



Radiation renaissance

Tomotherapy fights cancer via innovation and accuracy

UW Comprehensive Cancer Center scientists Minesh Mehta, MD (left) and Rock Mackie, PhD, launched their prototype tomotherapy machine more than a decade ago.

Imagine a machine that can look deep within the human body, pinpoint a small cluster of cancer cells and moments later precisely deliver radiation to the tumor from all angles around the patient. While this fascinating and futuristic-sounding cancer treatment may seem too good to be true, it isn't. It is called tomotherapy and was discovered, developed and patented by UW Comprehensive Cancer Center (UWCCC) researchers, who first used it to treat patients in 2003.

Tomotherapy: How it Works

The tomotherapy, the first technology of its kind, provides 3-D imaging of a tumor immediately prior to delivering radiation. With cancer patients lying on a platform, the machine takes an image of a tumor to verify its size, shape and location. Minutes later, it delivers a halo of radiation to the tumor in a spiral pattern around the patient, while minimizing contact with healthy tissue and avoiding the complications so often associated with standard radiation treatment.

"This is a complete, self-contained system. It's turnkey. It's really the only turnkey system. We get everything we need to treat a patient," says Rock Mackie, tomotherapy's principal developer and co-founder of an offshoot company, TomoTherapy, Incorporated.

The technology is used in more than 80 cancer treatment centers worldwide, with more orders being placed monthly. The young company, located in Madison, Wisconsin, employs approximately 400 people and last year generated about \$100-million in revenue.

Mackie, a professor of medical physics and human oncology at UW-Madison,

and UWCCC researcher, explains: "There's better quality dose distribution; it's really considered the best dose distribution for most sites, and it offers imaging on-board."

Embracing the Wisconsin Idea

Mackie credits WARF (Wisconsin Alumni Research Foundation) and its early involvement in tomotherapy for helping the company translate the idea into a viable product and thriving business. He believes WARF's dedication to the project, and projects like it, represent an evolution of the Wisconsin Idea—a guiding principle of the University of Wisconsin which encourages the university to make connections with the citizens of the state for the public good. Mackie notes that in addition to the obvious benefits of introducing an innovative cancer fighting tool to the people of the state, his company has created jobs. He estimates that of the \$100-million generated last year, approximately \$75-million stayed in-state in the form of salaries earned and taxes paid.

Radiation: Often Misunderstood

Yet, as exciting an advance as the tomotherapy approach is, when it comes to cancer, there is perhaps no treatment option more misunderstood or maligned than radiation, says Mackie. This is unfortunate, he laments, considering that a device such as tomotherapy could itself be considered as a kind of wonder treatment.

"If you think of radiation as being a drug, it has a lot of great drug-like attributes. I mean magic drug attributes," Mackie contends. "Physicians can target a tumor without having it grow systemically. There is

no drug resistance, it is synergistic with drugs, and it can be measured in small quantities. Physicians know exactly what they're giving. We know exactly where in the body the radiation dose has been given."

Despite his optimistic view of radiation oncology as a leading contender as a cancer cure, Mackie believes it has traditionally been thought of by many, including much of the cancer research community, as subordinate to other treatment options. Mackie, who essentially had no research funding when he first began exploring the idea of tomotherapy, says radiation studies are often considered undeserving of research support and receive far less federal money than other cancer treatment research.

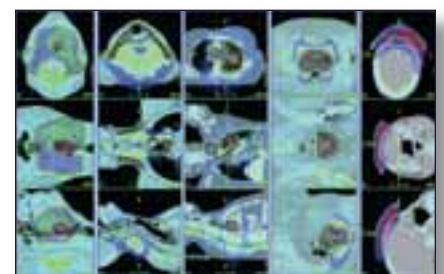
"It probably doesn't get the respect that it deserves from the cancer establishment, except at the UW Comprehensive Cancer Center," explains Mackie. "The UWCCC, I think, is one of the few cancer centers that really, really values its radiation oncology tradition and successes."

UWCCC: Leading the Way

And, he continues, this is perhaps the most significant difference between cancer centers which focus solely on research, or those that only provide treatment, and a place like the UWCCC, which is a leader in both. Mackie says that the climate at UW-Madison is exceptionally rare and very stimulating. "It is in such a place that 'crazy' ideas like tomotherapy are encouraged and where colleagues who regularly work in clinics treating cancer patients can give essential input into developing these ideas."

—Continued inside

Tomotherapy up close



A tomotherapy machine combines two devices into one that, with the help of complex software, seamlessly detects and defines cancer tumors, then delivers appropriate doses of radiation. Each patient session includes multiple steps. First, a computed tomography (CT) image is taken of the patient who is lying on the tomotherapy machine's table. The result is a 3-dimensional image of the person and the tumor to be treated.

Next, technicians use the CT information to define the targeted tumor and determine the intensity of radiation—a method known as Intensity Modulated Radiation Therapy (IMRT). While IMRT isn't new, a critical innovation within the tomotherapy machine means that radiation is delivered via a linear accelerator, or Linac. The Linac moves along a circular path in a part of the machine that looks like a hoop. By moving the patient through this revolving hoop helps create 72 strategic points along a spiral from which to direct radiation to the tumor.

A critically important distinction between tomotherapy and earlier treatments is that past methods exposed much larger areas of the body to higher levels of radiation distributed from fewer angles. Tomotherapy, with its ability to deliver lower doses from 72 angles, affects very limited areas of healthy tissue and results in fewer side effects.

PHOTO: BRUCE FRITZ, COURTESY OF UW COLLEGE OF ENGINEERING EXTERNAL RELATIONS

Meeting the challenge of Cancer health disparities

By Brion J. Fox, SM, JD

What if we had a cure for cancer tomorrow?

The sad reality is that not everyone would benefit equally. In this era of high technology, too many people still do not have access to the prevention, screening and treatment services that are currently available, let alone future advances.

There is vast documentation of differences in the burden of cancer between specific groups of people in Wisconsin and nationwide. Research shows some groups are more likely to be diagnosed with and die from preventable cancers and will be diagnosed with late-stage disease for cancers that could be detected through early screening. Some people receive either no treatment or sub-standard treatment and suffer without adequate pain control or palliative care. Often these people are defined by gender, ethnicity, sexual preference and socioeconomic status.

Despite the best of intentions, existing cancer prevention screening, and treatment programs have not succeeded in resolving these inequities, and society still knows too little about how to overcome the barriers people face.

Why do cancer health disparities exist?

Research indicates that in great measure they result from current and historical social injustices that produce unequal social position, less supportive social networks, and increased environmental exposures. These inequities often lead to one group of people receiving better care than another. Experts believe we will be able to reduce the unequal burden of cancer only by addressing these injustices and the trust issues they engender.

Reducing and eliminating cancer health disparities is a key objective of the National Cancer Institute. The UW Comprehensive Cancer Center (UWCCC) has also taken on the challenge of reducing cancer health disparities in Wisconsin and beyond. For example, UWCCC is home of the North Central region Spirit of EAGLES: American Indian/Alaska Native Leadership Initiative on Cancer. This program promotes comprehensive cancer control through partnership with tribes, research networks, cancer centers, the Cancer Information Service, and the American Cancer Society.

In addition, as part of its stewardship of the Wisconsin Comprehensive Cancer Control Plan, UWCCC is building partnerships with communities around the state that represent

underserved and minority populations. These partnerships will assess community readiness to address cancer and the quality of cancer care that exists in these communities. Staff will work with the communities as they prioritize how to reduce barriers to cancer care.

To facilitate more research and outreach in this area, and to establish links to other researchers and organizations working on these topics, UWCCC recently established the Cancer Health Disparities Initiative (CHDI). Its mission is to reduce cancer health disparities by addressing social inequalities. CHDI is partnering with Spirit of EAGLES and the statewide Comprehensive Cancer Control Plan. The Initiative also developed an affiliates program for community partners and UW faculty and staff interested in conducting disparities research.

One of CHDI's goals is to expand awareness and understanding of cancer health disparities by sponsoring visiting scholars to UWCCC. Its first visiting scholar, Judith Kaur, MD, national director of Spirit of EAGLES and oncologist from the Mayo Clinic, shared lessons about the role of the university in reducing cancer health disparities. Future scholars will include Sandra Underwood, PhD, professor at the University of Wisconsin-Milwaukee School of Nursing and expert on cancer prevention and control in culturally diverse communities. In spring 2007, CHDI will host noted national leader Harold Freeman, MD, medical director of the Ralph Lauren Center for Cancer Care and Prevention, New York City, and former director of the NCI Center to Reduce Cancer Health Disparities.

It will not be easy to eliminate the unequal burden of cancer, but through its research and outreach programs, UWCCC is committed to eliminating barriers to prevention, treatment and clinical trials. Consistent with NCI's creed, UWCCC seeks equal treatment for all.



Brion J. Fox, SM, JD is an associate scientist within UWCCC's Cancer Control and Outreach program and principal investigator of the Wisconsin Comprehensive Cancer Control Plan Health Disparities Project. He is also co-director of the Cancer Health Disparities Initiative along with Rick Strickland.

For more information about the Cancer Health Disparities Initiative and its Affiliate Program, please contact Strickland at strickla@uwccc.wisc.edu.

MARK YOUR CALENDARS

Bergamont Golf Outing

August 11, 2006
(608) 835-6900

Walk with GRACE

August 11 & 12, 2006
(608) 604-8255

Drive for Hope – Lung Cancer Golf Outing

August 21, 2006
(800) 252-2664

A Jewel of an Evening

(Benefiting UWCCC Gynecologic Cancer Research)
Monona Terrace, Madison
September 13, 2006
(608) 263-1677

Writing Together Through Breast Cancer

An 8-week journaling session with Chaplain Libby Caes
September 14 – November 2, 2006
(Thursday evenings)
(608) 263-3592

HEADRUSH

(Benefiting brain tumor research and education at the UWCCC)
September 23, 2006
headrush@headrushevent.org

Founders' Day Celebration

(Recognizing the renaming of the Cancer Center)
Overture Center for the Arts, Madison
September 26, 2006
(608) 263-1677

Tune It Up!

with the Wisconsin Brass Quintet & UW MadHatters
(Benefiting UWCCC Prostate Cancer Research)
Orpheum Theatre, Madison
September 29, 2006
(608) 263-1677

Click to Cure Cancer (online auction)

October 13-23, 2006
Visit: Clicktocurecancer.com

5th Annual Fall Conference for Health Professionals

Focusing on: Palliative Care
Monona Terrace, Madison
October 13, 2006
(608) 263-0160

Visit cancer.wisc.edu for more details on all events listed.

Click to Cure Cancer coming soon!

The UW Comprehensive Cancer Center is pleased to collaborate with Clear Channel Radio-Madison and Charter Communications on a new fundraising effort: Click to Cure Cancer. Click to Cure Cancer is an online auction, scheduled to run October 13-23, 2006. Proceeds from this event will benefit groundbreaking cancer research and patient services at the UW Comprehensive Cancer Center.

This easy-to-use auction will include unique items from throughout the area—from a ride along on the Dane County Sheriff's Boat Patrol to a flat screen TV to Packer tickets and more! Similar to a silent auction, participants will go to www.clicktocurecancer.com, review the items available for bidding and place their bids. At the close of the online auction, winners will be notified via e-mail.

Do you have a unique item to donate for the auction? Please contact Craig Robida at the UWCCC, (608) 263-4982. And make sure to check out the online auction, October 13-23, 2006!



Libby's Story

Teen cancer survivor helps others navigate a painful diagnosis

Nineteen-year-old Libby Falck follows up with John Heiner, MD, the UW Comprehensive Cancer Center researcher and orthopedic surgeon who helped her overcome childhood bone cancer.



Libby Falck was five years old when she started feeling pain in her right leg. It's just growing pains, her parents thought, until Libby fell while playing, and just like that, her leg snapped and broke.

After two biopsies at UW Children's Hospital, she was diagnosed with Ewing sarcoma, a type of cancer of the bone or soft tissue. Immediately undergoing chemotherapy and radiation, Libby had surgery to strengthen her leg a few years later—and life for the Neenah girl appeared to return to normal.

But at age 13—seven years after her first remission—Libby felt the familiar bone pain in her right leg.

The cancer had returned. And this time, the young teen spent nearly two years in a wheelchair after UW Health orthopedic surgeon and UW Comprehensive Cancer Center (UWCCC) member, John Heiner, MD resected the mid-shaft of her diseased femur and replaced it with donor tissue from a cadaver.

"She's a young person with a lot ahead of her."

Although she has a long scar on her right leg from seven or eight surgeries, Libby, now 19, considers herself lucky to be able to walk and function relatively normally. In fact, the UW-Madison sophomore recently was back in his office, asking for a leg brace for kayaking.

"I've been kayaking since I was 12—I love it," Libby says. I still can't run very well, but my leg's pretty good for everything else."

Salvaging limbs and function

With patients like Libby, the goal is to try to save the leg, says Heiner. "Not only that, but we wanted to preserve the function of her leg," he continues. "She's a young person with a lot ahead of her."

"There's a whole team here that all works together on this, and I think we provide state-of-the-art care in all aspects of this management."

Bone tumors tend to be more complicated to treat surgically than soft tissue tumors, because the surgeon must reconstruct the skeleton after removing the diseased bone. They also tend to be quite large because people often attribute their pain symptoms to injuries.

"They think it hurts because they banged it up playing basketball or something," Heiner says. "But bone tumors tend to spread fairly quickly—by the time patients come in, three-quarters of the femur may already be involved."

Saving the limb wasn't always possible in sarcoma patients. In fact, prior to the mid- to late-1980s, sarcoma surgery generally consisted of massive amputations. Twenty years ago, Heiner says, a patient like Libby would have probably had her leg amputated at the pelvis.

The musculoskeletal oncology team

Primary care physicians from all over the region refer patients to Heiner, who works with them to develop treatment plans that may include radiation, surgery, chemotherapy, or a combination of therapies.

He works with UWCCC researchers and cancer specialists as part of a multidisciplinary musculoskeletal oncology team. The group offers sarcoma patients innovative methods of delivering radiation designed to shrink the tumors prior to attempting surgical removal.

"There's a whole team here that all works together on this, and I think we provide state-of-the-art care in all aspects of this management," says Heiner.

UWCCC team members include Howard Bailey, MD, an adult oncologist; pediatric oncologists Carol Diamond, MD and Margo Hoover-Regan, MD, and radiation oncologist Steven Howard, MD.

In addition to bone tumor patients like Libby Falck, the musculoskeletal oncology team also treats patients who have had other types of cancer that has metastasized, or spread, to the bones. Cancers most likely to spread to bone include cancer of the breast, prostate, lung, kidney and thyroid.

Promising results

In Libby's case, the prognosis is good, and it's likely that many great things lie ahead. In high school, Libby founded "Teens Tackling Cancer," a teen-run organization for young cancer patients and survivors. She's studying media production at UW-Madison and is planning a documentary to help young, newly-diagnosed cancer patients navigate through emotional, unfamiliar territory.



Radiation Renaissance

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"We have the largest medical physics department in the world here. It gives us a tremendous degree of autonomy, but we're still able to work closely with the clinical sciences department," Mackie explains. "The independence allows us to work on long-term projects and still keep our projects relevant by working alongside our clinical colleagues."

It's this close collegial working relationship that has allowed developments such as tomotherapy to prosper at UW-Madison, according to Minesh Mehta, MD, UWCCC scientist and chair of the radiation oncology program.

"I think this place is very unique. We do things differently," Mehta notes, "and when it comes to using tomotherapy as a treatment tool, we seem to be doing things better." However, he emphasizes that there is still much to be learned about this relatively new treatment option.

Mehta stresses that it's very difficult for a new cancer-fighting technology like tomotherapy to undergo a traditional double-blind research study, the way new drugs are tested, because nobody wants to be

in the control group. Other methods of analyzing tomotherapy, while often imperfect, offer much needed and valued information.

A current study by Mehta and his colleagues seeks to better understand the treatment effects of tomotherapy radiation. This five-year, \$10.5-million study funded by the National Cancer Institute will soon offer findings that will help dictate how the treatment is used in the future. For example, researchers are studying the efficacy of using tomotherapy to re-treat patients.

"Tomotherapy's legacy will be that it was the first device designed to not just treat patients one time but to treat patients multiple times, if necessary," Mackie explains.

He is excited about the future of radiation oncology research at UW-Madison and its emerging role in improving the quality of life and long-term diagnosis of cancer patients. "In the last 10 years there's been kind of a renaissance in radiation oncology," concludes Mackie, "I think it's probably time that more people know about it."

Tomotherapy radiation treatment was discovered, developed and patented by UW Comprehensive Cancer Center researchers. Radiation oncology nurse, Kim Brandt, RN, MBA of the UWCCC provides patients with both physical and emotional support during tomotherapy radiation treatments.

- **Advances is published semi-annually by the University of Wisconsin Comprehensive Cancer Center (UWCCC), a National Cancer Institute-designated comprehensive cancer center.**
- **For patient services at the UWCCC, please contact Cancer Connect, (800) 622-8922 or (608) 262-5223 or e-mail uwccc@uwccc.wisc.edu.**
- **To learn more about the UWCCC, please visit our website: cancer.wisc.edu.**

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You may also contact Craig with a request by telephone at (608) 263-4982 or by e-mail at robida@uwccc.wisc.edu

Governor signs law improving patient access to cancer trials

Cancer patients in Wisconsin are now able to have their health insurance cover the routine costs of clinical trials, under the provisions of a bill signed in March by Governor Jim Doyle.

Signing the legislation before a crowd of supporters at UWCCC, Doyle said the reluctance of some insurance companies to cover costs of services and drugs used as part of clinical trials took new treatment options away from patients. At the same time, it hindered innovation by decreasing participation in cancer studies—ultimately preventing new treatments from reaching the patients who need them.

“Clinical trials offer some of the most cutting-edge cancer treatments available,” Doyle said. “But thousands of patients opt out of these treatments because their insurance does not cover costs of routine care associated with a clinical trial.”

“It is unconscionable that cancer patients should have to pass up therapies that could significantly prolong or even save a life because the insurance

company won't pay,” Doyle added. “(The new law) protects cancer patients from having to make treatment decisions based on their pocketbook.”

The new law requires health care plans to cover the costs of services and drugs used as part of clinical trials, as long as those services and drugs would have been covered as part of existing treatments. Because some insurance companies previously would not cover such costs, many patients who wanted to enroll in cancer clinical trials could not afford to do so.

“The lack of coverage often put access to innovative options outside the means of many of Wisconsin's cancer patients,” said George Wilding, MD, UW Comprehensive Cancer Center director.

And for those patients for whom standard treatments had failed, this lack of coverage posed a significant barrier to receiving potentially life-saving care.



As UW Comprehensive Cancer Center Director Dr. George Wilding and others look on, Governor Jim Doyle shakes hands with Dr. James Stewart, professor of Medicine at the UW Comprehensive Cancer Center and advocate of the newly signed bill requiring insurance companies to pay routine care costs associated with cancer clinical trials.

Racing for a reason

A couple of years ago, Darren Fortney didn't know how to swim, and he didn't consider himself to be much of a runner. He'd never run 26.2 miles, the length of a marathon. And had definitely never attempted anything like the Ironman Triathlon—which ends with a marathon. Before that, there's a grueling 2.4-mile swim, followed by 112 miles of biking.

On September 10, Fortney will compete in the Ironman Wisconsin to raise money for the UW Comprehensive Cancer Center (UWCCC) and UW Health Mindfulness Program.

As a 19-year-old, Fortney successfully took on cancer with UWCCC's help. Years later, the 38-year-old married father of two says he now is compelled to give back to those who have helped him.

“Unfortunately, many cancer victims are simply not granted that possibility,” says Fortney, who adds that he hopes his story will offer encouragement to young cancer patients who feel the way he did at 19—scared, confused, isolated and without hope.

“Yes, there is life after cancer—there are many uplifting stories out there—many have yet to unfold. Each story has the potential of positively affecting someone searching for hope.”

“Cancer treatment is not just about ridding the body of the physical disease,” says Fortney. “It is equally important that treatment focus on the psychological tolls, especially as one prepares to move on in life in the shadows of a diagnosis.”

“Yes, there is life after cancer—there are many uplifting stories out there,” says Fortney. “Many have yet to unfold. Each story has the potential of positively affecting someone searching for hope.”

“I keep thinking, ‘what a great thing to raise money for.’” Fortney said. “And when you're training for something like this, you need all the motivation you can get.”

For more information visit www.januscharitychallenge.com/wi06/uwccc



Making a Difference



Pictured here is Jody Schwerdtfeger Rough who raised just over \$7,900 for the Creating Hope lung cancer research campaign at the UWCCC by running her first marathon ever—the MadCity Marathon held in May, 2006. Jody's decision to do the marathon was not because she is an avid runner, instead she decided to take on this challenge after watching her mother, Nancy, endure the fight of her life battling lung cancer. Jody's mother lost her battle in April, 2006 but that did not stop Jody as she finished her first-ever marathon and her mother was with her, every step of the way.



PHOTO: PAM CHICKERING WILSON, THE DAILY UNION

On June 17, 2006 more than 100 cancer survivors, motorcycle, classic and collectible car drivers from both Madison and Milwaukee came together for the Second Annual Ride for Hope. Drivers for this fundraiser volunteer "to ride with a buddy"—someone with a life-limiting illness. An experience those dealing with cancer and other life-limiting diseases will never forget! Ride for Hope is organized by Tomorrow's Hope, a group from Jefferson, WI committed to helping those living in Jefferson County. The UWCCC is honored to be one of the recipients of funds raised by Tomorrow's Hope through their Walk Fest held each June. Since 1997, this completely volunteer-driven organization has raised just over \$2.1 million! For more information about the organization go to www.tomorrowshope.org.

YES! I want to make a difference by giving to the University of Wisconsin Comprehensive Cancer Center

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Please call **(608) 263-1677** with questions.

Updates in *Clinical Trials*

Clinical trials are UWCCC's key to progress in the battle against cancer



Advanced Biliary Cancer

A study for patients with advanced biliary cancer (gallbladder or cholangiocarcinoma) has recently opened. The study will evaluate the effectiveness of bevacizumab and erlotinib for patients with biliary cancer. Bevacizumab is a monoclonal antibody that interferes with the formation of the new blood vessels tumors need to grow and survive. Erlotinib is a drug that inhibits EGFR (epidermal growth factor receptor). Some tumor cells have higher levels of EGFR which can cause resistance to chemotherapy and poor response to therapy. Combining bevacizumab and erlotinib, targets two different mechanisms that allow tumor cells to survive and grow.

The study will enroll about 50 patients with advanced biliary cancer. Eligible patients will receive bevacizumab by infusion every two weeks and take erlotinib by mouth daily.

Lung

The UWCCC is currently offering the only National Cancer Institute-sponsored single agent clinical trial of Suberoylanilide Hydroxamic Acid (SAHA) for relapsed non-small cell lung cancer in the United States today. SAHA is a promising new agent believed to block enzymes needed for cancer cell growth. It is given as a daily oral dose. The clinical trial is open at UW and through the Wisconsin Oncology Network for patients with Stage IIIB (with pleural effusion) and Stage IV non-small cell lung cancer whose disease has progressed after initial treatment. Patients with stable brain metastases may participate.

Vitamin-Based Prostate Cancer Prevention

Prostate cancer is the most common form of malignancy in men and second leading cause of cancer deaths among men in the United States. For unknown reasons, the incidence of prostate cancer continues to rise. Means to prevent prostate cancer development are desperately needed. Some studies suggest that vitamin E may have a role in prostate cancer prevention, specifically in men who smoke cigarettes.

The UWCCC is conducting a research study of vitamin E in healthy men, 40 years of age and older, to learn how vitamin E is metabolized in men who smoke cigarettes compared to men who do not smoke. Participants in this study will take vitamin E for 14 days and have two study visits with blood work. What is learned in this study may help to develop a more effective way to use vitamin E to prevent prostate cancer.

For more information about these and other clinical trials at the UW Comprehensive Cancer Center, contact Cancer Connect, (800) 622-8922 or (608) 262-5223 in the Madison area.

New website design

The UWCCC has recently unveiled a new website (www.cancer.wisc.edu) design, with many appealing features for visitors. With our new website, you can:

- See updated information about all research programs and outreach initiatives;
- View all upcoming events—both fundraisers and educational events;
- Learn about ways to support the Cancer Center;
- Browse the latest headlines in our newsroom section; and
- Quickly find clinical trials available at the Cancer Center.

Please visit www.cancer.wisc.edu to see our new website design and make sure to bookmark it as one of your favorites!

