



## Jackson Township oncologist using smallpox virus in cancer trial

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JACKSON TWP. —

Smallpox. The very word conjures up images of an epidemic, deathly sick people, and a different age and time.

But today, the smallpox virus is being seen as a possible key in combating cancer.

Local oncologist Dr. Nashat Gabrail is conducting clinical trials using a genetically modified smallpox virus to fight cancer.

The virus is being produced by Jenner RX, named in honor of Dr. Edward Jenner, who introduced the smallpox vaccine in the 1700s. The disease finally was eradicated in 1974.

At his cancer center at 4875 Higbee Ave. NW, Gabrail said the goal of “virotherapy” trials is to assess how well certain viruses target cancer cells and tumors while sparing healthy cells.

### **OPTIMISTIC**

“We also stimulate the immune system to fight,” he said.

Gabraail said previous clinical trials have used genetically modified flu vaccines and herpes simplex virus.

A six-month clinical trial to treat liver cancer with the smallpox virus recently was completed, and is awaiting results, he said. Two weeks ago, Gabrail started a trial for colon-cancer patients who have undergone unsuccessful chemotherapy treatment.

“The virus particles go straight to the tumor, and it melts. We’re very optimistic,” he said.

So is Curtis W. Maynard. Once a week, the Griswold, Conn., man drives 1,400 miles to take part in the clinical trial at Gabrail’s clinic, where he stays for 24 hours.

Maynard, 52, one of two patients taking part in the clinical trial, said he underwent three previous years of chemotherapy treatment at the University of Connecticut.

“I have less pain than what I had,” he said. “I feel better mentally and physically. I feel he’s (Gabrail) going to help me.”

## **THE FUTURE**

Gabrail said clinical trials are crucial to help advance the cause of cancer treatment, and that he’s frustrated that more people aren’t aware of them. Participants, he said, don’t pay for the drugs that are used, but do pay for related medical expenses.

“The key is, patients, need to have choices,” he said. “Patients have to be their own advocates ... only five percent of oncologists do clinical trials because it’s difficult and time-consuming. If we doubled the number of oncologists doing clinical trials, we’d cut the time (development) in half.”

Currently, 1,500 drugs are in development for cancer, Gabrail said, adding that he’s working with 25 of them.

“We need new drugs,” he said. “It’s a no-brainer.”

Gabrail predicts that more than 60 percent of cancer-treatment drugs currently in development eventually will be in pill form, replacing traditional intravenous treatment.

“Smart people with cancer seek clinical trials,” Gabrail said. “Patients in clinical trials are being treated with drugs that will be available five years from now.”

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