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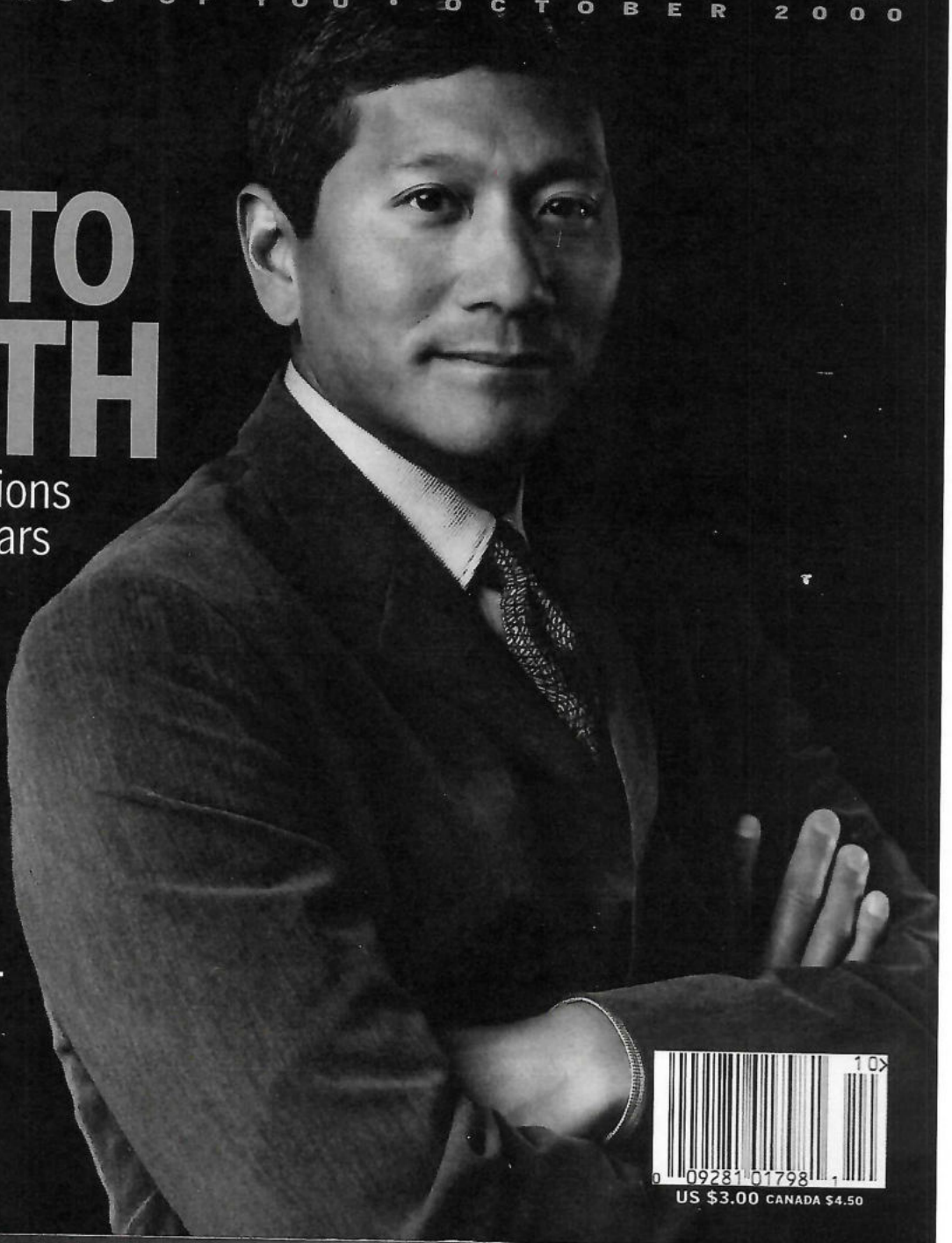

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TALKING WITH ANU SAAD

Q Will cancer be eradicated during our lifetimes?

A A single cure for cancer is never going to happen because cancer is not just one disease. If we can reach the point at which cancer is a chronic disease that people are treated for and live with, that will be a real victory.

Molecular biologist Anu Saad gave up her microscope at Cornell University to focus on the big picture of cancer treatment. Since she joined **Impath** *(Nasdaq: IMPH) a decade ago, the company has become the largest provider of cancer information and diagnostic-testing services. Last year, more than 7,400 physicians and 1,785 hospitals turned to Impath to help them evaluate patient tumors and determine the best drug regimens. Pharmaceutical, biotechnology, and genomics companies also mine Impath's vast store of data to develop better therapies more quickly. In July,* Worth *spoke with Saad, Impath's CEO.*

Excitement about gene research has reached fever pitch. How is that information used?
Now the challenge is identifying the genes that correlate with particular diseases and then developing targeted therapies. If you want to identify a gene that contributes to ovarian cancer, you need access to a significant number of ovarian cancer patients to look for the presence or absence of particular genes. That means searching tissue specimens. Impath has an extensive tissue repository, and we are currently tracking 1.7 million patients nationwide, collecting data on all kinds of cancers. We already partner with genomics companies to collect data and will assist them in finding patients and planning clinical trials. What we are really doing is forming a virtual information network.

Many cancers still defy treatment. What's being done to boost survival rates?
Knowing exactly what kind of cancer a patient has is crucial. A significant percentage of cancers are diagnosed after they've spread to a second site. Colon cancer cells may show up in a lymph node, or prostate cancer cells may turn up in the brain. Until recently, a common diagnosis was "tumor of unknown primary," meaning, "I know it's cancer, but it beats me what kind it is." Now, we can use highly sophisticated molecular DNA-based technologies to identify the place in the body where the cancer originated. That ability has revolutionized the management of certain kinds of cancer, especially lymphomas and leukemias.

How are such technologies helping to change treatments?
Physicians used to give patients combinations of chemotherapies because they didn't know which one would actually work. Now, by first testing a sample of the patient's tumor, we can eliminate ineffective drugs and increase the dosages of those most likely to eradicate the cancer. We can also examine markers that identify things like the growth rate of cells and the potential for a tumor to spread. The beauty of such prognostic analyses is that they allow us to treat patients more individually, and more successfully, than ever.

What are the trends in drug development?
Drug companies are focusing on finding targeted therapies for specific cancers. A prime example: **Genentech**'s breast-cancer drug Herceptin, which attacks a malevolent oncogene called HER2/neu. Some 25 to 30 percent of all breast cancer patients have an overabundance of HER2, and their cancers are extremely aggressive. Herceptin is very appropriate for those patients—and we can help identify them. There's also interest in drugs that can starve tumors of their blood supply, which is a means of attacking the mechanism that allows cancers to grow.

How can patients gain access to experimental therapies?
Only about 5 percent of cancer patients participate in clinical trials, which is a real tragedy. Historically, trials have been for extremely ill patients for whom every existing treatment has failed. However, drug companies now want to test targeted treatments in a broader range of patients. Impath can screen a daily caseload of 650-plus patients to look for matches as pharmaceutical companies need them. We're also developing software to assist physicians in determining which of their patients might be eligible for trials. If we can get the number of patients in clinical trials up to 30 to 40 percent in the next ten years, it'll absolutely revolutionize the way drugs are developed. *—Loch Adamson*