At the University of Chicago Cancer Research Center, our mission is to understand, cure and prevent each of the scores of diseases we collectively call cancer. We pursue this goal by promoting collaboration among a diverse and dedicated team of outstanding laboratory scientists, caregivers, clinical researchers and trainees. These partnerships help us develop solutions tailored to the complexity of individual cancers and the unique needs of each patient. Our faculty and staff are dedicated to mentoring and inspiring the investigators of tomorrow while providing superior care to the people of today.

Help Us Continue Care and Discovery!

To learn more about cancer research at the University of Chicago and how you can help our researchers pursue promising avenues of investigation that would otherwise remain unexplored, please contact Mary Ellen Connellan, Executive Director, University of Chicago Cancer Research Foundation, at (773) 834-7490.

A donation to the University of Chicago Cancer Research Foundation is an investment in one of the nation’s leading facilities for scientific inquiry and will help people here at home and around the world.

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The signs of progress are everywhere. The University of Chicago Cancer Research Center (UCCRC) is raising its profile, expanding its mission, and enhancing its human and material resources. The skeleton of girders that will become the Knapp Center for Biomedical Discovery and the UCCRC’s new home stretches into the sky, overlooking the new Gordon Center for Integrative Science (GCIS), which houses the labs of the Ben May Department for Cancer Research and other of our members’ laboratories.

These physical manifestations of UCCRC growth and the University of Chicago’s commitment to cancer research complement evidence of the UCCRC’s role on the global scale of scientific endeavors. This year, for example, the American Society of Clinical Oncology (ASCO) elected Richard Schilsky, MD, to be its President-elect. Dr. Schilsky, a former UCCRC Director, will become President in June, 2008. Dr. Schilsky is one of many UCCRC members who have top leadership roles in national cancer and medical organizations. Three others are Richard Baron, MD, FACR, President of the Society of Gastrointestinal Radiologists, David Meltzer, MD, PhD, President of the Society of Medical Decision Making, and Maryellen Giger, PhD, who has been elected to serve as President-elect of the American Association of Physicists in Medicine (AAPM) starting in 2008. However, this is just a small sampling of the many prestigious positions held by our members.

Another measure of our success is the continued ability of our members to attract major research funding. Last year, we were able to report that our physician scientists had successfully competed for major, multi-investigator collaborative research grants, including a Specialized Program of Research Excellence (SPORE) in breast cancer research led by Olufunmilayo Olopade, MBBS, FACCP, and a Specialized Center of Research (SCOR) from the Leukemia and Lymphoma Society led by Michael Thirman, MD. This year Kevin White, PhD, led the team that was awarded a $9.1 million grant by the National Human Genome Research Institute to identify the DNA sequences that control when and where specific genes get turned on or off in the fruit fly genome. Julian Solway, MD, led the effort that culminated in a $22.7 million Clinical and Translational Science Award (CTSA) from the National Institutes of Health. Thus, the University of Chicago has joined a national consortium of select centers leading the nation in transforming research and providing patients with more effective health care.

Delivering better health care to our patients and communities, of course, is what the UCCRC is all about, and it is why we are so excited about the progress we made during the 2006-2007 fiscal year. This year’s annual report focuses on our patients and how their strengths and needs inspire our members in the laboratory, the clinic, and the community.

Ultimately, the subject of this report is dedication—the dedication of our leadership, our members, our staff, and our friends and donors. Together we have made enormous progress, and I want to extend my thanks to all of you who demonstrate commitment to our mission through hard work, generous donations, and unflagging optimism.

With Deepest Gratitude,

Michelle M. Le Beau, PhD
Director, The University of Chicago Cancer Research Center
University of Chicago Nobel Laureate Charles B. Huggins, MD commonly gave his research students three recommendations:

- Be orderly and neat
- Work seven days a week
- Drink instant coffee by the gallon

Although more than 50 years old, this counsel is still relevant, especially if you replace “instant coffee” with “latte.” Like Dr. Huggins, investigators and technologists often work at their benches well into the next morning. Principal investigators continue to demand organization and neatness, reflecting a commitment to accuracy in rigorous pursuit of the scientific process. Nine-to-five, five days a week is still not an option, since the demands of research and the needs of patients do not conform to conventional blocks of time. And, although not the healthiest beverage, coffee remains the fuel of choice for many investigators who wish to keep alert.

Labs are busy places. Dedicated, white-coated investigators and technologists fuss over computers, centrifuges, tissue cultures, thermocyclers, microscopes, and mass spectrometers. Lab members share ideas and challenge their colleagues’ hypotheses. Time passes quickly as investigators probe complex issues.

What ultimately drives this intensity is the knowledge that a discovery in the lab or the clinic today may save someone’s life tomorrow. University of Chicago Cancer Research Center (UCCRC) members all know patients who have benefited from breakthroughs made by them or their colleagues. The determination of individual patients also inspires the UCCRC’s clinical and basic scientists. A chaplain who counsels cancer patients believes that the disease is a “prescription for finding your inner strength.” He could well have been speaking about Janet Moran.
Finding Your Inner Strength

In April 2003, Janet’s physician told her that she had inoperable lung cancer and only a year and several months to live – at best. Four and a half years later, she has a rich life enjoying the company of her loving husband Ozzie, two sons, a daughter, six grandchildren, and a great grandchild. Janet is convinced that she is alive today thanks to her participation in clinical trials at the University of Chicago Medical Center (UCMC), the expertise and compassion of her oncologist Philip Hoffman, MD, the support of her husband, and her faith in God.

Janet has been in three trials since her diagnosis. Erlotinib, the drug under analysis in her second clinical trial, is now a standard second-line therapy (treatment given when the initial, or first-line, therapy is ineffective or ceases to be effective). Recently, she completed 18 months of participation in a trial focusing on an experimental drug developed by Abbott Laboratories.

“I believe the trials have enabled me to stay active and enjoy life,” said Janet. “They have given me more time with my family and friends and the blessing of holding my first great grandchild.”

Janet’s experience demonstrates the power of research to bring hope to cancer patients. She is one of the many patients at the UCMC benefiting from the extraordinary expertise and innovative approaches to cancer care provided by UCCRC members. The UCCRC’s global reputation for research excellence attracts to Chicago some of the world’s top scientists and clinicians who play key roles in day-to-day cancer care as they develop advanced treatments and procedures often available nowhere else. Research performed by the UCCRC members in the lab, the clinic, and the community adds a dimension of care at the UCMC that brings incalculable benefits to patients. This is why many cancer patients turn to the University of Chicago when they believe they are out of options.

Innovative Surgical Techniques

Tom Flint did just that. A gastroenterologist at a major medical center gave Tom the discouraging news that he needed to have his cancerous esophagus removed if he wanted to beat his cancer. Hoping for a less radical approach, Tom researched various treatments and medical facilities and discovered that the University of Chicago Medical Center uses minimally-invasive procedures to treat cancers without major harm to the diseased organ.

Flint met with Mitchell Posner, MD, and Irving Waxman, MD, who recommended a state-of-the-art treatment called endoscopic mucosal resection, a surgical procedure that has saved patients from the difficult side-effects and life changes associated with removal of the esophagus. Dr. Waxman performed the procedure on the same day as the initial endoscopic exam.

Another surgeon, Gary D. Steinberg, MD, FACS, has successfully used surgery to treat bladder cancer, the fifth most common cancer in the nation. Dr. Steinberg has performed over 800 radical cystectomies since 1994. (A cystectomy is a surgical procedure to remove the bladder.) Many of these procedures have been followed with continent urinary diversion. (The surgeon creates a pouch, or reservoir, inside the body from a section of your stomach or small or large intestine to enable the patient to store and eliminate urine.) Dr. Steinberg prefers
this as the procedure of choice in both men and women undergoing radical cystectomy. He has performed several hundred orthotopic bladder reconstructions to the urethra in men and women, and routinely performs an anatomic nerve sparing radical cystectomy with orthotopic bladder replacement in less than four hours. This procedure has allowed for decreases in blood loss during the operations, complications, post-operative intensive care unit admission, and length of hospitalization. The functional results in both men and women are excellent with preservation of both urinary and sexual function and, thus, a significantly improved quality of life for these patients.

Minimizing Risk with Robotic Surgery

The UCMC has also led the way in minimally-invasive surgery with the use of robotic surgery, which gives the surgeon greater precision, control, and visualization.

Arieh Shalhav, MD, set the standard for this innovative approach when he introduced the Intuitive Surgical da Vinci robotic system to UCMC to perform prostate surgery (prostatectomy). This technology, which magnifies the surgical site 35 times, enables Shalhav and his colleagues to remove cancerous prostates safely, with fewer side effects, and with greater certainty of eliminating the malignancy completely. One potential danger of prostatectomies is damaging the many nerves around the gland and impairing erectile function. Robotic surgery significantly minimizes this risk. In 2006, Sarah Temkin, MD, introduced the use of robotic surgery for endometrial cancer, and became the first gynecologic oncologist in Illinois to use the da Vinci system. Robotic surgery is one of the many ways our researchers and clinicians are involved in the development and use of the latest in technology, which helps ensure that they have access to the most sophisticated equipment available.

Innovation in Imaging

Many of our researchers are also working to develop and improve the imaging techniques used to diagnose cancer. Michael Vannier, MD, a UCCRC Senior Leader, is involved in the clinical evaluation and evolution of computed tomography (CT), one of the radiologist’s most useful and accurate imaging tools. (Also known as computerized axial tomography (CAT), CT uses a computer to integrate a series of X-ray images from different perspectives to create detailed pictures of the inside of the patient’s body.) Royal Philips Electronics, a global leader in imaging technology, provided Dr. Vannier with the world’s most advanced 64-slice scanner for evaluation before it was available to other hospitals. The new scanners have the ability to provide video-like images that allow the clinician to rotate an organ and study it from all angles. Dr. Vannier and his colleagues are exploring the use of these 3-D images to provide key information to enhance clinical decision making.

The use of advanced imaging technologies is reducing the need for exploratory surgery in cancer diagnosis. Charles Pelizzari, PhD, and Howard Halpern, MD, PhD, for example, have made substantial contributions in developing adaptive image-guided therapy using a combination of techniques, which will allow non-invasive, image-based assessment of changes in the tumor before and during cancer therapy.
Heber MacMahon, MD, Samuel Armato, PhD, and Kunio Doi, PhD, are using advanced imaging technologies to help physicians identify small tumors and subtle changes from earlier images of the same patient. Evaluating these changes can be especially problematic when parts of the body, such as rib bones, obscure a malignancy. The three scientists are enhancing automated methods for comparing multiple chest radiographs and chest CTs and helping physicians compare patients’ chest images from the past and present. By using multiple X-ray intensities and advanced computer technology, temporal subtraction “removes” physical obstructions from images and increases clarity of abnormal changes.

Patients are also profiting from advances in magnetic resonance imaging (MRI), which employs radio waves and a powerful magnet to image the body’s interior in remarkable detail. MRI can depict the differences between normal and diseased breast tissue and is particularly useful in analyzing soft tissue, which is invaluable in diagnosing and treating breast cancer. Gregory Karczmar, PhD, Gillian Newstead, MB, ChB, FACR, and their colleagues are perfecting an enhanced form of MRI called high spectral and spatial resolution (HiSS) MRI, which produces three-dimensional MRIs of breast tissue. Drs. Karczmar and Newstead have demonstrated that HiSS MRI provides clearer images of breast tumors than earlier MRI techniques.

Dr. Karczmar and Brian Roman, PhD are the Directors of the Lynn S. Florsheim Magnetic Resonance Imaging and Spectroscopy (MRIS) Laboratory. This year the laboratory installed a new 9.4 Tesla MRI scanner. One of the most powerful in the world, the scanner uses a magnet that is 188,000 times stronger than the Earth’s magnetic field. The new scanner is helping researchers make breakthroughs in identifying minute, pre-invasive tumors.
Robert Nishikawa, PhD, Ingrid Reiser, PhD, and Maryellen Giger, PhD, are investigating computerized detection of mass lesions on breast tomosynthesis images (3-D images created from mammogram X-rays). Results indicate that the tomographic technique combined with computerized detection may improve accuracy and reduce the number of false-positive detections. Computer-aided techniques are also being developed to help characterize tumors on mammograms, breast ultrasound, and breast MRI.

Advances in MRI and other imaging technologies are making early detection of breast malignancies more common. Deborah Bricker’s encounter with breast cancer demonstrates the importance of early detection and advanced imaging technology. After her annual mammogram at another institution, Bricker was told that she was free of breast cancer. However, after attending a University of Chicago event where Dr. Newstead was speaking, she learned that MRI is the best way to detect early breast cancer for women, like her, who have dense, cystic fibrous breast tissue.

Bricker quickly made an appointment at the UCMC where breast radiologists identified five centimeters of potentially lethal and fast-growing cancer in the milk duct called DCIS (ductal carcinoma in situ). (Eighty percent of breast cancers start in the milk duct.) The early diagnosis helped ensure that she received effective treatment before the malignancy had advanced to a more serious stage. Bricker believes that her successful treatment was the product of a careful blending of compassionate treatment, technology, and teamwork. “The new technology that helped diagnose the cancer, the sympathetic, collaborative treatment, and the speed with which the physicians eliminated my cancer combined to make my experience truly distinctive,” said Bricker.

Breast cancer patients often turn to the University seeking solutions not available at other institutions. Another patient asked for a second opinion following a diagnosis of stage I breast cancer at another medical facility. Using more innovative diagnostic approaches, UCCRC physicians found that she actually had stage III B cancer, which is much more severe and requires more aggressive treatment than stage I. In a third case, a major cancer hospital referred a breast cancer patient to us for a life-saving operation, because her congenital heart condition made for a risky surgery. Today she is healthy and cancer-free thanks to the advanced surgical procedures available at our University.

State-of-the-Art Imaging Techniques

Advanced physics thrives at the UCCRC as imaging experts develop and refine imaging techniques to the benefit of cancer patients. This short glossary compares the benefits of some key imaging technologies.

**Computer-Aided Diagnosis/ Computer-Aided Detection (CAD)**
CAD uses advanced computer technology and software to highlight suspicious areas on medical images and signals the radiologist to closely examine these areas for possible disease. This innovative approach helps improve accuracy and protects patients against missed malignancies.

**Computed Tomography (CT)**
A computerized imaging technique that uses multiple X-ray measurements to construct multi-dimensional images of the body. CT is useful in diagnosis, surgery, and radiation treatments, which benefit from a clear understanding of a tumor’s size, density and location.

**Magnetic Resonance Imaging (MRI)**
A radiologic imaging procedure that uses a magnetic field and radiofrequency waves to produce an image. High Spectral and Spatial Resolution (HiSS) MRI uses information about the spectrum of the magnetic resonance signal usually ignored in conventional imaging. This new information can complement that obtained from radiographs.
Superior Expertise on Call

Research and clinical laboratory scientists also elevate the quality of care because they provide a level of expertise unavailable at most other medical centers. Most afternoons, Mila Hill, the Cancer Cytogenetics Lab Administrator, makes the long walk from the lab to the UCCRC administrative offices to bring images of the chromosomal structures of patients to Michelle Le Beau, PhD, who is an expert in cytogenetics analysis. Cytogenetics is the study of chromosomes, the intracellular structures into which our DNA is packaged. Dr. Le Beau reviews the results of the tests, which offer a superior approach to diagnosing diseases and evaluating the effectiveness of therapies.

Dr. Le Beau provides an extraordinarily expert analysis. She has published more than 400 papers on cytogenetic and molecular genetic abnormalities and the application of fluorescence in situ hybridization (FISH). (FISH uses colored dyes to detect chromosomal abnormalities.) Her mentor, Janet Rowley, MD, made many of the earliest and most fundamental breakthroughs in cytogenetic studies and transformed cancer treatment and research. A National Medal of Science winner, Dr. Rowley founded the Cancer Cytogenetics Laboratory as a research facility, and helped develop its clinical component once the potential value for patients became fully apparent.

This year Dr. Le Beau, Dr. Rowley, and their colleagues have continued the tradition of excellence in research on cancers of the blood and lymphatic systems. Richard Larson, MD, together with other international experts in chronic myelogenous leukemia (CML) led a worldwide effort that demonstrated the long-lasting effectiveness of the oral drug imatinib in treating CML in its early stages. Wendy Stock, MD, and James Nachman, MD, completed a ten-year retrospective comparison of outcomes of adolescents and young adults (ages 16-21) with acute lymphoblastic leukemia (ALL). They found that those enrolled on pediatric clinical trials had better long-term outcomes than those enrolled on adult trials. This discovery has led to new treatment models for adolescents and young adults with ALL. Olatoyosi Odenike, MD, and her colleagues Dr. Larson, Dr. Le Beau, Dr. Stock, John Anastasi, MD, James Vardiman, MD, and Yanning Zhang, MD, discovered that the anti-cancer agent depsipeptide may be useful in treating patients with acute myeloid leukemia (AML) and specific genetic characteristics, i.e. core-binding factor AML. Their discovery will help scientists target the use of novel agents in both research and treatment. (Incidentally, Drs. Rowley and Le Beau first identified this subgroup of patients cytogenetically two decades ago.)
As discussed in last year’s report, Michael Thirman, MD, and his colleagues are engaged in a collaborative effort to develop new therapies using synthetic peptides and small molecules for hematologic (e.g., leukemia and lymphoma) malignant diseases. (Peptides are small pieces of proteins.) The Leukemia and Lymphoma Society is funding this promising research through a $5.25 million Specialized Center of Research (SCOR) Award. Involving a dozen of researchers, this effort is focusing, in part, on minimal residual disease (MRD); MRD refers to disease that is undetectable by conventional methods. Some patients die of blood-related cancers despite having had a period of remission. Many physicians attribute these relapses to undetected residual cancer cells. The SCOR’s goal is to develop peptide therapies for ALL and AML, including MRD associated with these leukemias.

Olufunmilayo Olopade, MBBS, FAACP, Gini Fleming, MD and Maryellen Giger, PhD, lead scores of researchers in another major effort. As discussed in last year’s report, the National Cancer Institute (NCI) awarded these researchers an $11.5 million Specialized Program of Research Excellence (SPORE) grant in breast cancer. The massive, integrated, five-year program is addressing a particularly aggressive and deadly form of breast cancer that strikes younger women, especially those of African descent.

The SCOR and the SPORE have much more in common than similar names. They provide platforms that facilitate large-scale research that is integrated, collaborative, and translational. Moreover, they are among the most prestigious and competitive of all cancer awards.

**Drug Development**

UCCRC researchers are making major contributions not only in the development of new therapies, but also in finding new uses for existing drugs and in making them safer and more effective. Ezra Cohen, MD, for example, and his colleagues found that the investigational drug axitinib reduced or stabilized advanced thyroid cancer in almost three-out-of-four patients participating in a clinical trial. This is an exciting discovery because there are practically no treatment options to attack thyroid cancers that do not respond to conventional therapies.

Dr. Cohen and Mark Ratain, MD, are breaking new ground in leveraging interactions between drugs and food to combat the accelerating costs of anticancer drugs and to enhance their efficacy. The two researchers are analyzing the value of taking the oral therapy sirolimus (rapamycin) with grapefruit juice. By delaying the metabolism of the drug, grapefruit juice allows patients to take much smaller doses to obtain comparable benefits. Since anticancer drugs can cost thousands of dollars per dose, cutting costs is vital to making the newest, most innovative therapeutics available to patients in need.
Unraveling the Mysteries of Molecules

All of these therapies began with basic research that focused on the dynamics of cells and the genes, proteins, and other substances that help trigger, inhibit, or maintain the development of abnormal cells. Dr. Wei Du’s laboratory, for example, has found that the loss of a protein called cyclin D1 suppresses medulloblastoma formation. (Medulloblastoma is the most common form of malignant brain tumor in children.) This discovery provides us with a new avenue for exploring the design of drugs to treat brain tumors.

Marcus Peter, PhD, has found another promising target—the microRNA molecule let-7; microRNA molecules attach themselves to specific sites on messenger RNA to prevent the production of a particular protein. (Messenger RNA transmits the genetic code from the cell’s DNA to the protein synthesizing machinery of the cell. Proteins are the molecules that initiate actions within and between cells.) Let-7 seems to be a key player in preventing a cancer from becoming more aggressive. It also appears that the molecule can be used as a biomarker to differentiate the stages of cancer better than some of the markers used today for tumor progression. According to Dr. Peter, let-7 inhibits the expression of genes associated with cancer, such as HGMA2, and the loss of let-7 is a crucial step in tumor progression.

Dr. Peter teamed with physician scientist Ernst Lengyel, MD, PhD, to explore this phenomenon. The two researchers tested levels of a specific protein in tumor samples from 100 patients with ovarian cancer. Neither normal ovarian tissue nor benign ovarian tumors expressed significant quantities of this protein. However, full-blown carcinomas often express large quantities of it. Drs. Peter and Lengyel also found that high levels of the protein and low levels of let-7 were associated with poor prognoses. The team’s discoveries might have opened the door to a whole new class of cancer therapies.

The Peter-Lengyel collaboration is a model of the close cooperation between clinical and basic researchers at the UCCRC. These partnerships facilitate the translation of fundamental biological breakthroughs into the clinic. Marsha Rosner, PhD, the Director of the Ben May Department for Cancer Research, and Dr. Cohen have applied Dr. Rosner’s ground-breaking work on the protein RKIP (Raf kinase inhibitory protein) that regulates a kinase (Aurora B), which is instrumental in signaling processes that control the life cycle of cells. Drs. Rosner and Cohen discovered that the protein kinase PKC-ζ helps manage the growth of head and neck tumor cells. Their findings have initiated further studies exploring the value of specific kinase inhibitors as cancer therapies. Protein kinases are enzymes that transmit signals and control complex processes in cells. Scientists have identified more than 500 kinases in humans. Their extraordinary diversity and their key role in signaling make them attractive targets for designing cancer therapies.
**Radiation Therapy**

UCCRC members are also developing more effective ways to treat cancer with radiation. Stephen Kron, MD, PhD, Steven Chmura, MD, PhD, and Ralph Weichselbaum, MD, have found that a form of the protein H2AX makes cells more resistant to radiation. H2AX’s purpose is DNA repair. The researchers have hypothesized that blocking this function could make cancer cells more susceptible to radiation and enhance the effectiveness of radiation therapy.

Joseph Salama, MD, Daniel Haraf, MD, Samuel Hellman, MD, and Drs. Chmura, Ratain, and Weichselbaum are investigating the potential of hypofractionation of radiation therapy as a supplement to chemotherapy in treating metastatic cancers. (Hypofractionation therapy uses larger and fewer doses of standard radiation therapy to reduce the number and severity of side effects.) Chemotherapy is the main therapy for metastatic cancer: it is a systemic approach that attacks cancer cells throughout the body. However, a few abnormal cells often survive this treatment. The team believes that aggressive hypofractionation of radiation therapy following chemotherapy holds great promise and could be an effective treatment. They are evaluating this approach in a clinical trial.

Everett Vokes, MD, has also explored the combination of chemotherapy and radiation to treat head and neck cancer. Dr. Vokes found that the intensity and sequencing of chemotherapy and radiotherapy were important determinants in the efficacy of the treatment. He found that intensive chemoradiotherapy is best suited to localized head and neck cancer, where as high doses of induction chemotherapy were better suited to malignancies that had spread. (Induction therapies are first-step treatments intended to shrink the cancer and enable evaluation of the response to drugs and other agents.)

In collaboration with Dr. Weichselbaum, Dr. Vokes has led several clinical trials exploring the use of a DNA virus that carries a gene for an anti-cancer protein (TNFα) to treat advanced head and neck cancer. The technique uses radiation to activate the virus to produce the protein once it reaches the malignancy. This allows for more safe, effective, and precise treatment.

**Avoiding Cancer Altogether**

As our researchers delve deeper into the dynamics of the life cycles of cells, they are building an enormous body of knowledge that can be applied not just to the diagnosis and treatment of cancer but to its prevention. Educating the community about healthy lifestyles, cancer risk, and early detection are the most effective ways to reduce the incidence of cancer, and UCCRC researchers are developing an arsenal of methods to attack it at the earliest possible moment, or to enable patients to escape the disease altogether.

The Cancer Risk Clinic, founded by Dr. Olopade offers advanced genetic counseling and other services to help individuals make informed decisions about their health. The Clinic team identifies individuals at higher cancer risk, because of their personal or family histories, medical conditions or lifestyles, and works with these patients and their families to develop strategies to steer clear of the disease.

This Clinic empowers patients at risk. They can participate in an enhanced screening regimen to ensure they detect malignancies at the earliest possible moment. They can also follow the example of a recent visitor from Amsterdam who came to the Cancer Risk Clinic for an evaluation after losing her mother and an aunt to breast cancer. Although the patient was cancer-free, physicians prescribed Tamoxifen as a preventive measure, which cut her risk in half and gave her greater peace of mind.

The Familial Cancer Clinic, founded by Kenan Onel, MD, PhD, is the pediatric cancer counterpart to the Cancer Risk Clinic. Dr. Onel and his colleagues research the genetic basis of childhood cancers, and apply these discoveries to prevent these diseases, provide the best and safest care possible, and assess cancer risk.
Marc Myers and his parents, for example, turned to the Clinic for guidance in treating their son’s growth hormone deficiency. Marc had stopped growing even though he was only a high school freshman. Marc was an ideal candidate for human growth hormone (HGH) treatment. However, physicians feared that the treatment would increase his risk of cancer. Researchers have found evidence that HGH promotes the growth of colon cancer cells, and Marc’s father, Jerry, had been treated for a hereditary form of colon cancer in 2001. The Cancer Risk Clinic had informed Jerry that there was a 50 percent chance that he had passed the HNPCC mutation associated with his colon cancer on to Marc, increasing his child’s risk of colon cancer. Moreover, Marc had already undergone 39 months of chemotherapy for acute lymphoblastic leukemia when he was five years old.

Thanks to his positive experiences at the Cancer Risk Clinic, Jerry Myers and his family returned to the University of Chicago to visit the Familial Cancer Clinic. Dr. Onel ordered genetic testing, which determined that Marc did not have the HNPCC mutation and could undergo the HGH treatment in relative safety. Today, Marc is growing normally and is gaining self-confidence every day.

Many more children will benefit from groundbreaking research thanks to the recent recruitment of some of the top researchers in pediatric oncology. John Cunningham, MD, for example, has joined the Medical Center and the Department of Pediatrics as Chief, Section of Pediatric Hematology/Oncology. Dr. Cunningham is known, in particular, for the development of an innovative bone marrow transplant technique for children without a sibling match. Susan Cohn, MD, a national leader in neuroblastoma research, is Section Chief of Clinical Science in the Department of Pediatrics and Director of Clinical Research in Pediatric Hematology/Oncology. She is one of the few pediatric oncologists in the United States who is conducting Phase I clinical trials of promising treatments for this cancer of immature nerve cells, which affects mostly infants and children. Drs. Cunningham and Cohn were the beginning of a concerted effort to enhance research in pediatric cancers.

Another special clinic that focuses on cancer prevention, cancer risk, and cancer detection is the High-Risk Upper Aerodigestive Malignancies Clinic co-directed by D. Kyle Hogarth, MD, and Ravi Salgia, MD, PhD. During the past year, Drs. Hogarth and Salgia have expanded the clinic, enlarged its mission, increased its services, and enhanced its expertise by attracting more top clinicians and scientists. Staffed by their team of outstanding health professionals, the Clinic serves individuals with --or at risk of developing --cancers of the upper aerodigestive tract. These include the various forms of lung, esophageal, head and neck cancers (including cancers of the nasal cavity, sinuses, lips, mouth, salivary glands, throat, and larynx), as well as mesothelioma, which arises in cells of the sac lining the chest or abdomen and can be associated with asbestos exposure. The Clinic’s mission emphasizes prevention, diagnosis, detection, behavior modification, treatment, and surveillance (surveillance focuses on the quantitative analysis of cancer incidence, morbidity, survival, and mortality) of these cancers.

The enhanced Clinic encompasses a wealth of knowledge from many disciplines including pulmonary medicine, oncology, gastroenterology, radiology, radiation oncology, surgery, pathology, psychiatry, social work, population sciences, genetics, biostatistics, and the basic, clinical, and translational sciences. The team performs in-depth evaluations of a variety of factors --e.g., family history, lifestyle, and genetics --to develop a comprehensive profile of each patient and develop individualized action plans for treatment or to address the many factors that put an individual at risk. Employing the latest screening and early detection services, risk reduction and prevention strategies, and comprehensive treatment programs, the Clinic provides a multifaceted effort to effectively address some of the most deadly and debilitating cancers. It is also very involved in an international cooperative that addresses these issues on a global level.
Underlying the rationale for these clinics is the recognition of the potential benefits of enhanced cancer prevention and control strategies. (In its 2006 Overview and Highlights, the National Cancer Institute’s Division of Cancer Control and Population Science defined cancer control research as investigation focusing on reducing the impact of the disease by generating “basic knowledge about how to monitor and change individual and collective behavior.”) Over the years, the UCCRC has collaborated with different University departments and disciplines to introduce numerous programs to enhance cancer patients’ quality of life, encourage healthy lifestyles, educate the public, help at-risk individuals avoid cancer, and support improved cancer screening and early diagnosis. The Center for Interdisciplinary Health Disparities Research (CIHDR) and the Chicago Center of Excellence in Health Promotion Economics (CCEHPE) are two representative programs.

Led by Director Sarah Gehlert, PhD, and Co-Director Martha McClintock, PhD, the CIHDR’s long-term objective is to use transdisciplinary approaches to understand population health and health disparities, and to eliminate group differences in health. A collaboration of the University of Chicago and the University of Illinois, CCEHPE investigators analyze health behaviors, focusing on economic methods to promote public health. They also study the causes of the gaps in health quality and care that separate social and ethnic groups and ways to eliminate disparities. David Meltzer, MD, PhD is the CCEHPE’s University of Chicago Director, and Dr. Gehlert is the Health Disparities and Neighborhood Core Director for the University.

A key aspect of prevention is, of course, cigarette smoking. UCCRC members provide support for people who wish to quit smoking, which causes 87 percent of all lung cancer deaths, and is responsible for most cancers of the larynx, pharynx, mouth, esophagus, and bladder. Andrea King, PhD, is one of a number of researchers exploring tobacco addiction. Dr. King has found that the opiate blocker, naltrexone, combined with behavioral therapy and nicotine patches boosted smoking cessation rates for women by almost 50 percent when assessed after eight weeks of treatment. Harriet de Wit’s, PhD, research focuses on the relationship between stress and smoking. She discovered that stress increases cigarette cravings and feelings of satisfaction in chronic adult and female smokers after the first cigarette smoked. She also discovered that young adult smokers who react most strongly to stress are more likely to become regular smokers as adults. Daniel McGehee, PhD, and his team discovered that rats most likely to self-administer addictive drugs had a particular receptor in the brain that is more responsive than the same receptor in rats least likely to self-administer addictive drugs. The receptor increases excitability within the brain’s reward centers.

The year’s highest priority was the expansion of population research in molecular epidemiology, environmental epidemiology, behavioral psychology, and chemoprevention research. Recruited from Columbia University, Habibul Ahsan, MD, MMedSc, leads the Center for Cancer Epidemiology and Prevention. As the UCCRC’s Associate Director for Population Research, he is integrating the expertise, experience, and creativity of the University’s talented clinicians, biologists, chemists, geneticists, and social scientists in a multi-faceted, research program. Dr. Ahsan is a world-renown researcher who has been principal investigator for more than a dozen federally-funded research projects. One study examined the intermediate- and long-term health effects of environmental exposure to arsenic on 12,000 men and women in Bangladesh.

Rick Kittles, PhD, is the UCCRC’s Associate Director for Diversity and Community Outreach. Dr. Kittles is strengthening our links with the community and educating the public about cancer genetics and prevention. He is an expert in the genetic, biological, and socio-cultural issues related to race and health disparities and mapping genes for common traits and diseases in African Americans and Hispanic Americans. His research explores how genetic variations among races contribute to differences in susceptibility to prostate and breast cancers and cardiovascular disease. This year, Dr. Kittles and his colleagues published research about two tiny genetic variations that may provide the best clues yet for finding more precise ways to estimate prostate cancer risk and improve screening and early detection for men of African descent.

In 2006, the UCCRC accelerated its efforts to enhance and expand its cancer outreach, prevention, and control programs and deliver more of the benefits of cancer research directly to the community.
Dr. Kittles established the Community Engagement Centering on Solutions (CECOS) program, which is a comprehensive effort to enhance public awareness of cancer prevention, early detection, and control. One of his goals is “to provide relevant, clear, and concise information about scientific advances in genetics and the value of understanding family history in assessing cancer risk.” CECOS is developing collaborative partnerships with the community and its leaders to promote healthier neighborhoods, provide for sustained engagement with Chicago’s South Side, and to communicate the benefits of participation in basic cancer research and clinical trials. CECOS is a central source of information for UCCRC community-focused programming, including health, educational, volunteerism, and service programming.

Dr. Kittles and his team meet with local community groups in church halls, social centers, and schools. In collaboration with the DuSable Museum of African-American History, they have also launched a series of quarterly public forums focusing on research advances, clinical trials, and research trends. Eric Whitaker, MD, MPH, hosted the first of these meetings. At the time, he was the Director of the Illinois Department of Public Health where he managed an agency of 1,100 employees serving 12.4 million residents through the prevention and control of disease and injury. On October 1, 2007, Dr. Whitaker joined the University as Executive Vice President for Strategic Affiliations and Associate Dean for Community-Based Research. His main research interests are disease prevention and minority health, especially in addressing the reluctance of African-American men to seek medical attention, which increases their chance of premature death from preventable disease.

Dr. Whitaker is also the Director of the Urban Health Initiative (UHI), which is building a network of partnerships and mutually beneficial relationships throughout the community to provide superior care for patients, advance community-based clinical research, and broaden medical education. The University of Chicago Clinical and Translational Science Award (CTSA) provides the UHI’s research arm. Funded by the National Institutes of Health, the $22.7 million, five-year CTSA involves more than 100 researchers in 20 University departments. More than 45 percent of the key members of this extraordinarily comprehensive program are UCCRC members, and UCCRC member and Associate Dean for Translational Medicine Julian Solway, MD, is the program’s principal investigator.

The Community Connections Unit of the CTSA, led by Drs. Whitaker and Kittles, creates and sustains research relationships linking the University, UCCRC, community residents, community partners, and local health-care providers. Community Connections is at the center of both the UHI and the CTSA, since the success of translational medicine and the improvement of health in the community depend on public trust and participation.
The physicians and scientists of the UCCRC have earned that trust. They have built a foundation of credibility through decades of inspired research and dedicated cancer care, proving their commitment, their expertise, and their compassion. This is why physicians and patients often come to the University of Chicago Medical Center when they need complex cancer care. UCCRC members treat many of the most challenging cancers, offering hope to patients who might otherwise have reason to despair.

These are patients like Jennifer Bishop who was only 19 when physicians discovered a softball-sized tumor in her abdomen. Jennifer had a rare stage-three ovarian cancer, one of the most frequently fatal cancers. S. Diane Yamada, MD, and her colleagues successfully removed the tumor and saved the other ovary. Today, Jennifer is looking forward to a long, healthy life and the possibility of having children.

Jennifer’s courage and her determination to live a full life inspire the intense dedication of UCCRC members who spend long hours at the bench and continue to pursue new avenues of discovery even when many others proved to be deadends. The great potential of research to bring cancer under control compels our investigators to build upon past achievements, reach further into the community, and develop the expertise and wisdom that enables them to ensure that cancer mortality and incidence continue to decline at a rapid rate.
Philanthropy is vital to our cancer research program, and over the past year, we have had the good fortune of partnering with many members of the community to accelerate our work. Our Honor Roll of Donors recognizes and celebrates our philanthropic partners, including individuals, corporations and foundations, like the University of Chicago Cancer Research Foundation—extraordinary friends who enable our faculty to make powerful advances in the fight against cancer.

And thanks to our steadfast partners, the Cancer Research Foundation, the University of Chicago Cancer Research Foundation, and so many others, our research is energized, and we are positioned to bring to fruition many important advances in the field of cancer.

We thank the following contributors for their support. We simply could not do our work without it.

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UCRC Annual Report 2006-2007 | Inspired Innovation: Cancer Care and the Drive for Discovery
University of Chicago President Robert J. Zimmer presented the University of Chicago Medal, its highest award, to Gwen Knapp. The Medal was given to Gwen and Jules Knapp to recognize years of dedicated service. Their contribution of $25 million to support construction of the Knapp Center for Biomedical Discovery, the UCCRC’s future home, is just one of many of their instances of commitment to higher education.

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Women's Board Dinner on May 17, 2007
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Generosity flows from the heart, but it also comes from the mind. There is logic to giving that arises from the desire to make wise contributions to ensure maximum impact. The members of the University of Chicago Cancer Research Foundation (UCCRF) and its Boards and Auxiliaries recognize the importance of their donations, and they take pride in the key role they play in enhancing cancer prevention, detection, diagnosis, treatment, and survivorship.

This logic is also evident in the dramatic surge in contributions. Foundation income more than doubled in the last three years, growing from $1.9 million in Fiscal Year 2004-2005 to $4.4 million in Fiscal Year 2006-2007. This increase paralleled the transformation of the Cancer Research Center and is a vote of confidence in its new strategic direction and commitment to continuous improvement. The UCCRF Board of Trustees, for example, expressed its endorsement with more than $2.1 million in donations to its Capital Campaign.

This growth is also a tribute to the creativity, dedication, and commitment of all of our members and their willingness to sacrifice their time and resources to benefit others. Our Boards and Auxiliaries are adding new fundraising activities and enhancing old ones to push funding levels higher and higher.

The UCCRF Women’s Board and the Merchandise Mart Design Center hosted its second gala Preview Party for the DreamHome, the ultimate designer show house. The success of last year’s party made this year’s a highly coveted event and the 1,000 tickets sold out in a flash. The Women’s Board Grand Auction has been a sellout for many years, and the 2006 Tango Argentino Ball even exceeded the high standards established in the past. The Women’s Board also is quickly approaching the $1.5 million goal of its capital campaign well before its scheduled completion. The Associates Board’s Havana Nights in August was another triumph, and so was the La Fête au Jardin sponsored by the Auxiliary Board in March.

All of these activities demand hard work and careful planning, but they are vital to the continued evolution of the Cancer Research Center. Without UCCRF funding, UCCRC researchers could not pursue some of the most promising pathways in cancer research, and cancer patients would suffer from a lack of innovation and lost opportunities.

Bringing these benefits to cancer patients, after all, is the underlying purpose of every activity performed by the UCCRF. Cancer touches us personally. Our members have all lost friends and families to malignancy or seen someone dear to them suffer, and the desire to prevent future tragedies drives each of them. Our members are optimistic people who respond to adversity not with despondency, but with compassion and logic. They turn hardship into hope.

With sincere thanks,

Ruth Ann Gillis McGuinnis
President
The University of Chicago
Cancer Research Foundation

Mary Ellen Connellan
Executive Director
The University of Chicago
Cancer Research Foundation
A wise man once said that “Generosity knows how to count, but refrains.” The members of the University of Chicago Cancer Research Foundation (UCCRF) understand their arithmetic, but they do not worry about numbers when they support cancer research. Their gifts of time and money are abundant, and they are bringing us closer to the day when we bring cancer under control.

At the UCCRF, we recognize how fortunate we are to have such valuable allies, and we depend on the vital support provided by the Foundation and its members. Their generous spirits inspire us and give greater meaning to our work.
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Chris Gilmore, Mike Ryan, and Lexis Berg celebrated the night away at the Associates Board Havana Nights fund raiser.
Income

A UCCRF Contributions 835,908
B Trustees Capital Campaign 2,120,024
C Boards/Auxiliaries 961,773
D Women’s Board Campaign 492,136
E Endowment Income 20,479

4,430,320

Expenses

Operating
- Personnel 262,183
- Services 410,416
- Supplies 11,068

683,667

Allocations
- Research & Faculty Support 576,378
- Women’s Board 600,000
- Auxiliary Board 120,000
- Associates Board 10,000
- Junior Cancer League 20,000

1,326,378

Total Expenses 2,010,045

Ending Balance* $3,898,475

*Ending balance includes $3.3 million in contributions received in FY06 & FY07 for the Trustees’ and Women’s Board’s campaigns, which will be allocated at a later date.
At the University of Chicago Cancer Research Center, our mission is to understand, cure and prevent each of the scores of diseases we collectively call cancer. We pursue this goal by promoting collaboration among a diverse and dedicated team of outstanding laboratory scientists, caregivers, clinical researchers and trainees. These partnerships help us develop solutions tailored to the complexity of individual cancers and the unique needs of each patient. Our faculty and staff are dedicated to mentoring and inspiring the investigators of tomorrow while providing superior care to the people of today.

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To learn more about cancer research at the University of Chicago and how you can help our researchers pursue promising avenues of investigation that would otherwise remain unexplored, please contact Mary Ellen Connellan, Executive Director, University of Chicago Cancer Research Foundation, at (773) 834-7409.

A donation to the University of Chicago Cancer Research Foundation is an investment in one of the nation’s leading facilities for scientific inquiry and will help people here at home and around the world.

Donations to us may be made to:
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INSPIRED INNOVATION
Cancer Care and the Drive for Discovery