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World's Innovative Creators & Their Masterpieces

In this edition:

Trans-Artist Nick Cave & "Field, Road, Cloud: Art and Africa"

Food Tank's Quest to Transform the World's Food System

EYES IN™

**HOLLYWOOD, UNITED STATES
AND WORLDWIDE**

The Curious Career Path of
"Love Addict" Star: Elliot Haddaway

Editor-in-Chief, Art Director, Publicist & Talent
Manager Vivian Van Dijk and Actor Elliot Haddaway



EDITOR-IN-CHIEF VIVIAN VAN DIJK WITH BRILLIANT ACTORS AND COMEDIANS ELLIOT HADDAWAY AND BRETT HUNT



Dear Reader

Being extremely saddened by the news of the Charleston shooting, I would like to draw your attention to this poem I've been reflecting on. The author perfectly communicates the vision I wish to see for the world. I keep on wondering why racism never innovated to anti-racism? Why was racism ever allowed to be invented? I hope for a new future one day, sooner rather than later, and one that will be just as this poem speaks about.

ANTI-RACISM

It shouldn't matter how I speak,
Or the colour of my skin,
It shouldn't matter how I pray,
Or what God I believe in.

It shouldn't matter what food I like,
Or what clothes I like to wear.
It shouldn't be about my style
Like the bangles in my hair,

You shouldn't care if I'm rich or poor,
Or if I'm young or old,
I see the same sun as you,
I can feel the cold.

You should come and sit with me,
You could be my guide.
There's no need to pass me by,
There's no need to hide.
Come talk with me, you'll understand,
That both our homes is Ireland.

By: Rachael

Best Wishes,
Vivian Van Dijk
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“Dr. Craig Dionne & GenSpera have been endorsed by Vivian Van Dijk as an outstanding innovative creator for their brilliant work that includes them among the World’s Innovative Creators™ for making a difference in the world of the arts, science, technology and cultural progress.”

**Dr. Craig Dionne & GenSpera: Replacing
Chemotherapy With Natural Pharmaceuticals**



“I believe the appreciation for the complexity and beauty of biology gives one much better insight into the processes of cancer and approaches that might bring it under control.”

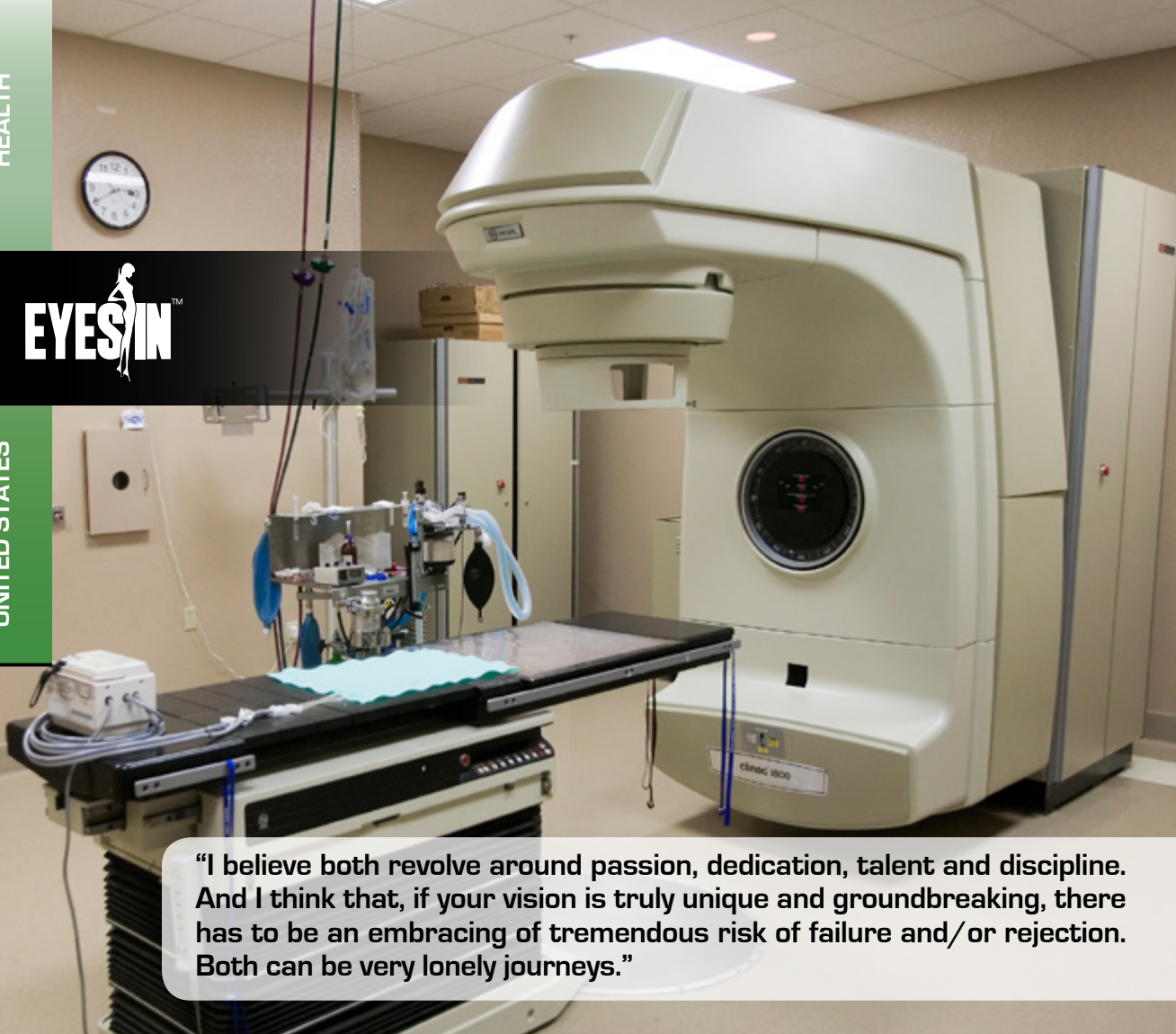
Cancer. It is a terrible word that far too many people have become very familiar with, either experiencing it themselves or witnessing a loved one battle through it. The word evokes painful images at the hands of chemotherapy treatments that often leave patients bald, weak, and hurting.

What is intended to heal also tears down the body before ever knocking out the fatal blow to cancer cells. And while chemotherapy and all that it inflicts have just become an accepted norm for the cancer world, it is not so for Dr. Craig Dionne, visiting scientist in oncology at the Sidney Kimmel Comprehensive Cancer Center at the Johns Hopkins University School of Medicine and co-founder of GenSpera.

“Everybody is affected by cancer sooner or later. What we do to patients is, frankly, brutal. We’ve got to get away from that,” said Dr. Dionne.

It seems a simple statement, and perhaps too simple to those who are afflicted with cancer. But Dr. Dionne is able to propose a move away from traditional cancer therapies only because he has something better to offer patients, something without the terrible side effects of chemotherapy.

After graduating from Louisiana State University with his degree in biochemistry, Dr. Dionne went on to acquire a Ph.D. in biochemistry from the University of Texas and completed a post-doctoral fellowship at Dana-Farber Cancer Institute in a joint appointment with Harvard Medical School. Today he leads his company, GenSpera, Inc., a leader in developing pro-drug therapeutics for some of the most challenging diseases in oncology. Guided by his medical background and more than 23 years in the pharmaceutical industry, it is work that Dr. Dionne is passionate about.



“I believe both revolve around passion, dedication, talent and discipline. And I think that, if your vision is truly unique and groundbreaking, there has to be an embracing of tremendous risk of failure and/or rejection. Both can be very lonely journeys.”

His commitment and passion have led him to some remarkable breakthroughs which has caused some to consider Dr. Dionne as the Steve Jobs of the biotech world. And his innovative research in pharmaceuticals has been compared to other contemporary game changers like Elon Musk and Jeff Bezos. But it is praise that Dr. Dionne takes with a grain of salt, staying grounded in his true passion and calling, which is simply to help people at their greatest moment of need.

“We are developing drugs for patients who are all individuals with hopes and aspirations and with families who are concerned for their future. I worked in a cancer hospital

in the past and I constantly remember all of the anxiety, fear, and, ultimately, hope that patients and their families endure. Very few cancer drugs work miracles in every patient, so our mission is to continue to develop new drugs so that every patient has a chance for a cure,” said Dr. Dionne.

From research that GenSpera has conducted over recent years in collaboration with medical professionals around the world, Dr. Dionne has helped discover a new drug that can specifically target and annihilate cancer cells in a way other drugs are incapable of doing. And the best news is, it’s an organic, plant-derived treatment.



“So many scientists are enamored with creation of data because it gives satisfaction to point to quantity of results. I am only interested in the few key facts that impact decisions. I spend a lot of time thinking about the end goal and ‘deconvoluting’ the steps to such an end before embarking on the first experiment.”

Originating in the toxic chemical found in a Mediterranean plant, also known as mipsagargin, scientists have found a way to deliver this directly to the specific molecule in the blood vessels which feed cancerous tumors. They have found promising results, particularly with prostate cancer, but also with liver and brain cancers. “The mechanism of action works by targeting the enzyme prostate-specific membrane antigen (PSMA), which is highly expressed on the surface of all cancer tumor vasculature and

in prostate cancer cells. PSMA recognizes and dissolves the peptide, releasing the active ingredient 12ADT which then enters the cell bringing about cell death,” explained Dr. Dionne. “Cancer can’t escape our drug. There is no way to get around it,” he added.

In its third phase of testing, mipsagargin shows promise of FDA approval for widespread use by 2018. To learn more about Dr. Craig Dionne and his work at GenSpera, please visit the Website

www.genspera.com.



Vivian Van Dijk - Editor-in-Chief
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A Conversation With Dr. Craig Dionne, Ph.D.

As a child, what did you want to become?

As a very young child growing up in south Louisiana, I wanted to be a baseball player. My father was an engineer who also played semi-pro baseball. I guess watching him play and then being taught how to play by my father had something to do with that desire. I wanted to play baseball all day long.

But as I got older and into high school I gravitated into biology and wanted to be a biochemist by profession. I know this was because I had a great biology teacher in the tenth grade. I was particularly attracted to embryology. It is fascinating how a single fertilized egg can grow into a complete human being. Learning the chemical basis for all that happens in a living organism is like unlocking special insights into how the universe works.

In which town did you grow up?

My parents are from Cajun heritage, in the small towns in rural south Louisiana. My father was the first of all of our relatives ever to attend college and my generation was the first not to be raised speaking predominantly Cajun French as a primary language. I grew up in a relatively small town named Thibodaux. This entire area is immersed in swamps, bayous and marshes, and almost everybody has at least one boat. It seemed that most everyone was involved in the oil and gas industry or in sugarcane farming. It was a very social environment with an emphasis on great food.

Do you think your background has influenced your chosen profession in cancer research? If so, what specific element in your background is most pervasive in influencing your current approach in your profession?

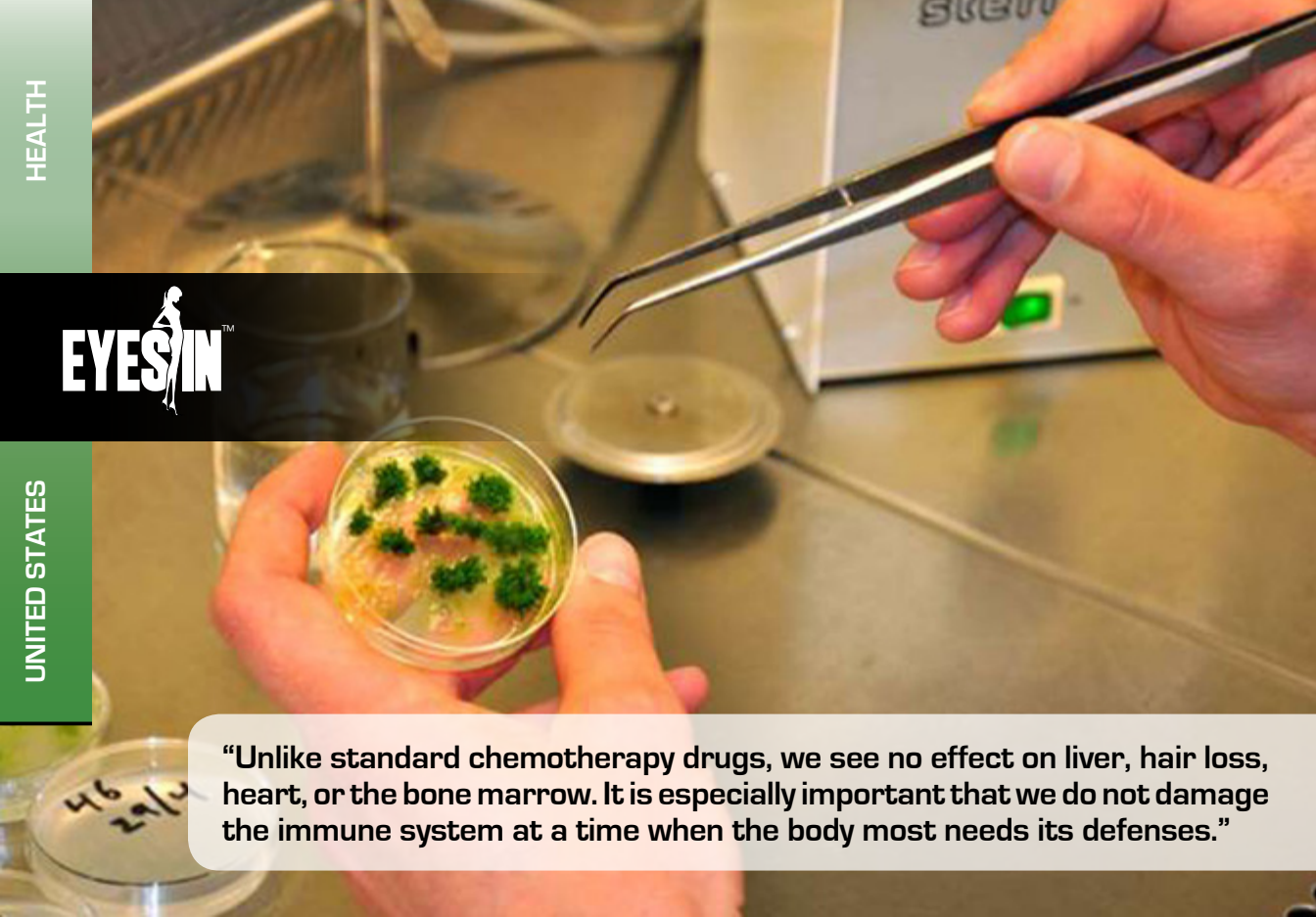
Perhaps the single most important influence on my career choice was a great high school biology teacher who not only made the material interesting but also encouraged me to learn as much as I could. She was also my high school chemistry teacher so that may be why I focused on biochemistry. I mentioned that I was always fascinated by embryology, which is what happens when everything (cell biology, hormones, genetic processes, etc.) goes right, whereas cancer happens when certain processes go wrong or become misaligned. I believe the appreciation for the complexity and beauty of biology gives one much better insight into the processes of cancer and approaches that might bring it under control.

What inspires you in your job?

The people with whom I work. I have the privilege of collaborating with some of the most intelligent, dedicated and compassionate cancer researchers and physicians across the globe. I see first-hand how much they are committed to impact cancer therapy with their own skills and via their own, individual life missions. It is easy to feed off of their energy and enthusiasm for their work.

Which basic elements of creativity did your family teach you?

I am not so sure that I received many lessons in creativity in the traditional sense. Probably the most important lessons were those of discipline, perseverance, and a desire for achievement. My father was an engineer, and I probably learned the art of using science to create practical solutions to real-life problems.



“Unlike standard chemotherapy drugs, we see no effect on liver, hair loss, heart, or the bone marrow. It is especially important that we do not damage the immune system at a time when the body most needs its defenses.”

In which way do you consider yourself an innovative creator?

I believe that a lot of my creative solutions simply come from a desire to solve complex problems of real importance coupled with the dedication to do what it takes to succeed. And I believe that I am good at focusing effort only on the few key aspects of a problem that will lead to solutions. So many scientists are enamored with creation of data because it gives satisfaction to point to quantity of results. I am only interested in the few key facts that impact decisions. I spend a lot of time thinking about the end goal and ‘deconvoluting’ the steps to such an end before embarking on the first experiment.

In your research you suggest that the traditional path of chemotherapy is near inhumane. Why do you feel this way and if it is so, why do people still choose this route for treatment?

The goal of a medical oncologist is to cure the patient, if possible, and if that is not possible, to prolong survival. Chemotherapy is used because oncologists have a long history with the drugs and they can be curative if used on earlier stage patients or in certain types of cancers, like childhood leukemia. In these settings, the side effects of the drug are far outweighed by their beneficial effects.



However, chemotherapy is still often used in patients where a cure cannot be reasonably expected and we subject the patient to extraordinary poor quality of life for perhaps a few months' increase in survival. I am not sure this point is much appreciated by the patients or their families until they have subjected themselves to such an ordeal. The focus of these treatments is only about a small increase in survival with less regard for the patients' quality of life in their last few remaining months. We need to find better treatments for these patients.

You have developed a new organic drug that is proving to be effective for cancer. Would you please share more about it with us?

Our lead drug candidate, mipsagargin, is based upon a naturally occurring toxin that we isolate from a plant that grows

in Mediterranean areas. Extracts from the plant have been used in folk remedies since the ancient Greeks. The purified toxin is an extremely potent cell-killing agent, up to 100-fold more potent than traditional chemotherapeutics. The toxin is way too poisonous to administer directly to a patient, so we had to find a way to deliver it specifically to the tumor.

We did this by attaching a small peptide to the toxin to make it inactive and soluble in the bloodstream. The peptide is designed to be specifically recognized and then removed by an enzyme that resides only within the tumor. In this way the drug circulates in the bloodstream in an inactive form but is converted to an active, toxic form only when it gets into the tumor, thus minimizing any side effects as well as maximizing anti-tumor effects. It is a very elegant delivery method that appears to work exactly as designed.

Is there a particular situation that inspired your research in this area, to create this drug?

Like many good inventions, this drug came about as an approach to solve a very particular problem, specifically prostate cancer. Prostate cancer cells divide very slowly so they are poorly treated by standard chemotherapy agents that are designed to kill cancer cells during the times when they divide. Dr. John Isaacs of Johns Hopkins University recognized that the toxin isolated from the poisonous plant would be an excellent drug to treat prostate cancer because it kills cells independently of their cell division rate. He was the person who invented the pro-drug idea to deliver the toxin specifically to the tumor.

I had been collaborating with Dr. Isaacs on other projects during the 1990s and saw this technology develop in the labs at

Johns Hopkins. As it matured with very promising preclinical data, we decided to form GenSpera to devote full efforts on development of this technology.

Is this treatment effective on all kinds of cancer, and how do the side effects differ from chemotherapy? What has been the feedback from your medical community regarding this research?

Mipsagargin was designed to be activated by the enzyme, Prostate Specific Membrane Antigen (PSMA), which was initially thought to be found only on the surface of prostate cancer cells and in the normal prostate. Later, PSMA was also discovered on the surface of blood vessels cells within tumors and not found on any other blood vessels in the body. This means that mipsagargin may be effective in the treatment of almost all types of tumors.

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Because mipsagargin was designed to be activated only within tumors, we expect to observe minimal side effects in patients and this is exactly what we see. Unlike standard chemotherapy drugs, we see no effect on liver, hair loss, heart, or the bone marrow. It is especially important that we do not damage the immune system at a time when the body most needs its defenses.

In liver cancer, patients have observed good efficacy data that are comparable or better than the only approved drug for the disease. We have presented the data at international conferences and have assembled Medical Advisory Panels with

key opinion leaders for the United States, Europe and Asia. We have had consistent comments that mipsagargin appears to have good activity, has a wonderful side effect profile, and that it should be studied further in liver cancer, preferably in patients with earlier stage disease.

But liver cancer is just the beginning for mipsagargin. We are also evaluating the drug in brain cancers (glioblastoma) and prostate cancer clinical trials. Because the mechanism of action is the same in all tumor types, we are optimistic that the positive signals that we see in liver cancer will be replicated in trials for other cancers.



You have been called the “Steve Jobs of the biotech world.” How do you feel about that title and what does this research mean to you?

I am not so sure that the comparison is all that accurate or all that flattering to Steve Jobs, as we conducted our careers in very different worlds. One possible comparison between Steve Jobs and me might be the commitment to innovation and a vision for our companies that can be embraced by our employees/collaborators. But that might be where the comparison should end.

Steve Jobs built an amazing corporation to design and deliver technological goods that met consumer demand. They were great at creating the desire and fulfilling the desires of the marketplace. They did this in a world of human behavior and consumerism and

built a huge corporate organization with some degree of centralization.

My own world is dominated by problems posed by Mother Nature. It has been a career of trying to understand the true nature of cancer and then trying to find certain commonalities among the different cancers that are individual to each patient. If we find a commonality in most tumors, like PSMA expression, then we have a possible avenue to develop a therapeutic agent. Then we enter a world dominated by hurdles in clinical trials and regulatory agencies. By design, our team is not centralized and we rely upon collaborators around the world who have principal employment responsibilities to other organizations but are united in our common cause of drug development principally because we believe in the drug.



Do you have a favorite person or medical institution whom you look up to?

I have great admiration and respect for my colleague Dr. John Isaacs of Johns Hopkins University. I started working with John in 1993 when I contacted him about a collaboration around some ideas I had for possible prostate cancer drugs, and we have been working together ever since. He has remarkable enthusiasm for his work, an encyclopedic memory, an outstanding work ethic and a profound reputation in the cancer community. And his personal integrity is beyond reproach. This could be said about many of my colleagues.

But what sets John apart is how he goes about his life. Back in the 1990s I learned not to call his office on Wednesdays at certain times because he would be working with the homeless in the soup kitchens of Baltimore. He would devote vacation time to teaching Bible classes and more recently teaches Bible in the local jails during the evenings. He has tremendous dedication to his family and friends, and exudes real compassion for patients and their families. It is a real privilege to work with him and I learn something new with every conversation with him.



Are you ever afraid you will run out of inspiration in your job?

I don't think that I could ever run out of inspiration for continuing my work. We are developing drugs for patients who are all individuals with hopes and aspirations and with families who are concerned for their future. I worked in a cancer hospital in the past and I constantly remember all of the anxiety, fear, and, ultimately, hope that patients and their families endure. Very few cancer drugs work miracles in every patient, so our mission is to continue to develop new drugs so that every patient has a chance for a cure.

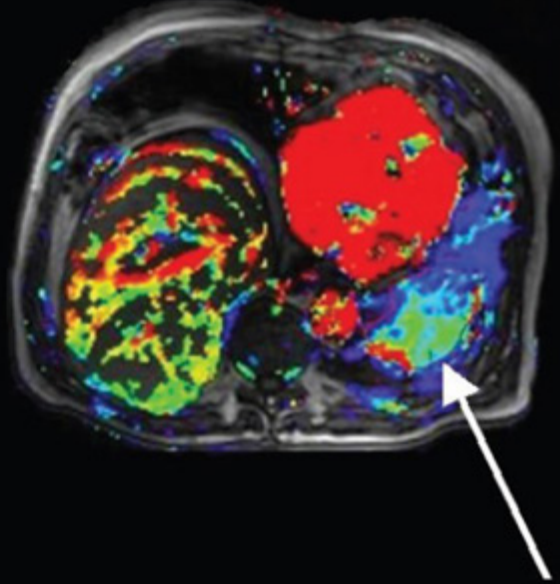
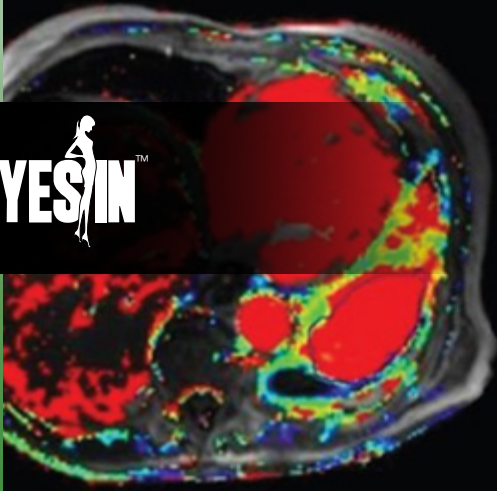
What is the most difficult thing in your job?

Keeping shareholders focused on the long view of what's possible for our drug candidates and the company's future. Drug

development is costly, time-consuming and highly regulated. It requires strategic planning and deliberate execution and it can sometimes seem like a long time between milestones although progress is being made every single day. Communication of daily progress to impatient shareholders can be difficult without getting mired in technical and procedural detail.

What is the most fun part of your job?

This is simple. An absolutely gratifying experience is when physicians who conduct the clinical trials send anecdotal pieces of good information about the patients like "his pain went away and he is no longer in a wheelchair" or "the last two patients are just doing much better." This is what we are trying to achieve, to make a difference in the course of one's disease.


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It is also gratifying when I get the opportunity to discuss our strategic thinking and future plans with smart colleagues who have years of industry experience. Quite often it is with potential corporate partners or key opinion leaders who can appreciate all of the activities that it requires to develop and commercialize a drug.

Do you embrace the changes in your area of expertise regarding social media and technology influences?

Advances in technology affects every aspect of our business, from clinical trial design, drug delivery, and the day-to-day operations of the company. We use very sophisticated imaging technology, such as DCE-MRI, to quantify blood flow within tumors and demonstrate that our drug candidate, mipsagargin, is actually destroying tumor

blood supply exactly as it was designed to do. We used nanotechnology to develop a nanoemulsion composition of our drugs that allows us to deliver drugs via a short injection as opposed to an hour-long infusion. Obviously, this modification in drug delivery is much better for the patients and also for the treating physicians who may not always have access to infusion bays.

We operate as a decentralized business with expert consultants from across the globe. We can do this because of extensive real-time information exchange via telephone, video conferencing and the Internet. The advantage to the company is that it allows us to access the best talent anywhere in the world without having everyone in physical proximity to one another.



Social Media on a business level allows us to communicate our story across many channels. We have a robust web presence. In addition, we use Facebook, LinkedIn, YouTube, Twitter, and Google+ to round out our communication reach. Lastly, social media allows us to stay in touch with cancer advocacy groups.

Do you have any preferences for an artist and/or for creators of artistic work? If so, why is that? What special qualities do you like in their work or personality?

Recently while in New York City, I was introduced to a young artist named Dustin Yellin. His work was on display at Lincoln Center. I found the scale of his work to be impressive and very different from anything I've ever seen. His attention to human expression brought to life on multiple panes of glass in 3-D was relatable to how I dissect or view cells through a microscope. His pictures tell the story.

In which way do you think your cancer research and the arts are different and/or similar?

I believe both revolve around passion, dedication, talent and discipline. And I think that, if your vision is truly unique and groundbreaking, there has to be an embracing of tremendous risk of failure and/or rejection. Both can be very lonely journeys. In the arts, you are judged by subjective consumer desire, and creation of that desire can sometimes be generated by the artist. In cancer research, you are judged by scientific and medical peer review

and ultimately, if you are successful, by the FDA and other regulatory agencies worldwide. We deal in a more objective world of facts and data.

Do you aspire to collaborate in your profession with a creator from another innovative discipline? Or do you have a favorite company with whom you would like to work?

I would like to work with Chris Kilham, the Medicine Hunter, on some interesting projects. I have only met him once and we had a wonderful conversation. He has a great understanding and appreciation of nature-derived medicinal agents, quite often extracts or mixtures of various herbs that have been passed down for generations in indigenous cultures. His view of medicine is probably more holistic than mine is, but I also appreciate the fact that Mother Nature is capable of making exquisitely complicated chemical structures that are not very amenable to chemical synthesis in a test tube. That is one of the reasons that the plant-derived toxin in our lead drug candidate is so attractive to us, and probably contributes to its lack of side effects. There are probably a number of great projects where we could work together to get some of these nature-derived folk medicines into more mainstream pharmaceutical development.

Do you follow any philosophical or psychological approach in your daily life and/or profession?

I believe that people who have a strong sense of personal responsibility and who value personal relationships are the ones most likely to drive change in this world. Leaders are the ones who stand up and own the challenge to make a difference and take responsibility for vision and direction. They almost always build upon personal relationships to convince others to share the vision and contribute to the cause with their own talents and skills. Leadership and the ability to build teams are skills that are developed over time with conscious effort.



What is your favorite building in the world?

I don't really have one particular building that would be a favorite. When I think of buildings, I think of city views, and Axe Historique in Paris is by far my favorite. It runs westward from the Louvre along Champs Elysees and includes Tuileries Garden, the obelisk at Place de la Concorde, the Arc de Triomphe, and ends at the Grande Arche de la Defense. There are numerous other historic buildings, some quite beautiful along the way. The monuments and buildings were erected over several centuries and so they are the collective works of many architects and city designers who seem to have shared a singular grand vision. There are several such visual axes through Paris, which is probably my favorite city to visit, primarily because of the wonderful views throughout.

What is your favorite hotel?

One of my favorite hotels was the SAS Royal Hotel in Copenhagen. It was designed and furnished by the famous Danish architect and designer, Arne Jacobsen, in the late 1950s. It just exudes Danish style from the moment you walked into the lobby, with his "Swan" and "Egg" chairs, green textiles, and amorphous translucent panels in the paneling of the guest rooms. Even the dining utensils in the restaurant were of his design and of almost impractical utility. It was definitely a different hotel with an unashamed, unique character. Sometime in the 1990s it was acquired by the Radisson chain of hotels and the unique character of the hotel has since been watered down to that of a mildly interesting business hotel in a still very convenient location. It is a shame, because the earlier version of the hotel had such interesting character.



What would be your ideal home?

The only requirement for a dream home would be a fantastic view in a place with changing weather and with a mild climate. I enjoy morning coffee on my back porch and find sunrises and sunsets to be wonderfully inspiring. And I love to watch the clouds as storms gather and move across the skies. So my dream home would have a covered porch of no particular architectural style. And I would like it to be close to the rest of my family so we could be together often.

Do you have any dreams for the future, personally or professionally?

Professionally, I like my job and find it extremely gratifying. I get to work with great people on important projects that can positively impact the lives of others. And it is a great outlet for creative energy. I would like to continue to do this as long as I can.

On a more personal level, our children are at various stages of just beginning their professional careers and it is interesting to see how much they now seem to need advice and input from me. It is fun and engaging. It is good to be an important part of their lives and to really have dreams for their futures rather than mine.



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