



Membership Renewal Issue!

Family, Friends, Physicians, & Researchers dedicated to improving diagnosis, treatment, and quality of life for people affected by von Hippel-Lindau.

Volume 14, Number 1

ISSN 1066-4130

April/May 2006

20 April 2006

Dear Friends:

May is VHL Awareness Month. It is time once again to renew our memberships in the Alliance and our commitment to finding answers to VHL.

This year's Awareness Campaign features Derik from Connecticut, whose story appears on page 3. With the help of all our chapter contact people, our international affiliates, and YOU we hope to reach more people in the general population. Watch for radio and television public service announcements, and possibly public service ads in major magazines! May we send you a kit to approach your local media?

All the progress we have made is due to a coalition of effort by you and all those who contribute dollars, to all the many volunteers worldwide who contribute so much of their time and talent, and of course to the expertise and care of the many physicians and researchers throughout the world.

This year we have received a total of fifteen research grant proposals — ten from teams in the United States, and five from teams in other countries. We are delighted to see this continuing level of interest in working on VHL. We are excited at the opportunity to encourage more young researchers to undertake VHL research. Hopefully one day we can fund all those who want to solve the puzzle of why and how.

We currently have enough money to fund up to three of these fifteen proposals. The Research Advisory Committee is considering the applications, and final decisions will be made at the Annual Meeting in Salt Lake City in June. Please help us raise enough money for at least one more research grant between now and the end of June. If every one who receives this request pays their annual dues, we will have enough for one more grant.

Please help to support VHL research and education by paying your dues of \$25 per year, which covers the mailings we send you, and by making whatever additional contribution you can.

It is only through the generosity of our supporters and our volunteers that we exist. We have new opportunities to keep those people healthier longer. The Handbook is helping patients and their local doctors do better routine screening and have more constructive discussions about optimal treatment. Through new research discoveries we hope to see within the coming decade ways to keep new tumors from ever forming.

And it's exactly because we have achieved so much already together that we ask you to continue your support, and to help us to reach new donors. We simply can't do it without you. If every family would help us raise at least \$100, we would more than meet our goal.

Many thanks and all best wishes for a happy, healthy year ahead,

A handwritten signature in dark ink, appearing to read 'J. J. J.', is placed above the 'Please Act Now!' section.

Please Act Now!

- ☐ ***Renew your membership (page 15)***
- ☐ ***Vote for Board candidates (pp 2, 15)***
Ballots due June 20
- ☐ ***Register and come to a meeting (page 16)***

Inside this issue!

We Need Your Vote!	Sophie's Run
Derik's Big Heart	Ask the Family: DNA Testing
New Drugs - New Hope	Feeling at Home
Building a Tissue Bank	Ask the Experts: Pheo Testing
Testing the New Drugs	Introducing Alex Lewis
Another clue to VHL	Meetings and Ballot

Meetings: Salt Lake and Ontario, p. 16

We Need Your Vote!

The Nominating Committee submits this slate of candidates for your approval. Your vote counts! Please take time to vote now! To be confirmed, each candidate needs the votes of 10% of the members.

**PLEASE VOTE (X) FOR UP TO FOUR CANDIDATES,
or vote for the entire slate of candidates. See ballot, page 15**

☐ CAMRON KING, SACRAMENTO, CALIFORNIA

Camron King is Program Director for the California Association of Winegrape Growers, a non-profit trade association. He tracks state legislative and regulatory actions related to environmental and natural resource issues. His experiences include staffing non-profit boards and committees, fundraising for non-profit organizations and management and oversight of paid and volunteers staffs. He serves on a number of community boards and committees. He has a BA in Government, and will receive his Master's in Public Policy and Administration in May 2006. Diagnosed with von Hippel-Lindau (VHL) in 1996, he has endured a number of surgeries to remove tumors from his eyes, both adrenal glands, kidney, liver and spinal cord. This experience has moved him to become more involved in advocating for greater cancer research funding, accessibility and a desire to educate the community about VHL. Camron resides in Sacramento with his wife Alicia and their son Brayden.



☐ ROBERT E. SCHOENHALS, ROCHESTER, MICHIGAN

Candidate for re-election. Rob was appointed to the Board in 2003 to fill an unexpired term and to serve as Treasurer of the Alliance. If re-elected, he has agreed to continue in that role. Rob is a Senior Finance Manager for Daimler-Chrysler in Detroit. He has served in a number of leadership roles in both career and volunteer positions. He and his wife Anita have five children. Rob, two of his children, and several other family members are affected with VHL. "VHLFA is an organization that gave me hope for the future when I needed it the most. As VHL patients and family members, we deserve more hope than most."



☐ JOSEPH VERDI, PH.D., SCARBOROUGH, MAINE

Candidate for re-election. Joe heads a very well respected molecular biology research effort at the Maine Medical Center Research Institute in Scarborough, Maine. In his first term, Joe has undertaken the key role of Director of Research for the VHLFA. He leads the review of grant applications for us, with the help of a committee of experts in the field. With Joe's help, we have been working toward a national repository for VHL tissue and data which will facilitate research on VHL and assist in measuring the results of clinical trials.



☐ BRUCE WEINBERG, ESQ., SAN FRANCISCO, CALIFORNIA

Candidate for re-election. A licensed attorney and avid cyclist, Bruce has extensive experience on non-profit boards, and has worked with organizations from the National Brain Tumor Foundation, Recording for the Blind & Dyslexic, and the National Association of Visually Handicapped to US Figure Skating. He has served on numerous committees for the VHLFA, and has been involved with VHL for over a decade. He has been a member of the Executive Committee as Vice-Chair of the Board for the last three years. He is looking forward to continuing his service to this great organization, and to further educate medical professionals about proper treatment for our members while keeping the organization strong



Derik's Big Heart

-- by Alexandra Lewis with Ann F., Connecticut

Derik

H. is a friendly twelve year old from Connecticut. When I met him at a VHL meeting in Brookline on Sunday I was struck by how upbeat and down to earth he is. Derik enjoys Karate; he's currently working towards his green belt and likes to perform with the 'Demo Team'. He loves his dog Percy, as you can probably tell from the picture. In fact I would guess he adores all animals from the way he was running around with Joyce Graff's labradoodle 'Snowy' at the meeting.

On the one hand Derik is an average 7th grader but on the other hand he is rare. Rare because he has VHL which is thought to be the result of spontaneous mutation as opposed to being inherited. As Derik's mom Ann put it on Sunday 'that makes him one in a million'. This is true in more ways than one, as shown by his inspirational fundraising. Despite only being diagnosed earlier this year and undergoing surgery to remove a brain tumor in March, Derik has already raised \$250.00. No sooner was Derik sent some VHL wrist bands to sell than he had sold them -- all 30 of them -- within two days, and was asking for more.

As with many cases of VHL, Derik's diagnosis was complicated and a long time coming. Derik's symptoms began over two years ago; he was vomiting every morning and consequently didn't gain weight for two years. After numerous doctors' visits Derik was eventually put on medication for seasonal allergies. The symptoms seemed to be getting better but at his next visit to the nurse Derik casually mentioned he'd been getting some headaches. The nurse suddenly realized there might be more to the vomiting than allergies -- nausea can be a symptom of brain tumors. While his doctor remained unconvinced, she agreed to order an MRI of his head.

On Friday January 13th Derik was diagnosed with a brain tumor which needed to be removed. Derik was admitted to hospital and underwent several procedures before the tumor was removed. Obviously it was a frightening time for Derik and his family but they were greatly comforted by the number of people, including many whom they hadn't seen for years, who pulled together to support them. Ann also found enormous solace in her faith in God.

Before Derik's surgery the neurosurgeon informed them of the possible long term outcomes. It seemed probable that Derik would need to be on a feeding tube or ventilator, and would end up



Derik and Percy

with severe balance issues and need a wheelchair. However, Ann remained positive and put her faith in God. When Derik woke up the day after the surgery, although he was groggy and distressed he managed to come off the ventilator and was able to walk to the rest room. The neurosurgeon was astounded and commented "If you had said to me this kid would be up, breathing on his own and asking if he can have munchkins, I would have called you a liar." Ann believes it was a miracle.

Who knows how far a positive attitude, loving family and proactive approach will reach, but in Derik's case it certainly helps. He is making a steady recovery and his hemoglobin levels are back in the normal range. He still has a cervical spinal lesion that will need to be removed in the future.

Derik's current target is to raise \$5000 for the VHL Cancer Research Fund. He is determined to raise awareness and money in order to help find a cure for himself and others. Maybe he gets his activist approach from his mom, who is already looking to become Chapter Chair, start a support group in their area and thinking of new fundraising ideas . . .

If you would like to help Derik achieve his target please make a donation at <http://firstgiving.com/>

You're Comin', Eh?

Meetings in 2006

Salt Lake City, Conference and Annual Meeting, June 24, 2006 -- see page 16

Medical Symposium on VHL, London, Ontario, Canada, October 26-28, 2006
details on page 16

New Drugs – New Hope – We Need Your Help

There have been two announcements in the press since December 2005 that certainly sound like we are getting closer to a drug that might help us with VHL.

Nexavar (Bayer) and Sutent (Pfizer) have both been approved for use with advanced kidney cancer – after it has spread to other areas of the body.

Most people with VHL don't have kidney cancer that has spread. Are these new drugs for us or not? Should we try them at earlier stages of kidney cancer? If we take them for several weeks or months, what happens when we go off the drug? Is it okay to take it for years? How will we pay for access to these expensive new drugs? Are there better approaches?

The Renal SPORE (see footnote) at Dana Farber/Harvard Cancer Center sponsored a continuing medical education event for urologists, oncologists, and oncology nurses on April 7, 2006, in Boston. They presented their latest findings in the biology of renal cancer, approaches to treatment, new anti-angiogenic drugs, and the projects they have under way to further understand renal cancer and find better paths to a cure.

Germline VHL mutations -- the inheritable kind we deal with in our community -- represents only 4-5% of all kidney cancer in the general population. But among all kidney cancer tumors, 75% of kidney cancer is "clear cell renal cancer" (the same kind we see in VHL) and in fact the VHL gene loss is a primary cause of more than 60% of those tumors. These patients did not inherit a flaw in the VHL gene, but something happened to disable the gene's function within the kidney, and a kidney tumor grew.

That puts VHL research right on the primary pathway for study of kidney cancer in general. As Dr. William Kaelin told the group, loss of the VHL protein plays a role in the maintenance of a kidney cancer tumor, not just its initiation. "If you fix VHL in the tumor, you can fix the tumor."

With the larger market in view, the drug companies are working first on getting drugs approved for kidney cancer in general. But we are watching this work closely because of the intimate relationship between VHL and kidney cancer. If we find a drug that works for kidney cancer, it might also work for hemangioblastomas or pheochromocytomas.

Another area of investigation is an effort to find biomarkers – measurements of elements in blood or urine – that might indicate a suspicion of kidney cancer activity. The PSA for prostate cancer is a good example of a biomarker. If a man's PSA level is elevated, there is need for further tests to determine whether prostate cancer is present, and to discuss

opportunities for early treatment.

In the same way, if a doctor were able to do a simple test in the course of a regular examination and find an indicator that further tests for kidney cancer are warranted, then more people might be diagnosed at earlier stages. Currently, most people diagnosed with kidney cancer already have advanced disease. People with VHL at least have early warning that they might be at risk for kidney cancer, so we screen for it on a regular basis. But most people in the general population have no warning and no symptoms until the disease has spread to other parts of the body. Their only opportunity for an earlier diagnosis is what is called an "incidental finding" – a person is in an automobile accident, the doctors take an image to check the spleen, and they just happen to discover a suspicious mass on the kidney.

“If you fix VHL in the tumor,
you can fix the tumor.”

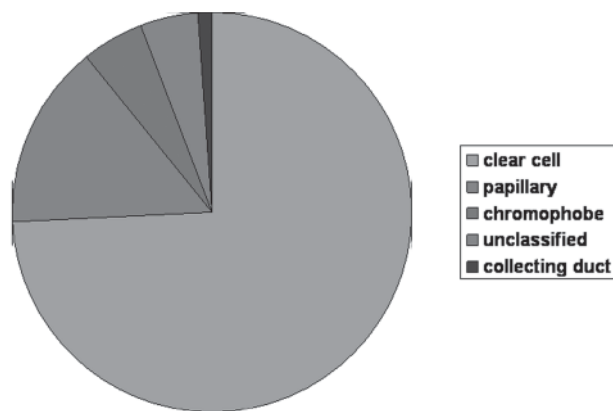
As of this writing, the best treatment options for people with VHL are (1) watchful waiting as outlined in the Handbook, (2) Radio Frequency Ablation or cryosurgery if these are possible or advisable, (3) partial nephrectomy when necessary. All of these have their risks. Today there are significant risks in the drugs as well. What we would love to have is a medical treatment (one or more drugs) that would control the growth of these tumors and keep them from advancing to cancer. Ideally, existing tumors might shrink.

Today, these drugs are all investigational for VHL. There is still no silver bullet. We need to learn more, and we can learn best through controlled studies called Clinical Trials. Several physicians are putting together clinical trials with some of these drugs specifically designed for people with VHL.

- Dr. Othon Iliopoulos at the Mass. General Hospital in Boston
- Dr. Eric Jonasch at the M.D. Anderson Cancer Center in Houston
- Dr. Stéphane Richard, the French National Cancer Institute program on kidney cancer.

None of these trials is quite open at this moment, but they are expected to open within the next few months. We will post the details as they become available at <http://www.vhl.org/trials>.

There will be more drugs. Some people will respond better to one than another. Some drugs will be more specific for VHL, some will be more effective for VHL. The side effects will vary. Nonetheless, it is good to see so much interest in studying VHL, and so much good progress along the pathway toward a cure for VHL.



Renal Cell Carcinoma is not a single disease. Of all renal cancer in the general population, 75% is clear cell, 15% is papillary, 5% is chromophobe, 5% is unclassified, and 1% occurs in the collecting duct. Only about 5-10% of all

kidney cancer is due to a germline (heritable) genetic change. VHL is the leading heritable cause of clear cell renal cancer. While heritable VHL accounts for only 5% of all clear cell RCC, changes in the VHL gene that happen during one's lifetime contribute to the growth of more than 60% of all clear cell RCC.

People with HLRCC have mostly papillary kidney cancer, sometimes in the collecting duct. These tumors are caused by a change in the Fumarate Hydratase (FH) gene, which also affects HIF production.

People with Birt-Hogg-Dubé syndrome, another heritable renal cancer, can have multiple types of renal cancer, even in the same kidney. Mutations in the Folliculin (FLCN) gene disrupt another tumor suppression function.

Through study of these and other familial forms of renal cancer, we are learning more about the pathway to kidney cancer in the cell.

Building the Tissue Bank

You can help by contributing tissue to the tissue bank. Here's one example of why. There are now new computer chips that can test 10,000 genes at a time to tell which ones are "on" or "off". When they test 20 samples, they see a pattern beginning to emerge, but they don't yet know if that is a pattern common to all people with VHL, or all people with kidney cancer, they only know that it is true for the 20 samples they have tested.

If they are able to test 200 samples, they get a much better idea of whether this pattern is true across the population. We need to help provide 200 or more samples for them to test. The more we understand how these basic mechanisms work, the more possible it is for the drug companies to design a drug to fix the problem. With this information, we might be able to choose the most effective drug for a particular person before the treatment begins.

Please remember whenever you are having surgery, that you have an opportunity to contribute the surgically removed tissue to the tissue bank and help speed up the research. No extra tissue is taken. We are assembling a checklist of things to remember before you go for surgery, and one of them is to register with the tissue bank. You are the only one who can provide tissue for research.

For details as they develop, see vhl.org/bank

The new VHL Tissue Bank will cost about \$15,000 a year. A donor willing to make a commitment in that dimension will have a chance to name the bank. Call the office for details.

Note: The Special Projects of Research Excellence (SPOREs) are multi-year multi-million dollar grants from the National Cancer Institute to research partners throughout the United States. While there are multiple SPOREs for breast and prostate cancer, there is only one SPORE for kidney cancer, at the Dana Farber/Harvard Cancer Center, a research consortium of major hospitals in Boston. Dr. Michael Atkins of Beth Israel Deaconess Hospital is the head of the Renal SPORE. See <http://dfhcc.harvard.edu/renalcancer>

Testing the New Drugs for VHL

If you and your physician feel that Nexavar, Sutent, Avastin, or any of the other new drugs might be the thing for you to try, please help our entire community by making sure that what you and your doctor learn becomes part of a central collection of information about using these drugs with VHL. By compiling our learning together we will either learn their limitations, or we will gain approval for the drug "for VHL" and thus earn reimbursability. Because we are a small community, we need to hear from EVERYONE's experiences with the drugs, and we need that feedback to be structured in a way that we can add it all together and figure out what's going on.

Here's the plan:

- Ask your doctor to contact Dr. David F. McDermott, Clinical Director, Biologic Therapy Program, Dana Farber/Harvard Cancer Center Renal SPORE program. Dr. McDermott will be happy to discuss your case with physicians, but not with the patient directly. He is also in touch with a number of other clinical trials which might be even more appropriate for the patient's particular situation.
- If patients have questions, please ask them to call the VHL Family Alliance Hotline. We will do our best to answer questions, or will seek answers and reply.

Dr. McDermott is working with the pharmaceutical companies and other clinical researchers to set up a "protocol", a set of guidelines for the administration of the drug, so that everyone using it will be doing so in a consistent way, and our learning will be structured. For people outside North America, please give your physicians the same referral to the VHLFA or to Dr. McDermott. We will all need to work together globally to learn enough to gain approval for VHL for any drug.

Another clue to VHL

Scientists have discovered how an altered gene can increase the risk of kidney tumors. -- based on an article from BBC News, April 2, 2006

Researchers at the Imperial College London in England looked at cells from people with an inherited condition called von Hippel-Lindau (VHL) syndrome, in which one copy of the VHL gene is altered.

The VHL gene normally safeguards cells against cancer, suppressing tumor growth. The research team found that when cells are deprived of the VHL protein, they behave as if they have too little oxygen - but how this contributes to the chain of events which can lead to them becoming cancerous has not been clear.

Experts said the discovery, detailed in the journal *Cancer Research*, could help pave the way for new treatments. Over 6,600 people in the UK and 36,000 people in the United States are diagnosed with kidney cancer each year. In the general population the average age of onset of symptoms from kidney cancer is age 62; among people with a familial syndrome like VHL, symptoms occur on average by age 42.

Lack of oxygen

Until now, it has not been clear how flaws in the VHL gene can lead to the development of kidney cancer. But the researchers found that kidney cells with flawed VHL had much less of a normal protein molecule, called e-cadherin, which contributes to normal cell behavior.

They found that the cells behaved as if they were receiving much less oxygen than they really were.

To combat this perceived lack of oxygen, the cells raised a chemical signal called HIF (hypoxia-inducible factor). HIF causes the kidney cells to switch off e-cadherin. Normally, the e-cadherin protein molecule plays an important role in helping cells to stick together to form healthy tissues.

The loss of this molecule results in a breakdown in communication between neighboring cells. Cells then acquire important features of cancer, such as the ability to invade other tissues and spread.

The scientists say their finding could also have implications for other types of cancer, as low oxygen levels are common in tumors. E-cadherin is also lost in several forms of cancer, including breast cancer.

Mechanism

The opportunity to study kidney cancer in people with VHL was invaluable to this work. Professor Patrick Maxwell, who led the research, said: "It is very powerful scientifically to be able to study cells before they become cancerous, as it helps us to

understand how tumors develop.

"In the general population, kidney cancer is usually detected late, when the only available treatment option is radical surgery. Investigating cells before they develop into tumors could help us to find a way to detect and treat kidney cancer earlier."

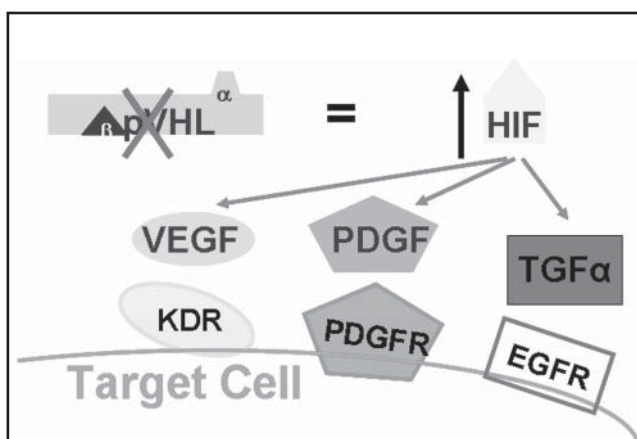
But he added: "We don't think loss of e-cadherin is the only thing responsible for the development of kidney cancer. In fact there are probably many more factors involved, and our next task is to find out what these are, and work out the best way to prevent this disease from forming in the first place."

Professor John Toy, Medical Director of Cancer Research UK, said: "By examining the relationship between oxygen levels and e-cadherin, the research group has discovered a potential mechanism by which mutant VHL could contribute to tumor development.

"This is extremely interesting research as it could pave the way for new treatments and offer hope to patients with VHL syndrome."

The work was funded by Cancer Research UK, the Medical Research Council and the Wellcome Trust.

This article was based on an article in BBC News, April 2, 2006, reporting the publication of Esteban, Maxwell et al., Regulation of E-cadherin expression by VHL and hypoxia-inducible factor. *Cancer Res.* 2006 Apr 1;66(7):3567-75.



The Road to Treatment. When there is no VHL protein in the cell, HIF accumulates to too high a level. This causes an over-supply of a number of other factors. For example, Vascular Endothelial Growth Factor (VEGF) stimulates the growth of blood vessels and the hemangioblasts on the surface of hemangioblastomas. It is difficult to develop drugs that directly block HIF. Instead one needs to block some of the downstream results. We may need to use multiple drugs in combination to control multiple factors.

Sophie's Run, Katherine's Marathon

Sophie M. of Bath in England recently ran her first-ever half-marathon. She dedicated her effort to her half-brother and sister, both of whom have VHL.

Her brother Edward J. was diagnosed with VHL in 2003. Their sister Katherine J., age 31, decided to undergo tests to see if she too had the faulty gene that might increase her risk of cancer. She never imagined that she had cancer.

"It was only because my brother was diagnosed with von Hippel-Lindau Syndrome (VHL) that I had the test. He was the one that was ill and had all the symptoms. He had a benign brain tumor and had to have an operation. Because I was symptom-free I thought I would be fine, I just wanted to know for sure."

But the DNA test came back positive in August 2004. Katherine then began a marathon of her own, a series of scans to see what manifestations of VHL she might have. Doctors found five kinds of VHL tumors.

"There were two in my pancreas, both were cancerous, one in the adrenal gland and two in my right kidney," she said.

What followed was serious surgery to remove the tumors from her pancreas and adrenal gland as well as a six month course of drug therapy. She had to have six months off from her work.

The treatment appears to have been a success with recent scans coming back clear but Katherine still has to have further surgery to remove two tumors from her kidney.



Katherine (left) and Sophie (right).

"The last round of surgery was just so enormous that in a way this operation doesn't really feel so bad."

How does she feel about the new research advancements, and about Cancer Research UK's discovery of how the faulty gene predisposes people to cancer? Katherine said: "It's really good news especially if the research has implications for other types of tumors as well."

Throughout the whole experience Katherine and her brother Edward, who still has a spinal tumor which is being monitored, have managed to remain positive. "It's a huge condition. You do the monitoring you have to do, but you just have to get on with your life -- otherwise it would be too much to deal with. But they are coming up with new things all the time and there could even be gene therapy for it within our lifetimes."

Sophie wanted to do something special to honor Edward and Katherine and support them in their struggle with VHL. She decided to raise money by running her first-ever half marathon and asking friends to sponsor her run. "I hope that the money can be used for research on VHL, and to help fund the very good work you do."

— Our thanks to the BBC News, Sunday, 2 April 2006, for some of the information in this article.



Their father, Richard M., also ran the Bath Half Marathon in honor of his courageous children..

**Send in your Ballot on page 15
We need to hear from you!**

Are you coming to Salt Lake June 24?

Ask the Family

DNA Testing and Insurance

Question: I'm from Canada and I have VHL. My teens will be tested for VHL next Monday. I have debated over this for some years and still I'm confused.

If they test positive for this gene, what about life insurance? What about employment? In a way I feel that they should know, but in another way I feel like I am robbing them of future employment by exposing this illness. How do you guys deal with this? Maybe I should just have their screening done and take it from there. Once the results are out, I don't know how this will affect their future. How has other children fared with these test results? Have they been discriminated against in employment or denied life insurance? Should I or shouldn't I?

-- Diane F., Ontario, Canada

Response #1: We had our boys tested 4 years ago this fall when they were almost 12 and 8. We chose to purchase life insurance for both of them before they were tested. We chose a policy where they have options in their 20's and 30's to add to the policy if they want with no health questions asked. We just wanted to make certain that when they are grown and have families of their own, they would have the option of having life insurance.

My husband's health insurance has never even asked one question concerning the boys' diagnosis. They have numerous tests yearly as well as procedures (our oldest has had 5 laser eye surgeries this year) and they just pay the 80% and never ask why they are having these screening tests.

For me, knowing is much better than what-ifs. We waited almost 4 years after my husband was diagnosed before testing the boys, and I can tell you.....the not knowing was much more torturous than the knowing. I am just relieved to know, so I can take the best care of the boys.

When you say you feel like you are "robbing them of their future employment by exposing this illness".....think of the harm you could do them by NOT knowing about VHL. If they have an undiagnosed pheo or kidney cancer or spinal cord tumor, they could wind up with disability or worse.

Without a diagnosis, I dare say some doctors may not take their screenings as seriously. And why burden your children with screenings if they are not really necessary?

My husband has had 30 tumors since 1998 and he never had a single symptom. The only way we found out was because he became ill with a brain tumor, which led to a diagnosis of VHL. Based on that diagnosis, they began the screening that found the kidney tumors. That is how we found out about

VHL. That is scary. I never want my kids to think just because they "feel good" they do not have to have their checkups. VHL can manifest without you feeling symptomatic.

I hope this helps. I just know from experience that not knowing was killing me inside and I did not even realize it until we had the DNA test done. Knowing was hard at first, but then you feel almost a sense of relief of knowing so you can take the very best care of them. You know what's happening, and can take charge.

Good luck and keep us posted. -- Robin K., Texas

Response #2: Just thought I would add my two cents, as a fellow Canadian. I had my two kids tested when they were still babies. It didn't even occur to me not to. One, N., is positive, the other, M., is negative. N. had a pheo removed when he was six years old, and I wonder if we would have found it right away if we hadn't known he had VHL. It is too easy to let denial kick in and explain symptoms away as normal, or as minor illness. And I do think the doctors take everything a little more seriously when you have a diagnosis in your hand. In the case of M., I am so glad that we know he is negative. Now he can go about his life without the hassle of screenings. And what a huge relief for me to get that good news.

I think this is a personal decision, but for me I have yet to regret having them tested and I have had many occasions to be grateful for knowing.

As for the insurance question, I am covered under my work group insurance. So I have full benefits and life insurance too. You could consider getting life insurance for your children now, before they are tested (you could even cancel it for any that aren't positive once you get the results, if it is too expensive to maintain). And, living in Canada, we don't have to worry about medical insurance. That is all covered, thank goodness!

Good luck with your decision. I hope it all works out for the best. -- Renée, Ontario, Canada

Growing to Serve you Better!

We have grown so much in the last several years that we need more space! We are now two full-time and three key part-time staff and volunteers in one room. Meet Alex Lewis, our new Administrative Assistant, on page 10. Over the summer we will move into office space in a very nice office building in Boston, near some other non-profit organizations. Please make note of our new address, which will be active as of June 1. The old address will continue to work over the summer.

VHL Family Alliance

2001 Beacon Street, Suite 208

Boston, MA 02135-7787

All e-mail, fax, and telephone addresses remain the same.

Feeling at Home

Your home should be a place where stress is reduced, where your soul is nurtured, where you feel comfortable and welcomed. Your home should be your sanctuary. No matter how chaotic things are at home, with a few simple steps you can create a more comforting environment around you - start by gradually implementing the following into your household:

- Bring the outdoors in. Green plants, cut flowers and blooming bulbs, as well as pieces of wood, rocks and other natural elements can create a feeling of nature indoors.
- Surround your senses with beauty. Artwork, fragrance, smooth textures, and calming sounds

all provide a pleasant environment in which to relax.

- Set aside a room or area for peace and calm. A place for spiritual reflection and meditation can provide shelter from noise and distraction.
- Clean out clutter. A low-maintenance home is refreshing after a day of hectic meetings, errands and chores. Fewer items can mean less frustration.

Take a moment to visit the Mind/Body/Spirit section on DrWeil.com for more ideas on relieving stress and encouraging relaxation

Adapted from Ask Dr. Weil, <http://www.drweil.com>

Reprinted with permission



Click and Ship for VHL

Print your own pre-paid USPS mailing labels to recycle

Help raise money for VHL by recycling empty ink cartridges and old cell phones and laptops. With our new system it's easy, all you have to do is go to the above link and then click to print out the label. The value of the donated items will go directly to VHL.

All makes of cell phones and laptops are accepted. HP, Lexmark, Dell and Xerox ink cartridges can be accepted but NOT Canon or Epson.

Due to postal and customs regulations, this program only operates in the United States.



**Hope
Strength
VHL.ORG**



Wear your blue VHL wristband proudly!

Request one as your thank-you gift for a donation of \$5 or more. Or sell VHL wristbands at local events. Call the office at 800-767-4845 to make arrangements for bulk orders of wristbands. Or create an Online Personal Fundraiser Page. Read about Derik's personal fundraiser on page 3.

**How Can You Help?
Pick a Project - Help Raise Visibility
Help Raise Money for a Cure!
See www.vhl.org/help
Set up your own personal fundraiser
at firstgiving.com/vhl**

**Donate a Car,
Boat or truck**



Do you shop online?

At iGive.com you can donate the commissions on your purchases to the Cancer Research Fund / VHL Alliance. *Give while you shop!*



**Buy socks for your
books, distribute
flyers at your school**

Ask the Experts

Medications and Pheo Testing

Question: I have recently been tested for a pheochromocytoma. I am on Inderal for my high blood pressure and am also on two meds for depression and pain (amitryptiline and Cymbalta). Will the use of theses meds interfere with my test results? I have been told yes by my mother who of course has already been through three surgeries with my father and brother, but my family practitioner says no. Should I request a test retake without meds? – *Shelley B., Massachusetts*

Response: Shelley's mother is correct and the family Doctor is not. Although, Inderal is not much of a problem, Cymbalta and Amitryptiline may result in significant interference to biochemical tests used to diagnose pheo. Both drugs are monoamine re-uptake blockers. Amitryptiline is a particularly well established problem (see figure 3 and table 2 of the attached PDF). It is a tricyclic antidepressant that blocks re-uptake of norepinephrine by sympathetic nerves, thereby increasing plasma and urinary levels of the transmitter, its O-methylated metabolite, normetanephrine, and also VMA. As a consequence patients taking this drug, or other tricyclics, have a high likelihood of false-positive elevations of plasma and urinary norepinephrine, normetanephrine and VMA.

Nevertheless, patients on these drugs can still have these tests carried out. If the tests come out negative (normal), then there is nothing to worry about. However, if they come out positive and especially in the grey area, then it is probable that the elevation is due to the tricyclic and not a pheo. Amitryptiline has a very long half life requiring up to a week or more for patients to be off the drug before testing. This can be problematic for those reliant on the medication. However, in many cases this is about the only way to exclude an effect of the drug and allow appropriate interpretation of test results.

Tricyclics and other monoamine uptake blockers can also interfere with MIBG imaging, preventing uptake of the agent into tumors, and thereby causing false-negative results.

If you are taking a tricyclic as an antidepressant or for some forms of chronic pain and insomnia, be sure to share this information with your doctor.
– *Graeme Eisenhofer, Ph.D., U.S. National Institutes of Health. See also Eisenhofer et al, Biochemical Diagnosis of Pheochromocytoma, Journal of Clinical Endocrinology and Metabolism, 2003, 88(6):2656-2666*

Testing Children for Pheo

Question: The preferred test for a pheo – it is more specific and more reliable than the 24-hour

urine collection, and not much more money. I know that, but needles are worse than surgery for both of my kids. I always seek out the most experienced pediatric phlebotomist in the hospital. We have tried Emla cream to anesthetize the skin, without much success. It tends to make the veins constrict, which ends up hurting more. The freezing spray seems to work better, but there is still a problem with constriction. I wish there were something better. We count with our kids and that seems to distract them somewhat. I also have them drink a lot of water – it helps to be well hydrated. – *Alison E., Texas*

Response: We do have considerable data now to show that the Plasma Free Metanephrines test is indeed more reliable than urinary catecholamines (24-hour urine). The other problem is that a complete urinary collection can be difficult. We are still building tables of age-adjusted ranges for children with both of these tests.

As you mention the downside for plasma assays is that blood sampling can be stressful for some children, so yes anxiety can be a problem. For this reason it is more important to use an indwelling IV (rather than needle stick) and rest period in children than in adults. – *Graeme Eisenhofer, Ph.D., NIH*



Introducing: Alex Lewis

Alex joined our staff in April as Administrative Assistant, helping provide support for our many volunteers around the country and the world.

I arrived in Boston, from England, at the end of January with an interest in working for a non-profit organization which makes a positive impact on people's lives on a daily basis. I am therefore delighted to be working for the VHL Family Alliance.

In England I graduated with a B.A. with Honors in Comparative Religion before becoming a Religious Studies teacher and then Head of Department at a High School in London. I have always enjoyed volunteer work in the non-profit sector including working in after school clubs and for a student helpline.

It is a pleasure to be able to support Joyce and you in working towards improved diagnosis and treatment of VHL.

**Help us design a booklet for children
Fill out the parent survey at vhl.org**

New Clinical Care Center in Australia

-- Prince of Wales Hospital, Sydney

The Hereditary Cancer Clinic at the Prince of Wales Hospital in Sydney, Australia, has recently commenced a VHL management clinic. The clinic will provide screening tests, multidisciplinary clinical review and referral for interventions where required.

The patients will have first been seen by staff at the Hereditary Cancer Clinic, Janet Tyler or Jessica Koehler (Associate Genetic Counsellors) and Dr Kathy Tucker (Clinical Geneticist) or Dr Lesley Andrews (Clinical Assistant). Consultations will have established a clinical or genetic diagnosis of VHL in the family.

Individuals with known VHL, or those at 1 in 2 risk, will be encouraged to attend the VHL management clinic at least annually or have a management plan co-ordinated through their local services. Following physical examination, referrals

will be provided for routine screening and the results conveyed by phone to the patients. Patients are encouraged to access the VHL family Alliance both in Australia and via the Internet. If symptoms or signs indicate disease progression, referral will be made to the appropriate specialist and investigations arranged. While the primary referral team includes an ophthalmologist, neurologist, renal surgeon and physician and endocrinologist, all with an interest in VHL, other specialists will be consulted as required.

The involvement of the genetic counsellors at the clinic will ensure that all patients and their families have access to ongoing psychological support throughout their surveillance and management of problems as they arise. We encourage involvement in the VHL worldwide and local family through the VHL Family Alliance. This multidisciplinary approach facilitates the optimal care for all aspects of the management of VHL.

Appointments are made through the Hereditary Cancer Clinic, Prince of Wales Hospital on
+61 (2) 9382 2551

Our thanks for donations from:

The complete thank-you list appears in the print version only.

***The complete thank-you list appears in
the print version only.***

***The complete thank-you list appears in
the print version only.***

The complete thank-you list appears in the print version only.

Board of Directors, Staff

Joyce Wilcox Graff, +1 617 277-5667 ext 4
Executive Director, Editor VHLFF

Alexandra Lewis, +1 617 277-5667 ext 718
Administrative Assistant

Sunny Greene, +1-703-578-1181
Director

Altheada Johnson, +1 (718) 622-2457
Secretary, Chair, Membership & Hotline Committees

Eric Lipp, +1 (773) 388-8839
Chair, Public Awareness Committee

Tom Lusk, +1 (630) 789 8559
Chair, Finance Committee

Tom Rath, +1-202-715-3030

Thomas Rodenberg, Esq., +1 (816) 224-3856
Chairman of the Board

Robert E. Schoenhals, +1 (248) 576-8070
Treasurer

Joseph Verdi, Ph.D., +1 (207) 885-8190
Chairman, Research Committee, research@vhl.org

Bruce Weinberg, Esq., +1 (323) 854 6664
Vice Chair of Board, Professional Education Committee

Clenton Winford II, +1 (972) 264-6886
Director, Chair, Membership Committee

International Leadership

Gilles Bohlinger, +33 1 4893 3173
VHL France, france@vhl.org

Gerhard Alsmeier, +49-5931-929552
Chair, Verein für VHL Erkrankung b.F., Germany

M. Luisa Guerra, Italy, +39 (143) 643572
Chair, Alleanza VHL

Vibeke Harbud, Denmark, +45 46 75 70 33
Chair, Foreningen af Von Hippel Lindau Patienter

Chris Hendrickx, Belgium, +32-3-658-0158
Chair, VHLFA Belgium

Pierre Jacomet, +56 (32) 824461
Chair, Chile & Latin America

Valerie & Jon Johnson, +64 (9) 534 8098
Chairs, VHLFA, New Zealand

Jennifer Kingston, Paul & Gay Verco
VHLFA, Australia +61 (2) 9475-1441

Susan Lamb, +1 (519) 735-0236
Co-Chair, Canada

Jill Shields, +1 (519) 268-1567
Co-Chair, Canada, canada@vhl.org

Hanako Suzuki, japan@vhl.org
Co-Chair, Japan

Erika Trutmann, info-ch@vhl-europa.org
Chair, Switzerland

Karina Villar, M.D., Spain, +34 937240358
Chair, Alianza Española de Familias de VHL

Mary Weetman, +44-(0)20-7681-1796
Chair, United Kingdom, uk@vhl.org

Medical Advisory Board

Lloyd M. Aiello, M.D., Beetham Eye Inst
Joslin Diabetes Center, Boston, Mass.

Debra L. Collins, M.S., Division of Genetics
Univ. of Kansas Med Center, Kansas City, KS

Yujen Edward Hsia, M.D.,
Prof. Genetics, Retired, Honolulu, HI

Col. James M. Lamiell, M.D., Clinical Invest. Reg
U.A. AMEDD Cntr & School, Fort Sam Houston, TX

Richard A. Lewis, M.D., M.S., Ophthalmology
Baylor College of Medicine, Houston, TX

John A. Libertino, M.D., Institute of Urology
Lahey Clinic Medical Center, Burlington, MA

Joseph A. Locala, M.D., Psychiatry & Psychology
Cleveland Clinic Foundation, Ohio

Eamonn R. Maher, M.D.
University of Birmingham,
Edgbaston, Birmingham, England

Virginia V. Michels, M.D.,
Chair, Medical Genetics,

Mayo Clinic, Rochester, Minnesota

Haring J. W. Nauta, M.D., Chief of Neurosurgery
Univ. Texas Medical Branch, Galveston, Texas

Hartmut P. H. Neumann, M.D., Nephrology
Albert-Ludwigs University, Freiburg, Germany

Andrew C. Novick, M.D., Chair, Urology
The Cleveland Clinic, Cleveland, Ohio

Edward H. Oldfield, M.D., Chief, Surgical Neurology
Nat'l Inst of Neurological Disorders, Bethesda, Md

Stéphane Richard, M.D., Neuro-Oncologie
Hôpital Kremlin-Bicêtre, Paris, France

Armand Rodriguez, M.D., Internist, Florida
R. Neil Schimke, M.D., Dir. of Genetics

University of Kansas Med Center, Kansas City, Kansas

Robert B. Welch, M.D., Chair Emer,
Ophthalmology, Greater Baltimore Medical Center, Baltimore,
Maryland

VHL Family Forum, Newsletter of the VHL Family Alliance and the Cancer Research Fund / VHL

Volume 14, Number 1, April/May 2006, ISSN 1066-4130

E-mail: info@vhl.org; Tel: 1-617-277-5667; Fax: 1-858-712-8712

Toll-free in the United States and Canada: 1-800-767-4VHL

Editor: Joyce Wilcox Graff, 1-617-277-5667, extension 4

Internet website <http://www.vhl.org>

171 Clinton Road, Brookline, Massachusetts 02445-5815 U.S.A.

©2006 by the VHL Family Alliance. All rights reserved. Photocopy of the entire issue is permitted. Reproduction for publication requires written permission in advance. Distributed to members of the VHL Family Alliance, supported by dues and fund-raising. Advertising is accepted. We welcome your comments, suggestions, ideas and submissions. Copyrighted works or their modifications must be accompanied by the copyright notice. Opinion(s) expressed by the authors are not necessarily those of VHLFA.

Postmaster: Please send address changes to VHL Family Forum, 171 Clinton Road, Brookline, MA 02445-5815.

Beginning July 1, 2006, please send address changes to VHL Family Forum, 2001 Beacon St., Boston, MA 02135-7787. Thank you.

All web addresses, e-mail addresses, and telephone numbers will remain the same.

United Way? write us in!**Look for us state or federal campaign brochures***

Please print out one or more posters from our website to hang in your office for workplace charity campaigns. Please note: *We are not in all campaigns. If we are not listed in your workplace campaign, you cannot write us in. Please send a check.

Membership Renewal & Ballot

If you have already paid your dues in 2006, thank you! -- and Please Vote!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: _____ Work phone: _____

E-mail: _____

Preferences:

☐ I would like to receive occasional alerts via e-mail ☐ Please send the newsletter on paper only

Ballot: *vote for four*

___ I vote for all four candidates as proposed by the Nominating Committee

or individually: ☐ Camron King ☐ Rob Schoenhals ☐ Joe Verdi ☐ Bruce Weinberg

☐ write-in candidate: _____

Registration:

Please register ___ people for Salt Lake City (\$25 per person) \$ _____

You will need to book your own room with the Guest House at (801) 587-1000 or (888) 416-4075 by June 9

Registration and hotel information for Ontario is posted at <http://www.vhl.org/conf2006>

A Gift to the VHL Family Alliance is a living gift of love - Sent with Hope for a Cure!

Remember VHLFA when you want to celebrate an occasion or a loved one (minimum \$10 per honoree)

☐ in Honor of ☐ in Memory of _____

Acknowledgement card to be sent to: _____

Payment information:

Annual dues: \$25 per mailing address (\$35 outside U.S.) \$ _____

Yes, I want to help fund another research grant! My additional contribution: \$ _____

☐ My check is enclosed ☐ Please charge my Visa or Master Card: \$ _____

This is a ☐ one-time payment

☐ Monthly pledge to be charged to my card for ___ months.

Name as it appears on the card: _____

Card number: _____ Expiration: _____

VHL Family Alliance

IRS Tax ID 04-3180414

171 Clinton Road, Brookline, MA 02445 USA

after July 1, address: 2001 Beacon St, Boston, MA 02135-7787



**Join us in Ontario
for the
7th Biennial Medical Symposium on VHL**

London, Ontario, Canada

October 26-28, 2006

We are now accepting papers for presentation at this meeting. Please see www.vhl.org/conf2006 for details. We encourage scientists, physicians, as well as patients to propose talks and posters for this meeting.

Please plan to be with us! The Saturday meeting is particularly designed for patients and their families. The Friday and Saturday meetings will be talking about clinical issues -- the latest ways of diagnosing and treating particular kinds of tumors.

The Thursday meeting will be highly technical, allowing the basic science researchers to collaborate, exchange ideas, and move the pace of research forward. You are always welcome, but please know that much of Thursday will be challenging even for physicians.

See <http://www.vhl.org/conf2006> for details about the meeting as they become available, and for information about meeting registration and travel arrangements.

To receive the latest info via e-mail, be sure to register for our online mailing list at vhl.org

We look forward to seeing you there!

**Join us in Salt Lake City!
Western Regional
and VHLFA Annual Meeting
Saturday, June 24, 2006**

University Guest House
110 South Fort Douglas Blvd
Salt Lake City, Utah 84113

Our hosts are Susan Sorenson and Mary Lynn Pearson, co-chairs of the Utah Chapter.

Registration is \$25 per person which includes lunch. See page 15 for registration information. A limited number of partial scholarships are available to help people attend.

Attendees should make their own hotel arrangements if needed. A block of rooms has been reserved for the VHL meeting with the Guest House. Call (801) 587-1000 or (888) 416-4075 or see <http://www.guesthouse.utah.edu>

Featured Speakers include:

Dr. Russell Lonser from the NIH will speak about endolymphatic sac tumors

Tom Rath, author of the best-selling book "How Full is Your Bucket?" will talk with us about his philosophy and his experiences with VHL.

New Board members will be formally elected, awards will be presented, and the 2006 research grants will be announced.



Newsletter of the VHL Family Alliance

171 Clinton Road

Brookline, MA 02445-5815

ADDRESS SERVICE REQUESTED

NONPROFIT ORG.
U S POSTAGE
PAID
Dulles, Va.
Permit No. 056