# OVARY CANCER

*New Cases:* An estimated 25,400 new cases in the United States in 1998. It accounts for 4% of all cancers among women and ranks second among gynecologic cancers.

*Deaths:* An estimated 14,500 deaths in 1998. Ovarian cancer causes more deaths than any other cancer of the female reproductive system.

*Signs and Symptoms:* Ovarian cancer is often "silent," showing no obvious signs or symptoms until late in its development. The most common sign is enlargement of the abdomen, which is caused by accumulation of fluid. Rarely will there be abnormal vaginal bleeding. In women over 40, vague digestive disturbances (stomach discomfort, gas, distention) that persist and cannot be explained by any other cause may indicate the need for a thorough evaluation for ovarian cancer, including a carefully performed pelvic examination.

*Risk Factors:* Risk for ovarian cancer increases with age and peaks in the eighth decade. Women who have never had children are more likely to develop ovarian cancer than those who have. Pregnancy and the use of oral contraceptives appear to reduce the risk of developing ovarian cancer. Women who have had breast cancer or have a family history of breast or ovarian cancer are at increased risk. Mutations in BRCA1 or BRCA2 have been observed in these families. Another genetic syndrome, hereditary non-polyposis colon cancer, is characterized by colorectal cancer, endometrial cancer, and ovarian cancer. With the exception of Japan, industrialized countries have the highest incidence rates.

*Early Detection:* Periodic, thorough pelvic exams are important. The Pap test, useful in detecting cervical cancer, rarely uncovers ovarian cancer. Transvaginal ultrasound and a tumor marker, CA125, may assist diagnosis but are not recommended for routine screening.

*Treatment:* Surgery, radiation therapy, and chemotherapy are treatment options. Surgery usually includes the removal of one or both ovaries and fallopian tubes (salpingo-oophorectomy), and the uterus (hysterectomy). In some very early tumors, only the involved ovary will be removed, especially in young women who wish to have children. In advanced disease, an attempt is made to remove all intraabdominal disease to enhance the effect of chemotherapy.

*Survival:* Seventy-six percent of ovarian cancer patients survive one year after diagnosis; the 5-year relative survival rate for all stages is 46%. If diagnosed and treated early, the rate is 93%; however, only about 24% of all cases are detected at the localized stage. Five-year relative survival rates for women with regional and distant disease are 55% and 25%, respectively.

ACS facts & figures

**Five-Year Relative Survival Rates by Stage at Diagnosis***

| Site | All Stages % | Local % | Regional % | Distant % |
|---|---|---|---|---|
| Breast (female) | 84 | 97 | 76 | 21 |
| Cervix (uterus) | 69 | 91 | 49 | 9 |
| Colon | 62 | 93 | 67 | 8 |
| Endometrium (uterus) | 84 | 96 | 66 | 27 |
| Esophagus | 11 | 23 | 10 | 2 |
| Kidney | 59 | 88 | 60 | 9 |
| Larynx | 67 | 85 | 55 | 42 |
| Liver | 6 | 13 | 7 | 2 |
| Lung | 14 | 49 | 18 | 2 |
| Melanoma | 88 | 95 | 61 | 16 |
| Oral cavity | 53 | 81 | 42 | 18 |
| Ovary | 46 | 93 | 55 | 25 |
| Pancreas | 4 | 15 | 5 | 2 |
| Prostate | 89 | 100 | 94 | 31 |
| Rectum | 60 | 88 | 55 | 5 |
| Stomach | 21 | 61 | 23 | 2 |
| Testis | 95 | 99 | 97 | 72 |
| Thyroid | 95 | 100 | 94 | 45 |
| Urinary bladder | 81 | 94 | 49 | 6 |

*Adjusted for normal life expectancy. This chart is based on cases diagnosed from 1986 to 1993, followed through 1994.

Data source: NCI Surveillance, Epidemiology, and End Results Program, 1997.

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# State of New York

## Executive Chamber

**PROCLAMATION**

*WHEREAS*, attendant to the many health concerns facing women today are the various forms of cancer that laim too many of our mothers, daughters, sisters and other loved ones; one of the prevalent types of cancer affecting vomen is ovarian cancer, which is the fourth leading cause of death among women, following lung, breast and colon ancer; and

WHEREAS, it is estimated that during 1998, approximately 2,000 women in New York State will be liagnosed with ovarian cancer and more than 1,000 of them will die from this disease; and

*WHEREAS*, when the disease of cervical cancer is detected early, women have an 80 to 90 percent chance f surviving; however, ovarian cancer has few signs and symptoms; therefore, women with this disease are not usually liagnosed until this aggressive malignancy has spread beyond the ovary; and

*WHEREAS*, the highest incidence of ovarian cancer occurs among women who are 50 years of age and above; he risk particularly increases among women who are over 60 years of age; a woman is also at increased risk if there is family history of ovarian cancer; in addition, a woman who has had breast cancer or has never been pregnant is more ikely to develop this disease; all women, regardless of age or risk, should have an annual pelvic examination; and

*WHEREAS*, in 1995, legislation was enacted to establish the Ovarian Cancer Information Program within the Jew York State Department of Health; the Department's Ovarian Cancer Information Advisory Council has focused its fforts toward promoting awareness of ovarian cancer symptoms among women and health care providers; and

*WHEREAS*, it is crucial that all women in New York State take necessary steps by which they will learn to ecognize the symptoms and risk factors associated with ovarian cancer; women are encouraged to develop good health abits which include undergoing medical examinations regularly, so that any occurrence of a disease such as ovarian ancer may be detected in the early and treatable stage;

*NOW, THEREFORE*, I, George E. Pataki, Governor of the State of New York, do hereby proclaim March 998 as

*OVARIAN CANCER AWARENESS MONTH*

n the Empire State.

*G I V E N* under my hand and the Privy Seal of the State at the Capitol in the City of Albany this eleventh day of March in the year one thousand nine hundred and ninety-eight.

George E. Pataki

*GOVERNOR*

# State of New York

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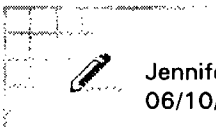
***GOVERNOR***



Jennifer L. Klein
06/10/98 10:59:08 AM

Record Type: Record

To: Phillip Caplan/WHO/EOP

cc:
Subject: Liz Tilberis

As a reminder, I am wondering how we can raise awareness about ovarian cancer through a presidential proclamation. You asked for more information about Liz Tilberis and ovarian cancer.

Liz Tilberis is the highly respected Editor -in-Chief of Harper's Bazaar. She was diagnosed with ovarian cancer in 1993 and recently published a book about her experience called No Time to Die.

Each year, 27,000 women are diagnosed with ovarian cancer. A women's risk over her lifetime of being diagnosed with ovarian cancer is 1 in 55, according the National Institutes of Health. From 1985 to 1995, NIH reported a 30 percent increase in cases of ovarian cancer.

Just let me know what we need to do next. Thanks for your help.

fax # 6-2878

Jen Klein

THE WHITE HOUSE

WASHINGTON

September 10, 1998

URGENT

MEMORANDUM FOR: FIRST LADY'S STAFF (MELANNE VERVEER)
PHIL CAPLAN (SEAN MALONEY)
CHARLES RUFF
THURGOOD MARSHALL, JR.
LARRY STEIN
BRUCE REED
CRAIG SMITH
MINYON MOORE
VIRGINIA APUZZO
STEPHANIE STREETT - FYI

FROM: Lana Dickey/Maureen Hudson
for DAN BURKHARDT

SUBJECT: (Draft Proclamation)
Ovarian Cancer Awareness Week

Attached for your review is the above-mentioned proclamation designating September 13-19, 1998, as "Ovarian Cancer Awareness Week."

It was submitted by the Department of Health and Human Services and edited/revised by the Presidential Letters and Messages Office.

IMMEDIATE ATTENTION REQUIRED. Written or oral response required by no later than 5:00 P.M. TODAY. IF WE HAVE NOT HEARD FROM YOU BY 5:00 P.M., WE WILL ASSUME THAT THE DRAFT IS ACCEPTABLE TO YOU.

For questions, discussion, or routine clearance, contact Lana Dickey, extension 65504, or Maureen Hudson, extension 65902, via phone or interoffice mail, in room 91. Thank you.

cc: Tim Saunders

OVARIAN CANCER AWARENESS WEEK, 1998

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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

We have many weapons at hand in our war against cancer, and among the most effective is early diagnosis. With ovarian cancer in particular -- sometimes called the "silent killer" because it shows no obvious signs or symptoms until late in its development -- early diagnosis can mean the difference between life and death. Of the estimated 26,000 American women who were diagnosed with ovarian cancer last year, an estimated 14,000 women died. Currently, almost 70 percent of women with ovarian cancer are not diagnosed until the disease is in its advanced stages; in many cases, the cancer has already spread by the time it is discovered.

We know relatively little about why some women develop this deadly disease. While every woman is at risk, we do know that ovarian cancer occurs somewhat more frequently in women who have never been pregnant. Women who have had breast cancer or who have a family history of breast or ovarian cancer are also at increased risk. There are other genetic factors as well that can affect the incidence of ovarian cancer.

We do have hope in our fight against this cancer. Scientists at medical centers and hospitals across our Nation are developing significant new information that holds promise for the future, particularly for research in genetic susceptibility and prevention, diagnostic imaging, screening and diagnosis, and treatment. For example, because of their knowledge about the ovarian cancer risk genes known as BRCA1 and BRCA2, researchers are now able to work on developing prevention and screening with women in families at high risk for ovarian cancer. These researchers are also making progress in the area of treatment through improvements in existing chemotherapy regimens.

While we take heart from these promising developments, we also recognize the need for a greater awareness and understanding of ovarian cancer. As we observe Ovarian Cancer Awareness Week and affirm our national commitment to fighting this devastating disease, I encourage all American women and their families to learn more about ovarian cancer, and I urge health care professionals to emphasize to their patients the importance of regular examinations. By doing so, we can build on the progress we have made in our crusade against cancer and ensure healthier, longer lives for women.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim September 13 through September 19, 1998, as Ovarian Cancer Awareness Week. I encourage the American people to observe this week with appropriate ceremonies and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-third.

**Lana Dickey**
07/21/98 06:20:35 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP

cc:
Subject: National Ovarian Cancer Awareness

Jen, what I understand from Phil Caplan and Dan Burkhardt is that this observance is being considered for a week instead of a month. And Dan's suggestion is a week in September when we are not heavy with proclamations, if possible. Is there a special week that you would suggest? As I mentioned on your voice-mail: we have one proclamation for the week of September 6; three proclamations for the week of September 13; three proclamations for the week of September 20; and six proclamations for the week of September 27 - October 3.

I would like to be able to call the National Ovarian Cancer Coalition and give them an answer to the request sent in to the President. Thanks, Lana.

# No Time to Die

Liz Tilberis

Liz Tilberis
No Time to D
Memoir

ISBN: 0-316-77674-2
Hardcover
$23.95/U.S.
304 pages
6-1/4 x 9-1/4

"An amazingly courageous woman tells her gripping story." -Linda McCartney

In 1993, Liz Tilberis seemed to have it all. She was a working mother with a family who adored her. As editor-in-chief of HarperÕs Bazaar, she lived at the center of the glamorous world of international fashion and was widely recognized as one of the most powerful people in the industry. Her days were filled with fashion shows and glittering parties. Her circle of friends included Karl Lagerfeld and the Princess of Wales.

That year she was diagnosed with ovarian cancer.

Liz Tilberis's life began conventionally enough, but her rebelliousness showed early on. By the time she was nineteen she had been expelled from one art school and was involved in a passionate romance with a teacher at another (an affair which ultimately led to a loving marriage). At age twenty-one, she landed a job at British Vogue, her entr e into one of the worldÕs most glamorous magazines.

Tilberis worked at Vogue for twenty-two years, rising from unpaid intern to editor in chief in a period that saw dramatic changes in both fashion and society. Through the same period, Tilberis also weathered personal trials. N told she was infertile, she underwent years of fertility treatments before she and her husband, Andrew, adopted their two sons.

But Tilberis's true career triumph came when she was hired to head Vogue's arch-rival, HarperÕs Bazaar. She and her family moved from London to New York and into the fashion "big time," where Tilberis was charged with revitalizing the jewel in the crown of the Hearst publishing empire. Her revamped Bazaar electrified

the fashion world and brought a new elegance to fashion publishing: designers' visions were brought to life in photo spreads conceived as works of art. In the midst of achieving this creative coup, Tilberis underwent major surgery and her first round of chemotherapy.

The therapy succeeded, but the cancer eventually recurred. This time, treatment involved an excruciating and life-threatening bone-marrow transplant. Although drained physically and emotionally, Tilberis conducted editorial meetings from her hospital bed.

Today, under Liz Tilberis's leadership, Harper's Bazaar is one of the world's fashion authorities. She also continues to fight on behalf of other cancer sufferers. As president of the Ovarian Cancer Research Fund, she is speaking out about a disease that, she believes, she developed because of the fertility treatments she underwent years before.

This lively, inspiring memoir offers a no-holds-barred look inside the world of fashion magazines and a candid account of a battle with a debilitating illness. Approaching every obstacle with optimism, humor, and grace, Liz Tilberis has written a story that celebrates life and the ultimate triumph of a passionate, determined, and courageous woman.

Praise for Liz Tilberis's *No Time to Die*

"This book is terrific, so straightforward, informative, humorous, and moving." -Tracey Ullman

"There is not a human being who does not ask herself the question "what if?" Liz TilberisÕs book, *No Time to Die*, is a story women everywhere will connect with, written with love, compassion, and openness. With her fortitude and fight, Liz creates a guide that brings home the impossible-to-imagine experience. Her indomitable spirit shines through on every page." -Donna Karan

"This may be a book for women, but men should read it too. ItÕs a marvelous lesson on hope. At the same time, one discovers a unique and courageous person." -Karl Lagerfeld

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Access No: 31236319980412 ProQuest - The New York Times (R) Ondisc
Title: After the Ball
Authors: Katherine Bouton
Source: New York Times Book Review,
Date: Apr 12, 1998 Sec: 7 Book Review Desk p: 26
Length: Long (1162 words) Type: Book Review-Favorable
Subjects: Books-titles; Books-authors; Death & dying; Nonfiction; Autobiographies; Ovarian cancer
Names: Tilberis, Liz; Ball, Aimee Lee

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Article Text:

NO TIME TO DIE By Liz Tilberis with Aimee Lee Ball. Illustrated. 292 pp. Boston: Little, Brown & Company. $23.95.

Just before Christmas of 1993, Liz Tilberis stood in the living room of her East Side townhouse greeting 250 of New York's most glittering guests: Ralph Lauren (who had designed her full-length plum velvet dress) and Calvin Klein, Isaac Mizrahi and Donna Karan, Blaine and Robert Trump, Paloma Picasso, Barbara Walters, a trio of her admiring bosses at Hearst, including Randolph Hearst himself. Flowering quince graced the mantels, sprays of exotic white lilies flanked the french doors, a jazz pianist played the grand piano. Occasionally Tilberis and her husband of 22 years, Andrew, would catch each other's eye and 'share the kind of silent, private exchange available to long-married couples.' Two years earlier, she had left her job at British Vogue to take over the ailing Har-per's Bazaar, and now, after a bitter and public personnel blood bath, she had brought the magazine around; in April it had won two National Magazine Awards. The exchange between husband and wife might have been one of triumph, the party the stuff of gossip columns, were it not for the fact that Tilberis was scheduled to have surgery the following morning for what would turn out to be Stage 3 ovarian cancer.

She told only one very close friend that night what she and her doctors suspected. But by February her condition was being mentioned routinely in this and other newspapers, mostly in the past tense, as if her surgery had been a one-time thing and she was now recovering. Readers of 'No Time to Die,' a frank, often moving and surprisingly funny memoir, deftly written with Aimee Lee Ball, will learn that her cheerful candor hid a great deal more than most suspected.

Tilberis has strong and persuasive views about how she came to be afflicted with this rare cancer. In her early 30's she underwent nine cycles of in-vitro fertilization, each time taking powerful hormone-stimulating drugs. A study published the year before Tilberis's cancer was diagnosed, by Dr. Alice Whittemore at Stanford University, had found that women treated with fertility drugs who later went on to have children were three times as likely as their peers to develop ovarian cancer, while those women who did not succeed in getting pregnant were 27 times as likely to develop the disease. Tilberis, who never conceived (she and her husband adopted their two sons), acknowledges that the Whittemore study has weaknesses (as does Whittemore herself) but remains convinced that the drugs she took were the cause of her later troubles.

Despite the limousines and designer clothes, the charity balls and Concorde flights, her friendship with the Princess of Wales ('Hello, it's Diana,' a voice on the phone says shortly after Tilberis's first operation. 'Diana who?' asks a befuddled Andrew Tilberis), Liz Tilberis sounds genuinely likable and down to earth. At 150 pounds ('practically illegal in our business') and prematurely gray ('I don't have the

attention span' for hair coloring), she never fit the fashion-editor mold. But that didn't stop her. Tilberis attributes her success to a 'combination of slavish work and great good fortune,' and her ups and downs in the fashion world make for a diverting if breathless account.

She knew from a young age that she wanted to work in fashion, and her sensible nature served her well as she rose through the ranks in the often manic environment of British Vogue. Her colleagues were a colorful bunch, and though most of her anecdotes are affectionate, she's occasionally disarmingly blunt. Arriving in New York to a suspicious and wary staff at Harper's Bazaar, she went through an uneasy transition. At the January Paris couture shows, soon after her arrival, she found herself 'sitting all alone in the front row. . . . The existing Bazaar staff was there, pointing and whispering, and Conde-Nast-ers publicly snubbed me as well. . . . Meanwhile half the fashion editors in the world were calling my hotel room and pressing notes into my hands, pleading for jobs. One woman followed me into a bathroom and stuck her resume under the door of the stall.' She is unafraid to name names when she thinks she's been wronged. In the fall of 1991, then the editor of British Vogue and in negotiations with Hearst, she made an appointment to see her boss at Conde Nast, S. I. Newhouse, in the hope he would talk her out of the change. 'If he had just dropped his habitual inscrutability for one moment to give me and British Vogue a vote of confidence I would have happily stayed on,' she writes. 'But by the time I walked out on the street, I knew exactly what I was going to do.'

She is also generous with her praise, even for her rivals, loyal to her friends and candid about herself, describing the abortion she had as a teen-ager, the pelvic inflammatory disease that left her infertile, the decision to adopt their two sons: 'I'm not a spiritual person. . . . But there's a part of me that believes Robbie and Chris are the sons Andrew and I were 'meant' to have. . . . It would not be possible to love them more if I had carried them in my womb.'

It is the narrative of her illness that weaves these disparate elements into the powerful reality of a life. In 1995 her cancer recurred, and this time her doctors recommended a harrowing regimen of massive doses of chemo-therapy followed by a bone marrow transplant. Early the next year, despite 'the ordeal and insult of highest-dose chemotherapy,' her cancer recurred, as it did in December of 1996 and again last July. 'Some women contract a variety of ovarian cancer so virulent that they are dead within 18 months, despite all intervention, while I and others live with ovarian cancer as if it's a chronic disease, periodically getting treated,' Tilberis writes. 'As more time passes, access to new drugs increases, offering greater hope and longer life.' For those who are skeptical that attitude can affect the course of a disease, her optimism offers a strong argument in its favor. 'Chemo is my least favorite thing to do in life,' she writes, 'and I hope to continue doing it for another 50 years.'

Tilberis has made her personal suffering into a crusade for better public awareness of ovarian cancer, and this book serves her cause. Comparisons with Betty Rollin's 'First, You Cry' are inevitable. One hopes that Tilberis, like Rollin, will succeed in bringing her disease to the public consciousness, and that it will lead to better screening for women at risk, better research into the causes and better treatment. And one hopes that Tilberis, like Rollin, will go on to a long and productive career that has nothing to do with cancer.

Caption:

Katherine Bouton is the deputy editor of The New York Times Magazine.

LEVEL 1 - 2 OF 85 STORIES

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PR Newswire

May 8, 1998, Friday

SECTION: Financial News

DISTRIBUTION: TO BUSINESS EDITOR

LENGTH: 1207 words

HEADLINE: Ovarian Cancer Patients Sought for Worldwide Study; Study of Nearly 700 Women to Examine Use of Investigational Agent in Preventing Chemotherapy Resistance;;
Trial Sponsored by Novartis

DATELINE: EAST HANOVER, N.J., May 8

BODY:

A phase III, multicenter clinical trial is seeking 698 women with advanced ovarian cancer to participate in a study evaluating the combination of standard chemotherapy with PSC 833 -- an investigational agent that may have the ability both to overcome pre-existing chemotherapy resistance and prevent the development of this resistance in patients whose tumors are responsive initially to treatment. The study, sponsored by Novartis, intends to enroll 698 patients in the United States, Canada, Europe, the Middle East, Russia and Australia.

Ovarian Cancer and Multidrug Resistance (MDR)

While most patients with advanced ovarian cancer respond initially to chemotherapy, as many as a quarter do not, and the great majority of responders eventually become resistant to a broad range of structurally and functionally unrelated chemotherapeutic agents. Known as multidrug resistance (MDR), this resistance occurs because a protein within the cancer cell membrane "pumps" out the cytotoxic drugs, thereby preventing these drugs from reaching toxic levels and causing the cell to die. Approximately 800,000 cancer patients annually are unable to receive the optimal benefit of chemotherapy because of MDR, a phenomenon that contributes substantially to morbidity and mortality.

"Even in later stages -- when it's most often detected -- ovarian cancer usually responds to treatment. However, after time, the disease often stops responding to chemotherapy," began Gail Hayward, President of the National Ovarian Cancer Coalition, Inc. "That's why it's important for patients to know about studies of these kind - so that potential treatments can be further evaluated and we can make inroads in the fight against ovarian cancer."

Description of the Study

Researchers will evaluate whether PSC 833, when administered in combination with paclitaxel and carboplatin chemotherapy can either reverse pre-existing MDR or prevent the development of MDR in those patients whose tumors are responsive initially to treatment, thereby improving survival compared with patients treated with chemotherapy alone. Study participants will be randomly assigned to one of twotreatment arms: chemotherapy alone or

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chemotherapy in conjunction with PSC 833. The study is seeking 698 patients with advanced (stage III or IV) ovarian cancer.

Multidrug Resistance

When a malignant tumor is resistant to a wide range of anticancer drugs, this phenomenon is known as multidrug resistance (MDR). While there are other mechanisms of MDR, the best understood results from the activity of a molecule known as P- glycoprotein (P-gp), which may be found in certain cellular membranes. A product of the mdr1 gene (multiple drug resistance gene), P-gp is found in high levels in many chemotherapy-resistant tumors and in low levels in chemotherapy-responsive tumors.

P-gp is expressed in some normal tissue; however, within the context of cancer chemotherapy, P-gp "pumps" certain cytotoxic drugs out of tumor cells. It thereby prevents these drugs from reaching toxic levels and destroying the malignant cells. Because P-gp forces out some cytotoxic drugs, cancers become resistant to certain chemotherapy and renders them unresponsive to this treatment. P-gp-mediated resistance is thus a significant clinical problem that might be mitigated by the development of a drug designed either to prevent P-gp expression in tumor cells or to reverse its effect. Findings from preclinical studies suggest that PSC 833, the investigational agent being evaluated in this study, may have the capacity to block the P-gp pump from expelling cytotoxic drugs from tumor cells and, thus, potentially prevent the malignant cells' loss of responsiveness to chemotherapy.

"Multidrug resistance is a problem for many ovarian cancer patients," said David Parkinson, MD, vice president, clinical research and head, U.S. oncology therapeutic area for Novartis Pharmaceuticals Corporation. "This study is designed to prevent the emergence of MDR and thus provide oncologists and their patients an additional option in treating advanced **ovarian cancer.**"

**Ovarian Cancer Incidence**

The American **Cancer** Society estimates that, in 1998, 25,400 American women will be diagnosed with ovarian cancer, and that approximately 14,500 women will die of the disease. Ovarian cancer usually shows no signs or symptoms until late in its development, and it causes more deaths than any other cancer of the female reproductive system.

PSC 833 Trials

Ongoing trials are assessing the efficacy of PSC 833 in acute myelogenous leukemia, multiple myeloma, non-Hodgkin's lymphoma, renal cell carcinoma, colon cancer and breast cancer, as well as ovarian cancer.

All study participants must be at least 18 years of age with a diagnosis of stage IV or suboptimally debulked stage III epithelial ovarian cancer or primary cancer of the peritoneum.

Novartis

Novartis Pharmaceuticals oncology products include Aredia* (pamidronate disodium for injection) for the treatment of osteolytic bone metastases in patients with multiple myeloma or breast cancer, hypercalcemia of malignancy, and Paget's disease; Femara* (letrozole tablets) for the treatment of advanced breast cancer in postmenopausal women with disease progression following antiestrogen therapy; Sandostatin* (octreotide acetate) for control of symptoms in patients with metastatic carcinoid and vasoactive intestinal

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peptide-secreting tumors (VIPomas), and for the treatment of acromegaly; and Sandoglobulin* (Immune Globulin Intravenous (Human) IGIV for the maintenance therapy for primary immunodeficiency syndromes and for the treatment of immune thrombocytopenia purpura. The company also has several oncology compounds in development, including a gene therapy for glioblastoma (a type of brain tumor).

Novartis Pharmaceuticals Corporation researches, develops, manufacturers and markets leading innovative prescription drugs used to treat a number of diseases and conditions, including central nervous system disorders, organ transplantation, cardiovascular diseases, dermatological diseases, respiratory disorders, cancer and arthritis. The company's mission is to improve people's lives by pioneering novel healthcare solutions.

Located in East Hanover, New Jersey, Novartis Pharmaceuticals, is an affiliate of the Novartis Group, a world leader in Life Sciences with core business in Healthcare, Agribusiness and Nutrition. In 1997, Novartis Group sales were 31.2 billion Swiss francs (U.S. $21.7 billion), of which 18.8 billion (U.S. $13.1 billion)were in Healthcare, 8.3 billion (U.S. $5.8 billion) in Agribusiness and 4.1 billion (U.S. $2.8 billion) in Nutrition. The company annually invests more than 3 billion Swiss francs (U.S. $2.1 billion) in R&D. Headquartered in Basel, Switzerland, Novartis employs about 87,000 people and operates in over 100 countries around the world.

SOURCE Novartis Pharmaceuticals Corporation
CONTACT: Gloria C. Stone of Novartis Pharmaceuticals Corporation, 973-781-5587

LANGUAGE: ENGLISH

LOAD-DATE: May 9, 1998

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Authors: Katherine Bouton
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Date: Apr 12, 1998 Sec: 7 Book Review Desk p: 26
Length: Long (1162 words) Type: Book Review-Favorable
Subjects: Books-titles; Books-authors; Death & dying; Nonfiction; Autobiographies; Ovarian cancer
Names: Tilberis, Liz; Ball, Aimee Lee

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Article Text:

NO TIME TO DIE By Liz Tilberis with Aimee Lee Ball. Illustrated. 292 pp. Boston: Little, Brown & Company. $23.95.

Just before Christmas of 1993, Liz Tilberis stood in the living room of her East Side townhouse greeting 250 of New York's most glittering guests: Ralph Lauren (who had designed her full-length plum velvet dress) and Calvin Klein, Isaac Mizrahi and Donna Karan, Blaine and Robert Trump, Paloma Picasso, Barbara Walters, a trio of her admiring bosses at Hearst, including Randolph Hearst himself. Flowering quince graced the mantels, sprays of exotic white lilies flanked the french doors, a jazz pianist played the grand piano. Occasionally Tilberis and her husband of 22 years, Andrew, would catch each other's eye and 'share the kind of silent, private exchange available to long-married couples.' Two years earlier, she had left her job at British Vogue to take over the ailing Har-per's Bazaar, and now, after a bitter and public personnel blood bath, she had brought the magazine around; in April it had won two National Magazine Awards. The exchange between husband and wife might have been one of triumph, the party the stuff of gossip columns, were it not for the fact that Tilberis was scheduled to have surgery the following morning for what would turn out to be Stage 3 ovarian cancer.

She told only one very close friend that night what she and her doctors suspected. But by February her condition was being mentioned routinely in this and other newspapers, mostly in the past tense, as if her surgery had been a one-time thing and she was now recovering. Readers of 'No Time to Die,' a frank, often moving and surprisingly funny memoir, deftly written with Aimee Lee Ball, will learn that her cheerful candor hid a great deal more than most suspected.

Tilberis has strong and persuasive views about how she came to be afflicted with this rare cancer. In her early 30's she underwent nine cycles of in-vitro fertilization, each time taking powerful hormone-stimulating drugs. A study published the year before Tilberis's cancer was diagnosed, by Dr. Alice Whittemore at Stanford University, had found that women treated with fertility drugs who later went on to have children were three times as likely as their peers to develop ovarian cancer, while those women who did not succeed in getting pregnant were 27 times as likely to develop the disease. Tilberis, who never conceived (she and her husband adopted their two sons), acknowledges that the Whittemore study has weaknesses (as does Whittemore herself) but remains convinced that the drugs she took were the cause of her later troubles.

Despite the limousines and designer clothes, the charity balls and Concorde flights, her friendship with the Princess of Wales ('Hello, it's Diana,' a voice on the phone says shortly after Tilberis's first operation. 'Diana who?' asks a befuddled Andrew Tilberis), Liz Tilberis sounds genuinely likable and down to earth. At 150 pounds ('practically illegal in our business') and prematurely gray ('I don't have the

attention span' for hair coloring), she never fit the fashion-editor mold. But that didn't stop her. Tilberis attributes her success to a 'combination of slavish work and great good fortune,' and her ups and downs in the fashion world make for a diverting if breathless account.

She knew from a young age that she wanted to work in fashion, and her sensible nature served her well as she rose through the ranks in the often manic environment of British Vogue. Her colleagues were a colorful bunch, and though most of her anecdotes are affectionate, she's occasionally disarmingly blunt. Arriving in New York to a suspicious and wary staff at Harper's Bazaar, she went through an uneasy transition. At the January Paris couture shows, soon after her arrival, she found herself 'sitting all alone in the front row. . . . The existing Bazaar staff was there, pointing and whispering, and Conde-Nast-ers publicly snubbed me as well. . . . Meanwhile half the fashion editors in the world were calling my hotel room and pressing notes into my hands, pleading for jobs. One woman followed me into a bathroom and stuck her resume under the door of the stall.' She is unafraid to name names when she thinks she's been wronged. In the fall of 1991, then the editor of British Vogue and in negotiations with Hearst, she made an appointment to see her boss at Conde Nast, S. I. Newhouse, in the hope he would talk her out of the change. 'If he had just dropped his habitual inscrutability for one moment to give me and British Vogue a vote of confidence I would have happily stayed on,' she writes. 'But by the time I walked out on the street, I knew exactly what I was going to do.'

She is also generous with her praise, even for her rivals, loyal to her friends and candid about herself, describing the abortion she had as a teen-ager, the pelvic inflammatory disease that left her infertile, the decision to adopt their two sons: 'I'm not a spiritual person. . . . But there's a part of me that believes Robbie and Chris are the sons Andrew and I were 'meant' to have. . . . It would not be possible to love them more if I had carried them in my womb.'

It is the narrative of her illness that weaves these disparate elements into the powerful reality of a life. In 1995 her cancer recurred, and this time her doctors recommended a harrowing regimen of massive doses of chemo-therapy followed by a bone marrow transplant. Early the next year, despite 'the ordeal and insult of highest-dose chemotherapy,' her cancer recurred, as it did in December of 1996 and again last July. 'Some women contract a variety of ovarian cancer so virulent that they are dead within 18 months, despite all intervention, while I and others live with ovarian cancer as if it's a chronic disease, periodically getting treated,' Tilberis writes. 'As more time passes, access to new drugs increases, offering greater hope and longer life.' For those who are skeptical that attitude can affect the course of a disease, her optimism offers a strong argument in its favor. 'Chemo is my least favorite thing to do in life,' she writes, 'and I hope to continue doing it for another 50 years.'

Tilberis has made her personal suffering into a crusade for better public awareness of ovarian cancer, and this book serves her cause. Comparisons with Betty Rollin's 'First, You Cry' are inevitable. One hopes that Tilberis, like Rollin, will succeed in bringing her disease to the public consciousness, and that it will lead to better screening for women at risk, better research into the causes and better treatment. And one hopes that Tilberis, like Rollin, will go on to a long and productive career that has nothing to do with cancer.

Caption:

Katherine Bouton is the deputy editor of The New York Times Magazine.

LEVEL 1 - 2 OF 85 STORIES

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**May** 8, 1998, Friday

SECTION: Financial News

DISTRIBUTION: TO BUSINESS EDITOR

LENGTH: 1207 words

HEADLINE: Ovarian Cancer Patients Sought for Worldwide Study; Study of Nearly 700 Women to Examine Use of Investigational Agent in Preventing Chemotherapy Resistance;;
Trial Sponsored by Novartis

DATELINE: EAST HANOVER, N.J., May 8

BODY:

A phase III, multicenter clinical trial is seeking 698 women with advanced ovarian cancer to participate in a study evaluating the combination of standard chemotherapy with PSC 833 -- an investigational agent that may have the ability both to overcome pre-existing chemotherapy resistance and prevent the development of this resistance in patients whose tumors are responsive initially to treatment. The study, sponsored by Novartis, intends to enroll 698 patients in the United States, Canada, Europe, the Middle East, Russia and Australia.

Ovarian Cancer and Multidrug Resistance (MDR)

While most patients with advanced ovarian cancer respond initially to chemotherapy, as many as a quarter do not, and the great majority of responders eventually become resistant to a broad range of structurally and functionally unrelated chemotherapeutic agents. Known as multidrug resistance (MDR), this resistance occurs because a protein within the cancer cell membrane "pumps" out the cytotoxic drugs, thereby preventing these drugs from reaching toxic levels and causing the cell to die. Approximately 800,000 cancer patients annually are unable to receive the optimal benefit of chemotherapy because of MDR, a phenomenon that contributes substantially to morbidity and mortality.

"Even in later stages -- when it's most often detected -- ovarian cancer usually responds to treatment. However, after time, the disease often stops responding to chemotherapy," began Gail Hayward, President of the National Ovarian Cancer Coalition, Inc. "That's why it's important for patients to know about studies of these kind - so that potential treatments can be further evaluated and we can make inroads in the fight against ovarian cancer."

Description of the Study

Researchers will evaluate whether PSC 833, when administered in combination with paclitaxel and carboplatin chemotherapy can either reverse pre-existing MDR or prevent the development of MDR in those patients whose tumors are responsive initially to treatment, thereby improving survival compared with patients treated with chemotherapy alone. Study participants will be randomly assigned to one of twotreatment arms: chemotherapy alone or

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chemotherapy in conjunction with PSC 833. The study is seeking 698 patients with advanced (stage III or IV) ovarian cancer.

Multidrug Resistance

When a malignant tumor is resistant to a wide range of anticancer drugs, this phenomenon is known as multidrug resistance (MDR). While there are other mechanisms of MDR, the best understood results from the activity of a molecule known as P- glycoprotein (P-gp), which may be found in certain cellular membranes. A product of the mdr1 gene (multiple drug resistance gene), P-gp is found in high levels in many chemotherapy-resistant tumors and in low levels in chemotherapy-responsive tumors.

P-gp is expressed in some normal tissue; however, within the context of cancer chemotherapy, P-gp "pumps" certain cytotoxic drugs out of tumor cells. It thereby prevents these drugs from reaching toxic levels and destroying the malignant cells. Because P-gp forces out some cytotoxic drugs, cancers become resistant to certain chemotherapy and renders them unresponsive to this treatment. P-gp-mediated resistance is thus a significant clinical problem that might be mitigated by the development of a drug designed either to prevent P-gp expression in tumor cells or to reverse its effect. Findings from preclinical studies suggest that PSC 833, the investigational agent being evaluated in this study, may have the capacity to block the P-gp pump from expelling cytotoxic drugs from tumor cells and, thus, potentially prevent the malignant cells' loss of responsiveness to chemotherapy.

"Multidrug resistance is a problem for many ovarian cancer patients," said David Parkinson, MD, vice president, clinical research and head, U.S. oncology therapeutic area for Novartis Pharmaceuticals Corporation. "This study is designed to prevent the emergence of MDR and thus provide oncologists and their patients an additional option in treating advanced **ovarian cancer."**

**Ovarian Cancer Incidence**

The American Cancer Society estimates that, in 1998, 25,400 American women will be diagnosed with ovarian cancer, and that approximately 14,500 women will die of the disease. Ovarian cancer usually shows no signs or symptoms until late in its development, and it causes more deaths than any other cancer of the female reproductive system.

PSC 833 Trials

Ongoing trials are assessing the efficacy of PSC 833 in acute myelogenous leukemia, multiple myeloma, non-Hodgkin's lymphoma, renal cell carcinoma, colon cancer and breast cancer, as well as ovarian cancer.

All study participants must be at least 18 years of age with a diagnosis of stage IV or suboptimally debulked stage III epithelial ovarian cancer or primary cancer of the peritoneum.

Novartis

Novartis Pharmaceuticals oncology products include Aredia* (pamidronate disodium for injection) for the treatment of osteolytic bone metastases in patients with multiple myeloma or breast cancer, hypercalcemia of malignancy, and Paget's disease; Femara* (letrozole tablets) for the treatment of advanced breast cancer in postmenopausal women with disease progression following antiestrogen therapy; Sandostatin* (octreotide acetate) for control of symptoms in patients with metastatic carcinoid and vasoactive intestinal

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peptide-secreting tumors (VIPomas), and for the treatment of acromegaly; and Sandoglobulin* (Immune Globulin Intravenous (Human) IGIV for the maintenance therapy for primary immunodeficiency syndromes and for the treatment of immune thrombocytopenia purpura. The company also has several oncology compounds in development, including a gene therapy for glioblastoma (a type of brain tumor).

Novartis Pharmaceuticals Corporation researches, develops, manufacturers and markets leading innovative prescription drugs used to treat a number of diseases and conditions, including central nervous system disorders, organ transplantation, cardiovascular diseases, dermatological diseases, respiratory disorders, cancer and arthritis. The company's mission is to improve people's lives by pioneering novel healthcare solutions.

Located in East Hanover, New Jersey, Novartis Pharmaceuticals, is an affiliate of the Novartis Group, a world leader in Life Sciences with core business in Healthcare, Agribusiness and Nutrition. In 1997, Novartis Group sales were 31.2 billion Swiss francs (U.S. $21.7 billion), of which 18.8 billion (U.S. $13.1 billion)were in Healthcare, 8.3 billion (U.S. $5.8 billion) in Agribusiness and 4.1 billion (U.S. $2.8 billion) in Nutrition. The company annually invests more than 3 billion Swiss francs (U.S. $2.1 billion) in R&D. Headquartered in Basel, Switzerland, Novartis employs about 87,000 people and operates in over 100 countries around the world.

SOURCE Novartis Pharmaceuticals Corporation
CONTACT: Gloria C. Stone of Novartis Pharmaceuticals Corporation, 973-781-5587

LANGUAGE: ENGLISH

LOAD-DATE: May 9, 1998

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LEVEL 1 - 12 OF 85 STORIES

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Capital Times (Madison, WI.)

**January** 29, 1998, Thursday, ALL EDITIONS

SECTION: Savvy, Pg. 1F

LENGTH: 2846 words

HEADLINE: OVARIAN CANCER; IT'S VERY HARD TO DETECT, BUT PROGRESS IS BEING MADE

BYLINE: By Debra Carr-Elsing The Capital Times

BODY:

What should have been a routine hysterectomy for Barbara Nichols in 1995 turned out to be surgery for ovarian cancer. That's when the medical odyssey began for Nichols, an attorney with the state Department of Health and Family Services.

''At the time, I was even told the hysterectomy was optional, and I almost didn't have the surgery,'' Nichols recalls, ''but thank goodness I did because what they thought were fibroids actually turned out to be a malignancy.''

Six rounds of chemotherapy followed surgery. After the third treatment, Nichols lost her hair. She also contracted hepatitis C while her immune system was suppressed.

''So when I finished my chemo -- and after a few months' rest -- I started six months of interferon injections for the hepatitis,'' says Nichols, who lives in Madison with her husband, Donald.

''Fortunately, my hepatitis was caught very early,'' Nichols adds, ''and the interferon injections worked.''

The saga, however, continued. In 1996, there was a recurrence of the ovarian cancer, more surgery and 6+ weeks of radiation treatment.

''I've been cancer-free now for 14 months,'' Nichols says. ''So far, so good. But I can't exhale until I'm clear of cancer for two years, which will be in October.

''With ovarian cancer -- which is very fast-growing -- if you're clear for two years, you're probably going to make it.''

Nichols is not alone; 27,000 women in the United States are diagnosed with ovarian cancer each year. In fact, a woman's risk over her lifetime of being diagnosed with ovarian cancer is 1 in 55, according to the National Institutes of Health.

From 1985 to 1995, the NIH reported a 30 percent increase in cases of ovarian cancer. In 1995, 14,500 women died from the disease, an increase of 18 percent from 1985. By 1997, that number had grown to 17,000 deaths per year.

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Capital Times (Madison, WI.), January 29, 1998

Contributing to these statistics is the fact that the population is increasing, and the population-at-risk is increasing. Plus, three-fourths of ovarian cancer patients have advanced disease by the time the cancer is detected.

''The problem with ovarian cancer is that it doesn't appear on the tip of your nose where it would be obvious,'' says Dr. Peter Beatty, a medical oncologist with Physicians Plus Medical Group.

''Unfortunately, ovarian cancer is buried deep inside a woman's body, and it's silent,'' Beatty adds.

Symptoms of ovarian cancer -- including nausea, bloating and abdominal pain -- also are vague and nonspecific. They easily mimic other types of common gastrointestinal problems, for example.

Another key factor that prevents ovarian cancer from being detected early in its development is that unlike mammograms for breast cancer, there is no standard screening test for ovarian cancer that's recommended for the general population.

''So women need to be very alert and attuned to their own bodies,'' cautions Nichols, who was 50 when she was diagnosed with ovarian cancer in 1995.

''If they notice anything in particular that might be wrong -- or if they're not comfortable with what they're feeling -- then they need to see a doctor immediately.''

A family history of breast cancer or ovarian cancer is one of the main risk factors of this vicious disease, which ranks second in incidence among gynecological cancers. Uterine cancer is first with about 45,000 diagnosed cases each year in the United States.

''BRCA1 -- the gene for breast and ovarian cancer that's been identified on the 17th chromosome -- continues to be an exciting and critically important component of ovarian cancer,'' says Dr. Julian Schink, director of gynecologic oncology at University of Wisconsin Hospital & Clinics.

''BRCA1 provides us with an important model for how ovarian cancer might start,'' Schink explains, ''even though only 6 to 10 percent of ovarian cancer patients have this inherited syndrome.''

A blood test has been developed, making it possible to test women for BRCA1 abnormalities. It's a procedure that's typically used for women with a family history of either breast cancer or ovarian cancer.

''Women with an abnormal BRCA1 gene have an 85 percent chance of getting breast cancer in their lifetime and a 50 to 60 percent chance of getting ovarian cancer,'' Schink explains.

Unfortunately, there's no magic bullet to lower that risk once it is known that a woman has the abnormal BRCA1 gene. It's even unclear how much protection is provided by removing the ovaries.

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''That's a fairly drastic intervention, but removing the ovaries does lower a woman's risk -- we just don't know exactly how far,'' Schink says.

Oral contraceptives have been shown to be protective, too. In fact, if you use birth control pills for more than 10 years, you can lower your risk for developing ovarian cancer by one-third.

''There's a huge amount of research looking into techniques for early detection of ovarian cancer,'' says Schink, who also is an associate professor and vice chairman of obstetrics and gynecology at the UW.

''That research has ranged from sophisticated ultrasound studies to blood tests to genetic markers,'' Schink adds, ''and the potential success lies in identifying a genetic marker that says who's at risk.

''That's why BRCA1 is so important. It is our best example of a genetic abnormality that puts women at risk. There are undoubtedly others that we haven't identified yet.''

Genetic counseling for women with family histories of breast cancer or ovarian cancer is offered at the UW, which treats more ovarian cancer patients than any other medical facility in Wisconsin.

''Many of the women we identify as having a significant risk for having an abnormal BRCA1 gene still don't want to be tested because they're afraid of some form of genetic discrimination, which is a sad commentary on our society,'' Schink says. ''There are some tough social issues involved here.''

It's very clear that BRCA1 testing can lead to life insurance discrimination, warns Beatty.

''When this test is done, it's on the record,'' Beatty explains, ''and although it's against the law to discriminate for health insurance, it's legal for people to get turned down for life insurance.

''This isn't right, of course, but when people get the BRCA1 test, they're putting themselves up for potential discrimination when it comes to life insurance.''

The good news, however, is that women with ovarian cancer benefit from treatment, which typically includes surgery to remove the tumor, followed by chemotherapy. Radiation is another option.

''There are a lot of diseases where there's not much we can do for some people, but that's not true of this disease,'' Beatty says.

''Ovarian cancer survivors are around today, and others are living with their disease -- leading productive lives -- because of treatment.''

Unfortunately, some women are terrified of the side effects of chemotherapy, for example, and they shy away from treatment.

Similarly, some ovarian cancer patients are reluctant to participate in clinical research ''and that's unfortunate, too,'' Beatty says, ''because the

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only reason we know anything about ovarian cancer today is because of previous trials, which have been ethical and well designed.''

The bottom line is that significant progress has been made in the last 20 years in the treatment of ovarian cancer, says Schink.

''We have made that progress by doing many little things better,'' Schink explains.

''We don't have a magic bullet. We haven't suddenly discovered the perfect chemotherapy. Rather, our surgical techniques are better, post-operative care of the patient is better and management of chemotherapy's side effects is better.

''If the cancer returns, the options we have to offer that patient have improved, too.''

Overall survival -- as well as the life expectancy -- for ovarian cancer patients has improved, Schink adds, but it means doing a whole bunch of things right.

That seems to be what has happened with Nichols. Getting to this point, however, hasn't been easy.

''To stay strong, I kept focusing on everything that I still had in life rather than on what I had lost,'' Nichols explains.

''For anyone going through any kind of turmoil, it's a good idea to focus on what's remaining and not what's gone.''

Every cancer patient also takes an emotional roller coaster ride that can be very frightening, she says.

''There's good medical news on some days -- like 'the CT scan is clear' -- and you're on top of the world,'' Nichols explains.

''Then the next day, a test result comes in that's bad news and the roller coaster plummets.''

To provide their family with some balance, Nichols and her husband would consider the implications of each medical test result in the context of that particular day, realizing that another day would provide them with more information.

''It's been helpful to think about how this disease is affecting my husband and four children as well,'' Nichols says.

''When my focus was directed outward instead of only focusing inward on myself, I began to realize that I was making decisions. I was in control over my own emotions.

''While I didn't have much control over the cancer, I found that I had enormous control over how I reacted to it.''

Nichols also made the decision to be grateful and excited with each new day. There's no time -- even if she lives to be 100 -- to waste on crying.

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''Laughing is a lot more fun,'' she adds, ''so I'm going to enjoy every day that I have and be happy for it.''
GRAPHIC: RICH RYGH/THE CAPITAL TIMES

X-rays, ultrasound and CT-scans are helpful tools in choosing the right treatment for ovarian cancer, says Dr. Julian Schink, director of gynecological oncology at University of Wisconsin Hospital & Clinics. DAVID SANDELL/THE CAPITAL TIMES

Dr. Peter Beatty, a medical oncologist with Physicians Plus, checks the results of the latest blood tests of Barbara Nichols, who was diagnosed with ovarian cancer in 1995.

LOAD-DATE: January 30, 1998

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Harper's
BAZAAR

STEPHANIE ALBERTSON
Executive Assistant to the Editor-in-Chief

'98 JUL 13 PM1:31

July 7, 1998

Ms. Jennifer Klein
The White House
Office of First Lady Correspondence
Suite 200, East Wing
Washington, DC 20500

Dear Jennifer:

I am sorry it's taken me a few days to g ll of the details in hand before sending the enclosed materials to you.

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As you requested, I have enclosed the o ; naming March as the official month for se feel free to use it as a reference.

If you have any further questions, pleas forward to hearing from you soon.

With best wishes,

Stephanie Albertson

Phil,

As you can see, they now want September again. Can we get away with a week or just a day?

Jen

7/14

Jen -

I think we should do a week at the most.

Phil

Dan Burkhardt -
Do you know where we stand on this? Phil

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As you requested, I have enclosed the official declaration from the State of New York, naming March as the official month for ovarian cancer awareness in New York. Please feel free to use it as a reference.

If you have any further questions, please call me anytime at (212) 903-5461. I look forward to hearing from you soon.

With best wishes,

Stephanie Albertson

Stephanie Albertson

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