29TH ANNUAL INTERNATIONAL SYMPOSIUM

CURRENT ADVANCES IN PROSTATE CANCER HEALTH DISPARITIES

Thursday, May 5, 2016

The Kaye Playhouse, Hunter College of the
City University of New York, 695 Park Avenue
(East 68th Street between Park and Lexington Avenues)

SYMPOSIUM PROGRAM

SYMPOSIUM SPONSORS:

Hunter College of the City University of New York, Center for Translational and Basic Research (CTBR) & Clinical & Translational Science Center, Weill Cornell Medical College including its partners: Hunter College School of Nursing, Cornell University Cooperative Extension in NYC Memorial Sloan-Kettering Cancer Center, Hospital for Special Surgery

http://ctbr.hunter.cuny.edu

CENTER FOR TRANSLATIONAL AND BASIC RESEARCH

The RCMI program at Hunter College of the City University of New York was established in 1985 through the vision of James Wyche, Harvey Ozer (former Program Coordinators of the Hunter RCMI Program) and Richard Mawe (former Program Director of the Hunter RCMI Program) with the support of the Research Centers in Minority Institutions (RCMI) program.

In 2012, the RCMI program was transferred to the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health (NIH) after the closing of the National Center for Research Resources (NCRR).

The RCMI program funds the Center for Translational and Basic Research (CTBR) for Addressing Health Disparities and Improving Health Outcomes, formerly the Center for Study of Gene Structure and Function (Gene Center), a consortium of researchers in the Hunter College departments of Biology, Chemistry, Psychology, Physics, Anthropology and the Hunter-Bellevue School of Nursing. Since the CTBR's inception, the growing number of papers published in peer-reviewed journals and the number and amount of grants obtained by the faculty have been the most visible hallmarks of its success. The CTBR provides a vibrant research environment marked by workshops on cutting-edge research techniques; frequent research colloquia and seminars by guest scientists; an annual international symposium, which is a major event on the New York scientific calendar; and a strong emphasis on collaborative translational research. The CTBR also encourages bright undergraduates, especially minorities, to develop a career in biomedical, drug abuse/neuroscience research by hosting a Summer Program for Undergraduate Research funded by a Science Partnership Award from the National Institute on Drug Abuse. In addition, the CTBR most recently implemented the REACH ((Research, Engagement & Action for Community Health) program. REACH aims to revitalize traditional community engagement activities in order to make them more impactful, more organic and most importantly more accessible to the public.

The CTBR is a key partner in the Clinical and Translational Science Center (CTSC), an enterprise that also includes the Weill Cornell Medical College, Memorial Sloan-Kettering Cancer Center, the Hospital for Special Surgery and the Hunter-Bellevue School of Nursing. The CTSC was established in 2007 with the aim of accelerating translational research. The overall goal is to facilitate the transition of laboratory work into state-of-the-art clinical research (T1 research), provide research that improves patient care (T2) and health outcomes in the general community (T3). The CTBR also participates in a national consortium, the RCMI Translational Research Network (RTRN), which facilitates collaboration, large-scale projects, and sharing of facilities participating RCMI schools.

For more information about the CTSC, please visit **http://ctbr.hunter.cuny.edu/**

Clinical & Translational
SCIENCE CENTER

Clinical and Translational Science Center

The Clinical and Translational Science Center (CTSC) is a unique collaboration between renowned biomedical and community organizations centered on Manhattan's east side. Weill Cornell Medical College and the Graduate School of Medical Sciences is home to the administrative core of the CTSC, led by CTSC Program Director Julianne Imperato-McGinley, MD, Associate Dean of Translational Research and Education at Weill Cornell Medical College (WCMC).

In addition to WCMC, the CTSC partner institutions include:

- Hunter College, Center for Translational and Basic Research
- Hunter College, School of Nursing
- Hospital for Special Surgery
- Memorial Sloan-Kettering Cancer Center
- Cornell University Co-operative Extension in New York City

Affiliated hospitals include New York-Presbyterian Hospital, Lincoln Medical Center, Methodist Hospital, New York Downtown Hospital, New York Queens Hospital, Wyckoff Heights Medical Center, and Brooklyn Hospital.

The CTSC is designed to bring together the resources of all partner and affiliate institutions to facilitate novel translational research. Separately, these institutions include superb academic centers of excellence, a diverse patient base, and a unique community-engagement program designed to foster collaboration between community groups and translational research scientists. Each partner and affiliate has an unmistakable character that enhances multi-disciplinary interaction. Integration of these unique resources and intellectual assets will facilitate translation of research findings in the laboratory to clinical research at the bedside and ultimately to best practices within underserved communities.

This center is funded through the Clinical and Translational Science Awards (CTSAs), a national consortium that is transforming how clinical and translational research is conducted.

For more information about the CTSC, please visit http://www.med.cornell.edu/ctsc.

The 29th Annual International Symposium of the Center for Translational and Basic Research at Hunter College, with Weill Cornell Medical College Clinical and Translational Science Center, is supported by the National Institute on Minority Health and Health Disparities, National Institutes of Health (Grant #8 G12 MD007599) and the National Center for Advancing Translational Sciences (Grant #2UL1TR000457).

The RCMI Program of the NIMHD develops and strengthens the research infrastructure of minority institutions by expanding human and physical resources for conducting basic, clinical, and translational research. It provides grants to institutions that award doctoral degrees in the health professions or health-related sciences and have a significant enrollment of students from racial and ethnic minority groups that are underrepresented in biomedical sciences. The program also serves the dual purpose of bringing more racial and ethnic minority scientists into mainstream research and promoting minority health research because many of the investigators at RCMI institutions study diseases that disproportionately affect minority populations.

The NIH, a part of the U.S. Department of Health and Human Services, is the primary federal agency for conducting and supporting medical research. Composed of 27 Institutes and Centers, the NIH provides leadership and financial support to researchers in every state and throughout the world. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.

NIH National Institutes of Health
Turning Discovery Into Health

http://www.nih.gov

The mission of the **National Institute on Minority Health and Health Disparities (NIMHD)** is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NIMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.

http://www.nimhd.nih.gov/default.html

National Center for Advancing Translational Sciences is strategically positioned to facilitate interdisciplinary clinical and translational research. RTRN has established a solid technological foundation to support intellectual exchange, generate innovative inter- and multi-disciplinary research and facilitate the movement of scientific advances throughout the translational research spectrum.
http://www.ncats.nih.gov/

PROGRAM SYNOPSIS

Prostate cancer is the most frequently diagnosed non-skin cancer in men in the western world. A subset of prostate cancer is very aggressive, and often results in death. The incidence and mortality rates of prostate cancer is highest among men of African descent. The 29th Annual International Symposium of the Center for Translational and Basic Research (CTBR) entitled "Current Advances in Prostate Cancer Health Disparities" will address this profound public health problem.

The morning session will begin with a keynote presentation by **Philip Kantoff** (*Chairman of the Department of Medicine, Memorial Sloan-Kettering Cancer Center*) who will discuss controversial areas in the management of early prostate cancer including some areas of health care disparities. Kantoff will then be joined on stage by **Harry Belafonte** (*Producer, Composer, Singer, Actor and Social Activist, Prostate Cancer Survivor*), **Patrick O'Connor** (*Lead Pastor, First Presbyterian Church, Prostate Cancer Survivor*) and **Brian L. Harper** (*Medical Director, Academic Health Centers, College of Osteopathic Medicine, NY Institute of Technology*) for a panel presentation.

In the afternoon, **Curtis Pettaway,** (*Professor of Urology, University of Texas MD Anderson Cancer Center*) will deliver a keynote talk on why the United States Preventive Services Task Force recommendation against routine prostate cancer screening for all men in 2012, is potentially harmful among men of African descent (MAD). He will also explore positive steps men, their providers, and governmental agencies can take to decrease prostate cancer mortality through modified early detection programs, reducing bias, and expanding research related to intrinsic biological differences in prostate cancer among MAD. **Timothy Rebbeck** (*Professor, Harvard TH Chan School of Public Health, Dana-Farber Cancer Institute*) will discuss global disparities in prostate cancer. **Folakemi T. Odedina** (*Professor, College of Pharmacy and College of Medicine, Director of Diversity, CTSI Translational Workforce Development Program, University of Florida*) will focus on point of prostate cancer diagnosis and the experiences and needs of Black men, including the implications for health disparity research. **Olorunseun O. Ogunwobi,** (*Associate Professor, Hunter College, City University of New York*) will highlight the role of non-protein coding RNAs in prostate cancer, with particular focus on non-protein coding RNAs derived from the PVT1 gene located at a known prostate cancer susceptibility locus. **Douglas Scherr** will give an overview of a decade of robotic surgery with a focus on the evolving role of robotic prostatectomy in the age of active surveillance.

The symposium will conclude with closing remarks by **Joseph R. Osborne** Assistant Member and Associate Vice-Chair of Research, Memorial Sloan-Kettering Cancer Center.

Agenda

9:00 **Jesus Angulo, PhD.,** Professor of Biological Sciences at Hunter College, CUNY and Principal Investigator/Program Director of the Center for Translational and Basic Research
Jennifer J. Raab, JD., President, Hunter College, City University of New York
Lon S. Kaufman, PhD, Acting Provost and Vice President for Academic Affairs
Julianne Imperato-McGinley, MD., Associate Dean of Translational Research, Weill Cornell Medical College

9:30 **Introduction to Keynote Speaker:**

Jose Baselga, MD, Medical Oncologist, Physician-in-Chief Medical Officer, Memorial Sloan-Kettering Cancer Center

Opening Keynote Speaker

Philip Kantoff, MD, Chairman of the Department of Medicine, Memorial Sloan-Kettering Cancer Center
"The Paradox of Prostate Cancer"

10:10 **Coffee Break/Poster Session**

10:45 **Panel Discussion**

Moderator: Bert M. Petersen, Jr., MD, FACS, Director of the Breast Surgery Clinic Program, St. Barnabas Hospital
Harry Belafonte, Producer, Composer, Singer, Actor and Social Activist (Prostate Cancer Survivor)
Philip W. Kantoff, MD, Chairman of the Department of Medicine, Memorial Sloan-Kettering Cancer Center
Brian L. Harper, MD, MPH, Medical Director, Academic Health Centers, College of Osteopathic Medicine, NY Institute of Technology
Reverend Patrick H. O'Connor, Lead Pastor, First Presbyterian Church (Prostate Cancer Survivor)

12:15 **Poster Session and Lunch for Pre-registered Participants**

1:45 **Opening Remarks:** NIH Official

2:00 **Afternoon Keynote Speaker**
Curtis Pettaway, MD, Professor of Urology, The University of Texas, MD Anderson Cancer Center
"The Need for Prostate Cancer Early Detection Among Men of African Descent: Why the United States Preventive Services Task Force Recommendation is Potentially Harmful!"

2:40 **Timothy Rebbeck, PhD,** Harvard TH Chan School of Public Health, Dana-Farber Cancer Institute
"Global Disparities in Prostate Cancer: From Nucleotide to Neighborhood"

3:20 **Coffee Break/Poster Session**

3:45 **Folakemi T. Odedina, PhD,** Professor, College of Pharmacy and College of Medicine, Director of Diversity, CTSI Translational Workforce Development Program, University of Florida
"Point of Prostate Cancer Diagnosis (PPCD) Experiences & Needs of Black men: The Florida CaPCaS Study"

4:20 **Olorunseun O. Ogunwobi, MD, PhD,** Associate Professor, Hunter College, City University of New York
"PVT1 Non-Coding RNAs in Prostate Cancer"

4:55 **Douglas Scherr, MD,** Professor of Urology, Director, Urologic Oncology, Meyer Cancer Center, Weill Cornell Medicine-NY Presbyterian Hospital
"A Decade of Robotic Surgery: The Evolving Role of Robotic Prostatectomy in the Age of Active Surveillance"

5:30 **Poster Awards Ceremony/Concluding Remarks**

Joseph R. Osborne, MD, PhD, Assistant Member and Associate Vice Chair of Research, Memorial Sloan-Kettering Cancer Center

Philip W. Kantoff, MD

Chairman of the Department of Medicine, Memorial Sloan-Kettering Cancer Center

The Paradox of Prostate Cancer

Abstract: In the early 1980s Willet Whitmore stated, "Is cure necessary in those for whom it is possible, and is cure possible in those for whom it is necessary?" This quote is emblematic of many of the controversies that exist in the diagnosis and management of prostate cancer. The biologic and clinical heterogeneity of the disease sets the stage for most of the controversies. The heterogeneity will be discussed as well as many of the controversial areas in the management of early prostate cancer including some areas of health care disparities.

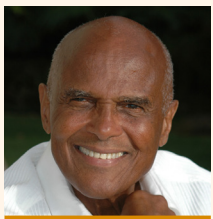
Bio: Dr. Philip Kantoff is the Chairman of Medicine at Memorial Sloan-Kettering Cancer Center. He is also the incumbent George J. Bosl Chair in Medicine. Dr. Kantoff oversees the clinical care, translational and clinical research of over 350 faculty members. He ensures the mentorship of fellows and junior faculty and cares for patients with prostate cancer. Dr. Kantoff's laboratory-based research is devoted principally to the genetics and genetic epidemiology of prostate cancer, resistance to androgen deprivation therapy and the discovery of new biomarkers as potential prognostic and therapeutic targets. He lectures widely on both his research and the care of patients with these malignancies.

Prior to his position at Memorial Sloan-Kettering, Dr. Kantoff served in multiple capacities at the Dana-Farber Cancer Institute and Harvard Medical School for over 28 years. He was Professor of Medicine at Harvard Medical School and the first incumbent of the Jerome and Nancy Kohlberg Chair in Medicine. His roles included the Director of the Lank Center for Genitourinary Oncology where he supervised the clinical care, and the clinical and fundamental research within this Disease Center, which is devoted to genitourinary malignancies. He also served as leader of the Prostate Cancer Program at the Dana-Farber/Harvard Cancer Center, and PI of the Dana-Farber/Harvard Cancer Center Prostate Cancer SPORE. He served as Vice Chair, Department of Medical Oncology and Chief, Division of the Solid Tumor Oncology, responsible for fostering the research in all of the Solid Tumor Disease Centers and ensuring the career development of its approximately 80 faculty members. Finally, he served as Chair, Executive Committee for Clinical Research.

Panel Discussion

The panel discussion will include topics such as education of African American men on prostate cancer disparities and the importance of early screening, access to quality cancer care, bridging the gap between Black and other underserved communities and their healthcare institutions, coping with prostate cancer diagnosis, willingness to participate in clinical trials, how precision medicine and the overall "personalized" approach to care will impact prostate cancer treatment, and how current U.S. Preventive Services Task Force recommendations against PSA screening impact prostate cancer detection in high risk populations such as men of African descent.

PANELISTS



Harry Belafonte
Multi-talented Performer and Activist

Philip W. Kantoff, MD

Reverend Patrick Hugh O'Connor

Brian L. Harper, MD, MPH

Harry Belafonte is a legendary and multitalented artist and activist. He was the first black performer to win an Emmy Award and the first recording artist to sell over a million copies of a single album with Calypso (1956) featuring his hit "Day-O." Born in Harlem in 1927, Belafonte spent time with his maternal grandmother in Jamaica before returning to Harlem for high school. After a tour of duty in the U.S. Navy, Belafonte returned to New York City where he worked as a janitor's assistant.

Mr. Belafonte first encountered the theater when he was given a ticket to a production at the American Negro Theatre in Harlem for doing repairs in an apartment. Soon after, he joined the Dramatic Workshop of the New School of Social Research with classmates like Marlon Brando and Tony Curtis and became thoroughly immersed in the world of theater. Paralleling this pursuit was his interest and love of jazz.

His many firsts in the overturning of numerous racial barriers in American performing arts are legendary. Mr. Belafonte met a young Dr. Martin Luther King Jr. on King's historic visit to New York in the early 1950s. They developed a deep and abiding friendship, and Mr. Belafonte played a key role in the civil rights movement, including the 1963 March on Washington.

In 1985, disturbed by war, drought, and famine in Africa, Mr. Belafonte helped organize the Grammy-winning song "We Are the World," a multi-artist effort to raise funds for Africa. He was also active in efforts to end apartheid in South Africa and to release Nelson Mandela.

Mr. Belafonte served as the cultural advisor for the Peace Corps, a UNICEF Goodwill Ambassador and was honored as an Ambassador of Conscience by Amnesty International. Recently, Mr. Belafonte founded the Sankofa Justice & Equity Fund, a non-profit social justice organization that utilizes the power of culture and celebrity in partnership with activism. It is a space for artists to contribute their talents to build awareness and confront the issues that negatively impact marginalized communities.

Harry Belafonte received the Jean Hersholt Humanitarian Award from the Academy of Motion Picture Arts and Sciences in November 2014.

Philip W. Kantoff, MD., Chairman of the Department of Medicine, Memorial Sloan-Kettering Cancer Center

Panel Discussion

Reverend Patrick Hugh O'Connor is the lead pastor and chief visionary of the First Presbyterian Church in Jamaica, a multicultural, purpose driven congregation in Jamaica, Queens, New York. He has served this congregation since 1992.

Reverend O'Connor received his formal education from Munro College, the University of the West Indies, the United Theological College of the West Indies, Yale University Divinity School and Columbia University. Patrick is also is a graduate of the Columbia Business School, Institute for Not-for-Profit Management, Executive Level Program and the Beeson Institute for Advanced Church Leadership offered by Asbury Theological Seminary. Reverend O'Connor is passionate about community engagement and the development of people and commits himself to programs which have that vision. Patrick is married to Marcia and they have two children, Ashley and Zachary.

Brian L. Harper attended Brown University for his undergraduate education where he received a B.A. in Biology and a B.A. in Afro-American Studies. He went on to receive his medical degree from the State University of New York, Health Science Center at Syracuse, and a Masters Degree in Public Health from Columbia University. His postgraduate experience started at Harlem Hospital Center, in New York City, where he completed an internship in Internal Medicine. He continued his training at the State University of New York, Health Science Center at Stony Brook, where he completed a combined residency in General Preventive Medicine and Public Health. Dr. Harper is Board Certified in Preventive Medicine and Public Health.

Dr. Harper has worked as a physician at the Rikers Island Medical Unit, served as the first Director of the Bureau of HIV Services at the Nassau County Department of Health, and as the Senior Vice President of Community Affairs at the Nassau University Medical Center. In this role, Dr. Harper served as the medical director for a network of seven community health centers where he remodeled medical services to conform to hospital standards and successfully passed two JCAHO (Joint Commission on the Accreditation of Health Care Organizations) surveys.

Dr. Harper was then appointed as the first African American Commissioner of Health for Suffolk County, New York. During his tenure, he successfully managed a Department of 1500 employees with a budget of approximately $450 million. Dr. Harper also created new innovative programs including a HIV Commission and an Office of Minority Health to address health inequities. Dr. Harper then served as the Chief Operating Officer and Medical Director of the Ralph Lauren Center for Cancer Care and Prevention. This Center was a partnership between Memorial Sloan Kettering Cancer Center and North General Hospital that was initially designed to provide quality cancer care to the residents of Harlem and surrounding areas, irrespective of a patient's ability to pay. He is now working at the N.Y. Institute of Technology School of Osteopathic Medicine as an Associate Professor and Medical Director of the Academic Health Centers. The two health centers provide primary care and other specialty services and assist in the training of medical students in outpatient care.

Moderator: Bert Peterson, Jr., MD, FACS., Director of the Breast Surgery Clinic Program, St. Barnabas Hospital.

Dr. Petersen received his undergraduate degree from Johns Hopkins University. His medical degree from the Johns Hopkins School of Medicine and completed his residency in General Surgery at the George Washington University Medical Center in Washington. Subsequently, he completed his fellowship in Surgical Oncology at the Memorial Sloan-Kettering Cancer Center in New York.

In his native island of St. Thomas, US Virgin Islands, Dr. Petersen co-founded the Charlotte Kimelman Cancer Institute, the first regionally-based comprehensive cancer center in the Caribbean and a state-of-the-art facility that is now well known for Dr. Petersen's initiative to design a cancer screening program that "embraces culture and linguistic diversity."

In his current role as Director of the Breast Surgery Clinic Program at St. Barnabas Hospital in the Bronx, NY, Dr. Petersen knows too well that the same concerns he had while studying oncology are the same concerns women experience. He understands that while a woman is first learning of her diagnosis, she is immediately also dealing with how will the family react, how will she tell them, what will happen with her job, and a series of countless and unimaginable fears all too daunting to deal with at once.

Dr. Petersen is also the Medical Director of Dorcas Medical Missionary Ministry, a faith-based organization that provides medical, surgical, dental, and vision care to the poor in Africa, the Caribbean, and Latin America. More than 100,000 people have benefited from their services and the numbers continue to rise.

In 2007, he launched "The Barbershop Quartet," a mobile medical unit which provides a series of cancer screenings and diagnosis to African American men in Harlem, NY, a project that continues today and has had a significant turn out in the community.

Dr. Petersen has been honored and distinguished for his work and dedication to breast cancer and breast diseases by National Cancer Institute/National Black Leadership Initiative on Cancer's Unsung Hero Award, the WNBA and National Alliance of Breast Cancer Organizations' Breast Health Hero 2000 Award, the Vice Chancellor Award from the American Foundation for the University of the West Indies, and a Proclamation by the Council of the City of New York. He was listed by New York Magazine as one of the "Best Doctors of New York" Hall of Fame and included as one of the "100 Best Black Doctors in the United States" by Black Enterprise Magazine.

Curtis Pettaway, MD

The Need for Prostate Cancer Early Detection among Men of African Descent: Why the United States Preventive Services Task Force Recommendation is Potentially Harmful!

Abstract: The disparity in prostate cancer mortality among men of African descent (MAD) continues worldwide. The potential causes for this underlying disparity have been shown to be rooted in differences in health care access, the biology of prostate cancer as well as physician/patient biases. In the midst of these alarming data strategies to decrease prostate cancer mortality become ever more important!

While therapeutic strategies in advanced prostate cancer are beginning to make an impact on the natural history of the disease, early detection represents the greatest weapon for potentially decreasing prostate cancer mortality that exists. However based upon conflicting data in two large randomized prostate cancer screening trials the United States Preventive Services Task Force recommended against routine prostate cancer screening for all men in 2012. We will explore why this recommendation is potentially harmful among MAD. Further we will explore positive steps that men, their providers, and governmental agencies can do to decrease prostate cancer mortality through modified early detection programs, reducing bias, and expanding research related to intrinsic biological differences in prostate cancer among MAD.

Bio: Dr Pettaway is Professor of Urology at The University of Texas MD Anderson Cancer Center in Houston Texas. The goal of his prostate related studies is to 1) further define host and molecular markers of cancer progression, and 2) to reduce disparities in prostate cancer outcome among African Americans and the underserved by studying both clinical and biologic correlates of aggressive disease. He is the medical director of the Prostate Outreach Project that has educated and screened over 5,000 men. He directs a National Cancer Institute funded study evaluating the influence of West African Ancestry on the incidence and aggressiveness of prostate cancer among African American and Puerto Rican populations.

Timothy Rebbeck, PhD

Global Disparities in Prostate Cancer: From Nucleotide to Neighborhood

Abstract: Prostate cancer (CaP) is the leading cause of cancer-related death in the world. The disparity in CaP mortality between African American (AA) and European American (EA) men is large: AA men experience a 2.4-fold greater chance of death from CaP than EA men. This is the largest disparity in cancer mortality of any tumor site in US men or women. Despite the public health importance of this problem, there are significant gaps in our understanding about disparities CaP risk and outcomes. We currently have limited interventions that can reduce these disparities. The population-wide mass screening of higher and lower risk men results in unnecessary treatment for some and insufficient treatment in others. Therefore, it is important to identify individuals who are most likely to have an adverse CaP outcome. To date, attempts to predict which men will suffer disproportionately after a CaP diagnosis have been limited, in part because the tools needed to accurately predict clinical outcomes are not optimal. Disparities in clinical outcomes among men who have been diagnosed with CaP are complex, and their elimination may require a transdisciplinary approach. Critical steps to address this problem include (1) research that will identify biological, behavioral, social, environmental, geospatial, physical environmental, and health care factors that influence CaP risk and outcomes, and (2) integration, evaluation, and dissemination of this information to at-risk populations. Factors to be considered include both individual and area-level contextual (e.g., neighborhood) variables. If this information is specifically addressed to AA populations, CaP disparities may also be ameliorated.

Bio. Dr. Rebbeck is Professor of Epidemiology at the Dana Farber Cancer Institute and the TH Chan School of Public Health at Harvard University. He leads molecular epidemiology studies of cancer etiology, outcomes, health disparities, and global health. He currently leads international cancer consortia that study 1) cancer in BRCA1/BRCA2 mutation carriers, and 2) prostate cancer in men of African descent in North America, the Caribbean, and Africa.

Folakemi T. Odedina, PhD

Point of Prostate Cancer Diagnosis (PPCD) Experiences & Needs of Black men: The Florida CaPCaS Study

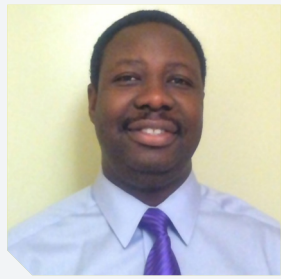
Abstract: A prostate cancer (CaP) diagnosis is a life changing event for a man. Over 30,000 Black men in the United States hear the words, "You have prostate cancer" annually. Unfortunately, there is limited research on the experiences and coping mechanisms of Black men at the point of prostate cancer diagnosis. As expected, Black men's reaction to initial CaP diagnosis varies, from being shocked when notified of their initial CaP diagnosis to the perception of getting a "death sentence". For the first time, our team explored the CaP care and survivorship experiences of Black men among CaP survivors, including the Point of Prostate Cancer Diagnosis (PPCD) experiences. The PPCD experiences and needs of Black men, including the implications for health disparity research will be presented.

Bio. Dr. Odedina is Professor in the Colleges of Pharmacy and Medicine; and Director of Diversity and Inclusion for the UF CTSI Translational Workforce Development Program. She is also the Program Director of the NIH/NCI Florida MiCaRT Center; Director of the Research Core for the Florida Health Equity Research Institute (HERI); PI of the NCI EGRP Prostate Cancer Transatlantic Consortium (CaPTC); and founding chair of the Florida Prostate Cancer Health Disparity group. In 2009, her leadership in health disparities was recognized by the American Society of Health-Systems Pharmacy (ASHP) and the Association of Black Health-System Pharmacists (ABHP) when she was awarded the Inaugural (1st) Leadership Award for Health Disparities. Due to her extensive experience in CaP disparity research, she was selected by the US Congressionally Directed Medical Research Programs to give the inaugural (1st) Dr. Barbara Terry-Koroma Health Disparity Legacy Lecture in 2013.

Dr. Odedina has a global consortium focused on understanding the burden of prostate cancer (CaP) disparities in Black men of West African ancestry, and developing tailored and targeted community-centered interventions to eliminate health disparities in minority populations. Her research traverses across the world with an international consortium group in the United States, Africa, Caribbean Islands, and Europe. Supported by funds from the NIH/National Cancer Institute (NCI) and Department of Defense, she is working with multiple investigators to develop a global bio-behavioral model of CaP risk factors in Black men. She has directed over 30 research projects. She is well published, has received numerous national and international awards for her work, and serves on several national and international cancer initiatives. Her landmark research on CaP disparities has been recognized by many organizations, including the American Association for Cancer Research (AACR) during the 2010 Cancer Disparities Conference and the DOD PCRP during the 2011 Innovative Minds in Prostate Cancer Today (IMPaCT) conference. Her work has also been featured in multiple medical news including the Medscape Medical News and Oncology News. Her international accomplishments includes leading the African Cancer Control Plan published by AORTIC, contributing to the preparation of the World Cancer Report 2013 by the World Health Organization (WHO) and authoring two chapters of a Handbook for Cancer Research in Africa being published by the WHO.

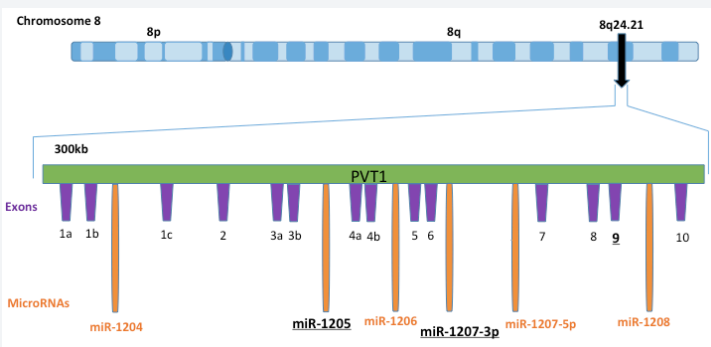
Olorunseun Ogunwobi, MD, PhD

PVT1 Non-Coding RNAs in Prostate Cancer



Abstract: Prostate cancer (PCa) is frequently diagnosed in men worldwide, but the incidence and mortality rates of aggressive PCa is disproportionately higher in men of African descent. Multiple independent genome wide association studies (GWAS) have identified chromosome 8q24 as a PCa susceptibility locus. And some studies have associated chromosome 8q24 with aggressive PCa in men of African descent. Chromosome 8q24 contains one protein-coding gene (c-Myc), and multiple non-protein coding genes. It is well known that only a subset of PCa patients have aberrations of c-Myc. Consequently, the Ogunwobi laboratory at Hunter College has been investigating the hypothesis that one or more of the non-protein coding genes at chromosome 8q24 may play a role in PCa especially in men of African descent. We have focused on the gene that encodes the long non coding RNA (ncRNA), PVT1. PVT1 has been shown to be overexpressed in PCa. However, PVT1 was not previously well-characterized. Recently, we identified at least twelve separate exons of PVT1. And using a panel of nine human PCa cell lines modeling various clinical characteristics of PCa including race, we observed that the twelve exons of PVT1 are differentially expressed. In particular, exon 9 of PVT1 is reproducibly and significantly overexpressed in aggressive PCa cell lines derived from Black men. PVT1 also encodes six annotated miRNAs. However, the role of the PVT1-encoded miRNAs in PCa was previously unknown. We have discovered that two of these PVT1-encoded miRNAs, miR-1205 and miR-1207-3p, are significantly underexpressed in PCa cell lines. In ongoing studies in the Ogunwobi laboratory at Hunter College, we are progressively characterizing the role of these PVT1-derived ncRNAs in PCa.

Bio: Dr. Olorunseun Ogunwobi received his medical degree (MBBS) at the University of Ibadan, Nigeria. He accepted an International Student Scholarship to complete a Master's degree in Biomedical Science at the University of Hull, United Kingdom. He subsequently accepted funding by the Norfolk and Norwich University Hospital Bicentenary Trust to complete PhD in Cancer Biology at the University of East Anglia, Norwich, United Kingdom. As a NIH-funded postdoctoral fellow at the University of Florida (UF), Dr. Ogunwobi was awarded a Master of Science degree in Clinical and Translational Science (MS-CTS) after utilizing a CTSA/NIH-funded scholarship to complete specialized training at the UF Clinical and Translational Science Institute. Dr. Ogunwobi is now Associate Professor in the Department of Biological Sciences at Hunter College. He is also a member of faculty for the PhD program in Molecular, Cellular, and Developmental Biology as well as for the PhD program in Biochemistry at the City University of New York. And he is an adjunct faculty member in the Joan and Sanford I. Weill Department of Medicine, Weill Cornell Medicine, Cornell University. An active area of research in Dr. Ogunwobi's laboratory is the role of non-coding RNAs in prostate tumorigenesis especially in Black men who are disproportionately affected.



Douglas Scherr, MD

A Decade of Robotic Surgery: The Evolving Role of Robotic Prostatectomy in the Age of Active Surveillance

Abstract: Radical prostatectomy has been the gold standard treatment for localized prostate cancer for the last 30 years. In the late 1990's and into 2000, minimally invasive techniques began to be utilized in the surgical treatment of prostate cancer. From 2001 until the present day, robotic surgery has essentially replaced conventional, open surgery for a radical prostatectomy. Through minimally invasive techniques, surgeons have been able to optimize oncological care as well as improve upon quality of life issues including urinary control and sexual function. During the last 5 years, changes in PSA screening programs as well as alterations in diagnostic techniques have resulted in a decline in prostate cancer diagnoses and subsequent prostatectomies. Our ability to better characterize prostate cancers from a genomics perspective has enabled active surveillance to be pursued with much greater frequency and confidence. The use of 3T multiparametric MRI has improved diagnostic accuracies of prostate biopsies and has resulted in an increasing diagnosis of "significant" prostate cancers wile diminishing the diagnosis of indolent disease. Robotic surgery for the removal of prostate cancer is now utilized far less often for indolent disease and more often for the treatment of aggressive prostate cancers.

Bio: Dr. Douglas Scherr is the Clinical Director of Urologic Oncology and Professor of Urology at the Weill Medical College of Cornell University. Dr. Scherr received his undergraduate degree in Government at Cornell University. After a year in Shenyang, China, Dr. Scherr completed his medical training at The George Washington University School of Medicine in Washington, D.C. Following this he completed a 6 year residency in Urology at The New York Hospital-Cornell University Medical Center. Subsequently, Dr. Scherr then went on to pursue a Fellowship in Urologic Oncology at Memorial Sloan Kettering Cancer Center in New York for two years. Beginning in 2001, Dr. Scherr has been on the full time faculty in the Department of Urology at Cornell where he has his current appointment.

Dr. Scherr's clinical focus is in the treatment of urologic malignancies. In particular, the treatment of prostate cancer, bladder cancer, kidney cancer and testicular cancers as well as genitourinary and retroperitoneal sarcomas. Dr. Scherr was the first physician at Cornell to perform a robotic prostatectomy and he has since performed thousands of these procedures and travels nationally and internationally teaching the procedure to many urologic surgeons. Dr. Scherr has expanded his robotic practice to now include robotic assisted removal of bladders with total bladder reconstructions. Dr. Scherr has published extensively in the areas of bladder and prostate cancer as well a wide variety of other urologic malignancies.

In addition to his clinical responsibilities, Dr. Scherr also has an active role in the Laboratory of Urologic Oncology. Dr. Scherr has been instrumental in defining the hormonal regulation of bladder cancer and is now developing a novel class of compounds that utilize the innate immune system to fight urologic tumors.

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