ABOUT US

The Angeles Clinic and Research Institute was established by board-certified oncologists dedicated to providing state of the art cancer diagnoses and treatment in a compassionate environment. The Clinic’s physicians include widely recognized oncologists and leaders in cancer medicine who, together with expert radiology services, specialized oncologic nurses, and a dedicated support staff, have created an exceptional center for oncology in the Los Angeles area. In addition to superb clinical care, our physicians are known for their world-class clinical research. The Institute has earned an international reputation for developing new cancer therapies, providing the best in traditional and experimental treatments, and expertly guiding and training the next generation of clinicians and researchers.

OUR PHYSICIANS

Peter D. Boasberg, MD
Ali R. Borghei, MD
Cathie T. Chung, PhD, MD
Kevin Drake, MD
Omid Hamid, MD
Daniel J. Lieber, MD
Silvana Martino, DO
Lawrence D. Piro, MD
Melani P. Shaum, MD

MEET OUR STAFF

Omid Hamid, M.D.

Dr. Hamid is Chief of Clinical Research and Director of the Melanoma Program at The Angeles Clinic and Research Institute. He earned a Bachelor of Science degree in physiological sciences from UCLA and a medical degree from the University of Southern California (USC), Keck School of Medicine. He completed an internship and residency in internal medicine, and a fellowship in oncology at USC. Dr. Hamid is board certified in both internal medicine and medical oncology.

After his training, he served as Associate Director of the Melanoma Center and as Medical Director of the Neuro-Oncology program at USC. Dr. Hamid joined The Angeles Clinic and Research Institute in 2007. He has faculty appointments at both USC and the John Wayne Cancer Institute. Dr. Hamid has practice privileges at Saint John’s Health Center, Cedars-Sinai Medical Center and UCLA/Santa Monica-Hospital and Medical Center.

Dr. Hamid has many critical roles within our clinic. These include clinical care, research, administration and educational functions. As Chief of Clinical Research, he is responsible for the coordination and management of a large research portfolio for the entire clinic. It is through this vital role that the clinic has access to cutting edge treatments for multiple tumor types, thus ensuring that we can provide our patients with the most promising new therapies.

As director of the Melanoma Program, Dr. Hamid leads a multidisciplinary team dedicated to ensuring unsurpassed personal care for each patient. This includes offering a comprehensive selection of cutting edge research trials that encompass immunologic therapy, cell-cycle targeted therapeutics, anti-angiogenic therapy, and other novel treatment options.

Please join Dr. Hamid at the third annual Melanoma Education Symposium on March 24, 2012, from 8AM-1PM at the Four Points by Sheraton in Culver City, California, as he, and other invited experts, present an update on the exciting therapies being discovered in the treatment of melanoma. To register, visit http://theangelesclinicfoundation.org/melanoma-symposium.
UPCOMING EVENTS

For more information, please call us at (310) 582-7909

MELANOMA EDUCATION SYMPOSIUM

March 24, 2012, 8:00 AM-1:00 PM
Four Points Sheraton Hotel
Los Angeles, CA

JWCI ODYSSEY BALL

April 21, 2012
Beverly Hilton Hotel
Beverly Hills, CA
www.jwci.org • (310) 315-6111

BREAST CANCER SEMINAR

April 22, 2012, 3:00-5:00 PM
Smith College Club of Los Angeles
Studio City, CA

BREAST CANCER SEMINAR

May 3, 2012, 7:00-9:00 PM
Temple Beth Hillel
Valley Village, CA

THE MELANOMA PROGRAM

The Melanoma Program at The Angeles Clinic and Research Institute is under the guidance of Dr. Omid Hamid and Dr. Peter Boasberg. It is one the largest clinical and research programs for melanoma in the US, and attracts patients worldwide. In addition to expert clinical care for all stages of melanoma, the program provides a large selection of new and experimental therapies. Two new drugs, Yervoy and Zelboraf, that were studied in our program have been recently approved by the FDA. A particularly important part of our research portfolio is the phase I program which makes new drugs available to patients at the earliest time points in the drug development process.

NEW DRUGS

During the past year, three new drugs studied at The Angeles Clinic have been approved by the FDA.

1. YERVOY (ipilimumab) for melanoma
2. ZELBORAF (vemurafenib) for melanoma
3. ERIVEDGE (vismodegib) for basal cell skin cancer

A fourth drug, AFINITOR (everolimus) used in hormone receptor positive breast cancer is expected to be approved later this year.

JOIN US AS WE CELEBRATE

On Saturday, April 21, 2012, the John Wayne Cancer Institute Auxiliary, at its annual ODYSSEY BALL, will honor Dr. Lawrence Piro, our President and CEO, with the prestigious “The Duke” award in honor of his many career achievements. It will be a spectacular event. Please join us in attending this very special celebration.

www.jwci.org

HOW TO RECEIVE FUTURE ISSUES

You may request future issues of this newsletter by e-mailing your request to:

smartino@theangelesclinic.org

Visit our website at
www.theangelesclinic.org

or call us at (310) 582-7900
or (310) 231-2121
1. PROSTATE CANCER

ZYTIGA (ABIRATERONE ACETATE)

This recently approved treatment is an androgen suppressant that reduces the production of testosterone (a male hormone) for use in combination with prednisone in patients with metastatic castration-resistant prostate cancer who have been previously treated with docetaxel (Taxotere) containing chemotherapy. Its approval is based on an international randomized study of 1,195 men with advanced prostate cancer. Survival was superior with the combination of prednisone and abiraterone versus prednisone alone.

2. MELANOMA

YERVOY (IPILIMUMAB)

This drug is a human cytotoxic T-lymphocyte antigen (CTLA-4) blocking antibody for treatment of unresectable or metastatic melanoma. Its approval was based on an international randomized trial of 676 patients with unresectable stage III or IV melanoma who had progressed on prior therapy. The Angeles Clinic and Research Institute was a major contributor to this study. The group was randomized to ipilimumab alone, an experimental tumor vaccine (gp100) or the tumor vaccine (gp100) plus ipilimumab. Median overall survival was 6 months for those receiving the vaccine alone versus 10 months among those who received ipilimumab with or without the vaccine. This is the first treatment that has demonstrated an improved survival in patients with metastatic melanoma.

3. BREAST CANCER

AVASTIN (BEVACIZUMAB)

Avastin belongs to a group of drugs known as anti-angiogenesis drugs. They function by disrupting the formation of new blood vessels created near tumors. The building of blood vessels is critical for all biological structures including tumors. This process provides the pathways necessary for all nutrients to reach a tumor. If one is able to interfere with these pathways, a tumor cannot support its growth and in essence can be starved. Much excitement embraced this logical concept as a way to interfere with potentially all tumors.

Some of the early work with Avastin was done in metastatic breast cancer. Several studies demonstrated that the combination of Avastin and chemotherapy prolonged the time to tumor progression (growth) when compared to chemotherapy alone. What these studies failed to demonstrate, however, was a prolongation of survival. This failure, coupled with the side effects of Avastin, led the FDA to withdraw its prior approval in metastatic breast cancer. The rescinding of a prior FDA approval is an uncommon event in the field of oncology.

Though Avastin has demonstrated limited value in metastatic breast cancer, this does not imply that it has no value in other tumor types. Favorable results have been shown with lung, kidney, brain, colon and ovarian cancer. Its use remains under investigation with other tumors as well.

4. KIDNEY CANCER

INLYTA (AXITINIB)

This drug has been recently approved for the treatment of patients with advanced renal-cell cancers that have failed to respond to other therapies. Inlyta inhibits certain vascular growth factor receptors that promote tumor growth and angiogenesis (the formation of blood vessels). Approval was based on a study that included 723 men with advanced renal cancer that had progressed on one prior therapy. They were treated with either Inlyta or the drug sorafenib. Those given Inlyta had an improved outcome demonstrated both in tumor shrinkage and a longer time before tumor progression.
NAVIGATING OUR SYSTEM

1. NEW PATIENT APPOINTMENTS

We have two offices, one in Santa Monica (310 582-7900) and one in west Los Angeles (310 231-2121). We commonly refer to them as the Santa Monica office and the Wilshire office. By calling either number, and based on which doctor you have been referred to or your diagnosis, you will be transferred to a specific doctor’s assistant. If you are not referred to a specific doctor, one will be recommended to you based on your diagnosis. The assistant will obtain some information from you, give you instructions of what medical records to bring with you to your visit, and give you an appointment time and date. There are several forms to be filled out before you see the doctor. These will be mailed to you if there is sufficient time before your appointment or you will need to fill them out when you are in our office. Additionally, these forms can be e-mailed to you or downloaded from our clinic’s website.

2. RETURN APPOINTMENTS

We encourage you to make your return appointment before you leave our office. Otherwise, please call our office and ask to speak with the scheduling person who specifically works with your doctor.

RECENT PUBLICATIONS FROM THE ANGELES CLINIC AND RESEARCH INSTITUTE

**Boasberg PD, Redfern CH, Daniels GA, Bodkin D, Garrett CR, Ricart AD**

Pilot study of PD-0325901 in previously treated patients with advanced melanoma, breast cancer, and colon cancer.


**Hamid O, Boasberg PD, Rosenthal K, O’Day SJ**


J Surg Oncol. 2011 Sep;104(4):425-9


A prospective phase II trial exploring the association between tumor microenvironment biomarkers and clinical activity of ipilimumab in advanced melanoma.


Original Report: 4-year follow-up of trastuzumab plus adjuvant chemotherapy for operable HER2-positive breast cancer: Joint data of N9831 and B-31.


p53 Expression in Node Positive Breast Cancer Patients: Results from the Cancer and Leukemia Group B (CALGB) 9344 Trial.

Clinical Cancer Research. 2011, 17(15):5170-5178

**Chung C, Martino S**

Inflammatory Breast Cancer: the Road to Progress.

Oncology. 2011;25(3):280-282