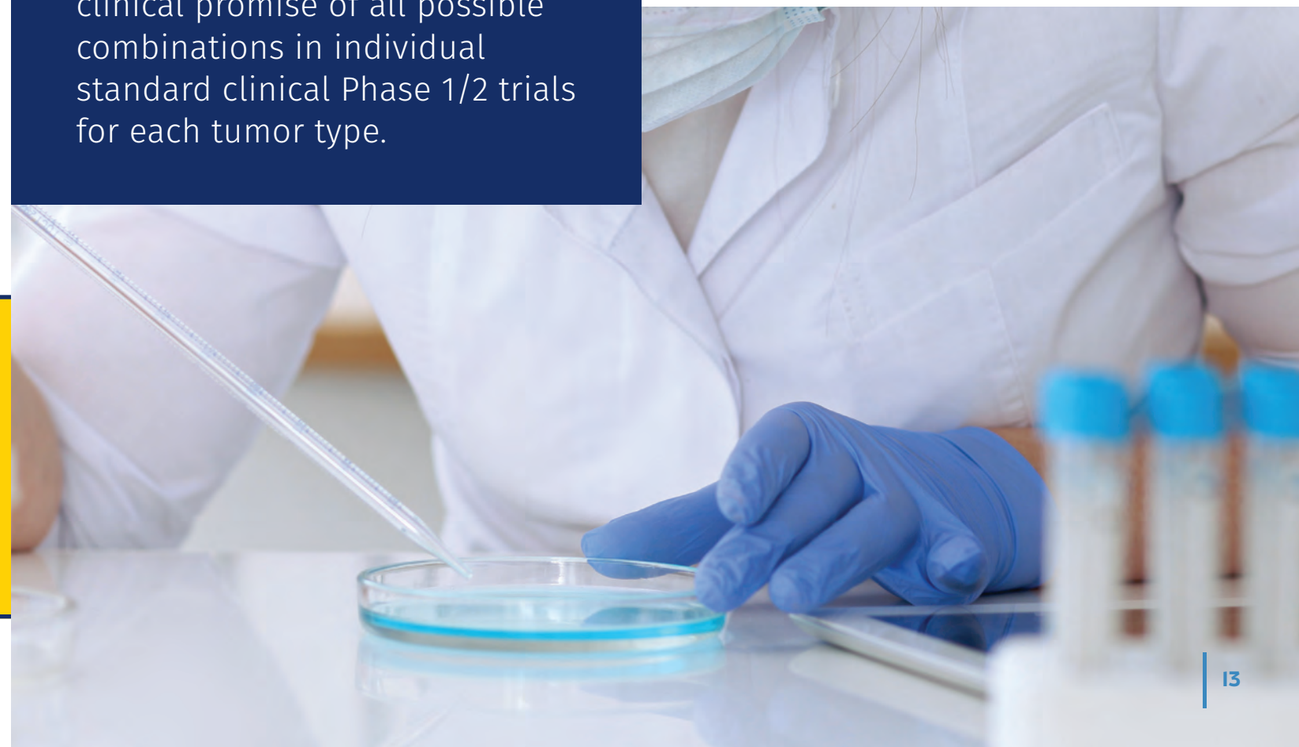
→ *PI: Rom Leidner, MD*

Pharmaceutical companies like Bristol-Myers Squibb (BMS) often have extensive portfolios of agents that span a variety of targets including the immune system, as well as agents that directly target tumor cells. The sheer number of agents, however, can make it inefficient to test the clinical promise of all possible combinations in individual standard clinical Phase 1/2 trials for each tumor type. It would take too long to discover which combinations, in which tumor types, should be prioritized for a Phase IIb or Phase III clinical trial with the intent of obtaining initial FDA approval and getting effective treatments to patients in a timely manner.

The sheer number of agents can make it inefficient to test the clinical promise of all possible combinations in individual standard clinical Phase 1/2 trials for each tumor type.

The BMS "FRACTION" Program consists of several studies of combinations of BMS's novel agents in a range of specific tumor types. The FRACTION-Gastric Cancer study has sub-protocols, and the Ruesch Center's Sunnie Kim, MD is overseeing one of these sub-protocols. The studies within this program will use innovative trial designs to quickly assess the impact of new agents in study participants, with the goal of reducing the time and number of participants required to bring these therapies to those who will benefit from them.

Dr. Kim's study in patients with advanced gastric cancer will evaluate the preliminary efficacy, safety, tolerability, and drug interactions of the drug BMS-986205 (an experimental metabolic enzyme implicated in immune modulation) used in combination with nivolumab (an immune checkpoint inhibitor that has been U.S. Food and Drug Administration approved for a number of different cancers).



Partnerships

Fighting GI cancers is a team sport — and the Ruesch Center is serving as a key convener and facilitator of cooperation among medical practitioners, advocacy groups and medical organizations.

GI CAN

In the past fiscal year, we continued our collaborative partnership with GI Cancer Alliance Network (GI CAN), a global coalition of cancer centers and hospitals, pharmaceutical firms, academic institutions, and health care consulting firms. The alliance aims to establish Smart Centers around the world that will deliver innovative, high-quality cancer care while promoting high volume molecular profiling and fast-track drug development. Designed to respect local cultures, GI CAN will expand GI cancer treatment to communities and countries that help build knowledge through clinical trials but do not yet benefit from the new science.

GI CAN's founding members have strongly supported Georgetown University as GI CAN's organizing institution and "honest broker" for the public/private partnerships GI CAN embraces. To further the effort, in the past fiscal year we began the process of hiring a fellow in global cancer research to work internally with scientific and medical leadership to define research projects around the world. This person will play a central role in coordinating profiling and clinical research activity across the global network in the US and worldwide in tight collaboration with and support of the GI CAN team members.

The fellow (whose final selection was still underway as this report was going to press) will also work to identify and address barriers to international collaboration, and assess the various standards, costs and participation rates related to clinical research. This new full-time researcher will also work to identify regional knowledge gaps as well as potential strategic partners for financial and project support.

www.ruesch.georgetown.edu/GICAN

GI Cancers Alliance

By their nature, GI cancers require multidisciplinary care, involving coordination and teamwork among specialists in oncology, radiology, surgery, and other disciplines. In this way, as Dr. John Marshall has commented, fighting GI cancers is a "team sport."

At the Ruesch Center, we have been working hard to break down the artificial barriers between these disciplines to drive toward a more holistic and effective course of treatment for our patients. But at the same time, we recognize that the field needs closer coordination in cancer centers across the country, and around the world.

To that end, we have continued our work in strengthening the connections and collaborations between the disparate players through our leadership in the GI Cancers Alliance. Since we launched this initiative in 2015, we have seen membership in the alliance grow to a total of 35 advocacy organizations and 8 industry partners.

In the past year, the Ruesch Center worked with fellow members of the Alliance to conduct an anonymous survey of GI cancer survivors to help identify areas where support and services may be lacking. We also unveiled a Treatment and Survivorship Care Plan, and are now working to create a Global Gastric Cancer Advocacy Plan.

Last but not least, we released a series of videos in collaboration with Cure Connections that provide cancer patients, their loved ones, and care providers with a variety of insights and resources.

www.gicancersalliance.org

GI Cancers Alliance Members

A Range of Outreach & Support Activities

In addition to our work caring for patients and driving cutting-edge research and clinical trials, last year we continued to engage with our patients, allies and others in a broad variety of venues.

// In addition to oncology physicians or surgeons, our multidisciplinary care teams may include nurse practitioners, medical assistants, social workers and others as needed.

// The Ruesch Center team includes specialists with expertise not only in GI oncology, but across the spectrum of GI cancers, including pancreas, colorectal, liver and gastric.

// We and our partners keep our focus on patients and their loved ones. At our charity golf event, even the caddies carried messages recognizing the loved ones lost to GI cancers.

// Active in both the clinic and the community, our teams participated in events such as PurpleStride (pancreatic cancers) and Scope It Out (colorectal cancers).

// Leepo Yu (center, beside her husband), benefitted from close coordination among her extended support team at the Ruesch Center.

One Patient's Story: Leepo Yu

For the last seven years, Leepo Yu has been battling colon cancer. She considers herself lucky, thanks to her treatment under the care of an expert, multidisciplinary team.

Team members include the Ruesch Center's Drs. John Marshall, Keith Unger, and Blair Marshall (no relation). The surgeries, chemo, and radiation therapy she has gone through have kept her tumor under control and, for the most part, allowed her to live a normal life.

In late 2010, Ms. Yu was experiencing abdominal pain on her left side. Eventually she had surgery, which uncovered a tumor on her colon. To find an oncologist, she researched and spoke with her former colleagues at NIH. In the course of her research, Dr. John Marshall's name came up several times.

In 2011, she began consulting with Dr. Marshall, who started her on chemotherapy, followed by radiation. The treatments were effective and, for a year and a half Yu experienced no other problems. "In 2012," she recalls, "we found some nodules on both sides of my lungs. Dr. Marshall advised waiting until the following year before considering surgery. In 2013, Dr. Blair Marshall [Chief of Thoracic Surgery at Medstar Georgetown] performed the surgery."

In the years since, Dr. Blair Marshall has performed two additional surgeries to remove nodules; the most recent one, in late 2017, found a nodule that was growing rapidly. Dr. John Marshall recommended more chemotherapy, followed by radiation. As this report was being written in summer 2018, Ms. Yu was going through another round of chemo.

"I call Dr. Marshall a 'thinking doctor,'" Leepo Yu says, "because I believe he truly thinks outside the box. He also has a sense of humor at the right times, so we get along quite well."

"Looking back, I don't think I could have done things any differently," Yu observes. "I'd had colonoscopies according to schedule, but somehow this tumor was overlooked. It's been almost seven years since I started on this journey and, until recently, I've felt basically disease-free. I exercise, travel, and don't really feel any impediments. Overall, I think I got off rather easily, and feel very lucky."

Leepo Yu and her husband, Victor, have become closely connected to the Center, not only as generous donors, but also through their involvement as avid participants in the Center's Symposia and other events. Fighting cancer is a team sport — and from the doctors and infusion nurses on her care team, to the valets and garage attendants who greet her on each visit, the Ruesch Center has worked as a team to help Leepo in her battle.

A Valuable Source of Strategic Guidance

Gilad Gordon, MD has been involved with the Ruesch Center since before the beginning. In 2004, when his father, Yoram Gordon, was battling pancreatic cancer, the younger Gordon met the specialist helping his father at the Lombardi Comprehensive Cancer Center, John Marshall, MD.

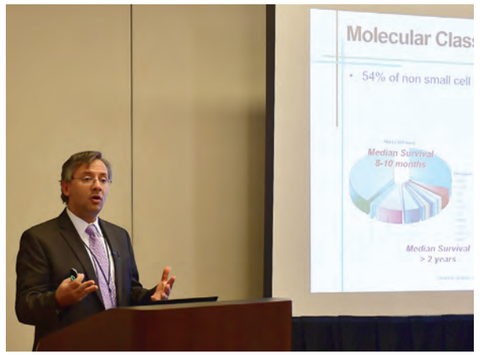
Over the course of many visits and consultations regarding his father's treatment, Gilad Gordon and Marshall became close professional colleagues. However, despite fighting a valiant battle under Dr. Marshall's care, Yoram Gordon eventually succumbed to his disease in 2006.

// Advisory Board Chair Gilad Gordon, MD (left) and Ruesch Center Director John Marshall, MD.

In 2008, when Jeanne Ruesch made the initial donation that established the Ruesch Center, Dr. Marshall reached out to Dr. Gordon to serve on the Center's new advisory board, of which he has served as chairman since 2009. **"It's been very rewarding to work with my fellow board members,"** says Gordon. **"To the extent we have succeeded, it's due very much to Jeanne Ruesch's unstinting support, and to the thoughtful leadership of John Marshall."**

The more we learn about pancreas cancer, the more we realize that effective treatment approaches need to be individualized, and a molecular profile will give the patient and the doctor more information about that specific tumor … Patients need more options than what we can offer today.

— Dr. Michael Pishvaian, quoted in an article on Let's Win, an online platform for pancreatic cancer patients, doctors, and researchers



Publications

In the past fiscal year, our number of publications was on the rise, reflecting our ongoing emphasis on not only conducting research, but sharing our finding with the broadest possible medical audience. In addition, our publications have appeared in journals with strong impact factors, a measure of the frequency with which a journal's articles have been cited by others. We also increased our communication via less traditional channels (including Facebook, MedScape and others) to broaden knowledge of GI cancer and provide educational resources to the general public.

Ruesch Center Publications, by Year

Visibility & Reach: 2018 Numbers at a Glance

Twitter Impressions
353,200

Website Pageviews
16,273

Facebook Impressions
183,328

Email Subscribers (avg.)
4,572

Education, Advocacy and Outreach

Essential to our mission are our efforts to prevent the occurrence of GI cancers and, for those who have been diagnosed, to help them live life more fully as we work to treat and cure their illness.

Ruesch Reels

Ruesch Reels is an exciting new educational video initiative, building on our successful live educational events for patients and clinicians. We have already developed a great deal of expert content through our symposiums and other filmed events and through the Ruesch Reels initiative, we're working to repurpose and organize that content so that it can be distributed to a much broader audience, including healthcare professionals, patients, and industry partners.

Scheduled to go live on our website in early 2019, the Reels will eventually include dozens of short (1-3 minute) videos on specific topics, and several slightly longer videos. The video files will be organized in topical modules that we can disseminate for use in live events, webinars, and other uses. To help make it happen, we're also working with partners to help fund the development and distribution of these video materials.

www.ruesch.georgetown.edu/RueschReels

Ruesch Center Symposium

In December 2017, we held our 8th annual Ruesch Center Symposium, and attendance at the event continued its growth trend. Under the theme "Fighting a Smarter War against Cancer: Innovations in GI Cancer," the event attracted more than 500 attendees over three days, and featured 45 expert presenters and more than 20 exhibitors. The content reflected our ongoing focus on innovations and, with more than 10,000 social media hits, the event succeeded in pushing out our content to an ever-widening audience.

We also continued our joint programming partnership with OncLive, allowing us to videotape many of the presentations and panel discussions for sharing with a far broader audience online.

// Panelists at the "Living Well with GI Cancer" discussion included a patient, nurse practitioner, patient advocate and the former chief of NCI's Office of Cancer Survivorship.

// Cancer survivor Michael Robertson shared his own experiences with Symposium attendees

// The Center's Dr. Patrick Jackson led a presentation and discussion with Drs. Nadim Haddad and Keith Unger on "Innovations in Local Therapy."

The Announcement of the First Luminary Awards in GI Cancers

As a special part of the Symposium, we announced the first-ever recipients of the Luminary Awards in GI Cancers. We inaugurated this program to recognize renowned clinicians, researchers, patients, and advocates who have devoted their time, talents, and resources to improving care for patients and families who are affected by GI cancers.

Elizabeth Wrege, a former patient at the Ruesch Center and now a member of its advisory board, was invited to introduce one of the Luminary awardees, Henry T. Lynch, MD, MS, FACP, FAACR. Just a few years before, Wrege herself had been diagnosed with Lynch Syndrome, an elevated risk for uterine, ovarian, and other cancers. As devastating as that diagnosis had been, it helped Wrege and her husband make important decisions about the future.

"Having the opportunity to meet and thank Dr. Lynch for saving my life was so gratifying and moving. He is such a humble, kind, and appreciative person, and was so gracious about hearing my thoughts and thanks. The breakthroughs that he made allowed me to have a very full life with my family, and to share that with him was a real gift."

// Former Ruesch Center patient Elizabeth Wrege had the honor to meet and introduce awardee Dr. Henry Lynch, whose work was critical in her own successful treatment.

// In December 2017, the Ruesch Center recognized five renowned leaders in the battle against GI cancers

The 2017 Luminary Award recipients:

- **Julie Fleshman, JD, MBA,** Pancreatic Cancer Action Network
- **Daniel G. Haller, MD, FACP, FRCP,** Abramson Cancer Center, University of Pennsylvania
- **Henry T. Lynch, MD, MS, FACP, FAACR,** Creighton University School of Medicine (discoverer of Lynch Syndrome, hereditary color cancer
- **Frank McCormick, PHD, FRS,** University of California, San Francisco Helen Diller Family Comprehensive Cancer Center
- **Andrew l. Warshaw, MD, FACS, FRCSED (HON),** Harvard Medical School, Massachusetts General Hospital

Summer Internship Program

This summer, we continued our tradition of providing a rigorous program of inquiry for 12 students in our summer internship program. Interest in and applications to the program have steadily grown, and participation has become increasingly competitive.

This year, our interns once again had shadowed different physicians and participated in important research projects aiming to improve knowledge and outcomes regarding GI related diseases.

One intern project explored the use of biologics in treating inflammatory bowel diseases, which are often precursors for GI cancers. The project also sought insights into which influences are most important in a patient's choice of certain treatment (including doctor's recommendation, safety and efficacy, social and other media, and the advice of family or friends). Additional projects included developing a computer algorithm to support radiologists performing specialized ultrasound readings during organ transplantations, molecular profiling and the impact of profiling in the treatment of different types of cancers. Several of our summer intern projects are currently being prepared for presentation or submission to different national research meetings.

// Our summer interns participated in a variety of research activities and other experiences — gaining valuable insights and contributing to our body of knowledge.

// Center staff attended and participated in EuropaColon, a meeting of GI cancer advocates from across Europe.

Advocacy Activities

Over the past year, the Ruesch Center was more visible than ever, thanks in part to our robust, ongoing outreach activities with thousands of individuals locally and around the world. These activities ranged from participating in in-person meetings and forums to disseminating advocacy materials and resources online.

Young Adults with GI Cancer Treetop Adventure

GI cancer can be an all-consuming battle — which makes it especially important to occasionally stop and smell the roses, or in this case, the treetops. In a special event we co-sponsored with the Colorectal Cancer Alliance, we helped patients with young-onset colorectal cancer and other GI cancers experience an exhilarating journey through the forest canopy. Participants overcame a variety of obstacles, performed pulse-pounding Tarzan swings, and raced down breathtaking zip lines—all with an incredible view of Washington, DC's Rock Creek Park.

// Along with the Colorectal Cancer Alliance, we co-hosted an exhilarating and fun treetop adventure, specifically for patients with young-onset colorectal and other cancers.

PurpleStride

We continued our involvement with PurpleStride, the Wage Hope to End Pancreatic Cancer event in June 2018 in Washington, DC, fielding a team of almost 20 runners and walkers, who together met our $1,000 fundraising goal.

// The Ruesch Center continued its tradition of participating in the Pancreatic Cancer Action Network's PurpleStride event.

Scope it Out 5K and Fun Run

In March 2018, friends and supporters of the Ruesch Center geared up to participate in the Washington DC Scope it Out 5K and Fun Run. Not only was it a time to gather with friends and peers and enjoy some exercise in the brisk morning air, but the team also raced past its $500 fundraising goal to secure $2,254 in donations to the Colorectal Cancer Alliance.

// Despite chilly weather, the Center was well-represented at the Colorectal Cancer Alliance's Scope It Out event.

2nd Annual Ruesch Center Classic Golf Tournament

Because of our connections with industry allies and efforts by the Friends of the Ruesch Center, we were able to hold our charity golf event at Potomac at Avenal Farm. The event allowed us to make connections with people and organizations who had never before interacted with the Center.

// With the help of a longtime ally, we were able to hold our event at one of the region's most beautiful golf courses.

// Thanks to efforts by the Friends of the Ruesch Center, we expanded our list of participants to include leaders in a variety of industries and fields.

// Stefan Porsok (left), a clinical observership participant, with John Marshall and former Ruesch Center fellow Marwan Al-Hajeili, at ASCO's 2018 national meeting.

Sharing New Perspectives and Insights with International Colleagues

In the last fiscal year, we saw cowntinued success in our International Clinical Observership program. The program provides participating physicians with in-depth knowledge of the treatment of gastrointestinal cancers — including research, program building, and patient care. With fees designed to offset costs, the program allows the observer to accompany medical staff through their daily hospital and academic routines, and share their experiences with doctors, residents, research staff, and students.

Our most recent participant was Dr. Isabella Tavares, a medical oncologist from Brazil, who shared this reflection:

"I recently had the honor and opportunity to participate in the International Observership offered by the Ruesch Center. In my opinion, gaining another perspective on the management of patients with cancer diagnoses is very important in becoming a better professional, and an opportunity that every doctor should take advantage of."

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In FY 2018, we received a record-setting level of financial support, with total donations for the year **surpassing $967,000**, including donations from **more than 450 first-time donors**.

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