

So much pain, yet so much hope...

A GYNECOLOGIC CANCER JOURNEY THAT ALL WOMEN CAN LEARN FROM



Eva Barcellona



Diane Barcellona



Betty Preston



Mary Ann Henning



Teresa Rochetto

While it would be very easy for Diane Barcellona of Janesville to see the proverbial glass as "half-empty," her outlook on life is remarkably upbeat, considering these traumatic events over the past seven years:

- In 1996, Diane's mother, Eva Barcellona, died at age 76, two years after being diagnosed with advanced (stage IV) ovarian cancer;
- In 1998, Diane's sister Betty Preston, died at age 53 following a recurrence of breast cancer 10 years after her original diagnosis.
- In 2000, Diane herself was diagnosed with advanced (stage III) ovarian cancer at the age of 44. Following surgery and six months of chemotherapy at the University of Wisconsin Comprehensive Cancer Center, Diane has been cancer-free for the past 2 1/2 years.
- Just last summer, a second sister of Diane's, Mary Ann Henning of Freeport, Ill., was diagnosed with advanced (stage III) ovarian cancer. Mary Ann has since completed chemotherapy treatment at the UWCCC.

Moreover, Diane and her two surviving sisters—Mary Ann Henning and Teresa Rochetto of the Chicago area—have all tested positive for the BRCA-1 gene mutation known to significantly increase a woman's risk for breast and ovarian cancers. Because of this, both Diane and Teresa have undergone a double mastectomy to reduce their breast cancer risk and maximize their

survival prospects. And, even though she has never been diagnosed with cancer, Teresa had an oophorectomy (surgical removal of the ovaries) several years ago to reduce her risk of ovarian cancer following a pre-cancerous fibroid condition.

"There really is a lot to be said for listening to your body and asking a lot of questions of your regular physician, being aware of these cancers and their potential warning signs could save thousands of lives each year."



Ellen Hartenbach, MD
Head of the UWCCC's
Gynecologic Oncology
Program

Now 48, Diane wants to help other women and their families become more aware of the importance of early detection and prevention of gynecologic cancers.

"We have to find a cure for this," Diane says. "When I was first diagnosed three years ago, I was a single mom with three children. I was told I had 30 percent chance of living five years. Quite frankly, that was not good enough for me."

Since then, Diane has re-married and has lived to see her children—now 26, 23 and 16—become step-siblings to her husband Jacob's children of 25, 23 and 21. Although Diane cannot yet be considered cured, her cancer-free state 2 1/2 years after treatment puts her beyond the point where many ovarian cancers tend to recur.

"Diane's case and family history is one of the more dramatic I have seen," says Ellen Hartenbach, MD, head of the Gynecologic Oncology program at the UW Comprehensive Cancer Center. "Having operated on and treated not only Diane but also her sister, Mary Ann, I truly applaud these women for sharing the story of a cancer that is simply not talked about enough, given its all-too-frequent deadly outcome.

"More than 80,000 women are diagnosed with a gynecologic cancer each year," Hartenbach adds, noting that these include cancers of the ovary, cervix, uterus, vagina, vulva or fallopian tubes. "Put another way, one in every 20 women in this country will be told they have gynecologic cancer at some time in their lives."

Thinking back to when she was diagnosed, Diane cannot overstate the importance of knowing one's family medical history—meaning all forms of cancer on both parents' sides.

"Three years ago," Diane recalls, "I started gaining weight without explanation. I wanted to dismiss it, but I got a strong feeling from my mom—who had passed away four years earlier

from ovarian cancer—to have it checked out. As it turned out, I learned that I had ovarian cancer."

Dr. Hartenbach also reminds women to learn the warning signs of reproductive cancers.

"There really is a lot to be said for listening to your body and asking a lot of questions of your regular physician," she says. "It is also important for women of all ages to have that annual gynecologic exam and PAP test."

Hartenbach also suggests that women visit the Women's Cancer Network web site—www.wcn.org—to conduct an online cancer risk assessment.

"Many gynecologic cancers—especially ovarian cancers—are not detected until the later stages," Hartenbach says. "There is no question that simply being aware of these cancers and their potential warning signs could save thousands of lives each year."

The UW Comprehensive Cancer Center includes four faculty physicians who specialize in gynecologic oncology. These four represent nearly half the number of gynecologic oncologists in Wisconsin.

More information about UWCCC gynecologic oncologists is available by going to www.uwhealth.org, clicking on "Find a Doctor", and then using the Specialty dropdown box to click on "Gynecologic Oncology."

Ovarian cancer prevention/detection study open at UWCCC

Women at increased risk of ovarian cancer may consider participating in a nationwide clinical trial designed to identify ways to lower the risk of developing ovarian cancer and enhance the ability to detect the disease earlier. Sponsored by the National Cancer Institute, in collaboration with the Gynecologic Oncology Group, the Ovarian Cancer Prevention and Early Detection Study is currently enrolling women at least 30 years old who:

- Have a strong family history of breast and/or ovarian cancer; or
- Have tested positive for the BRCA1 or BRCA2 gene mutation that is known to significantly increase a woman's risk for breast and ovarian cancers.

Women who enroll in the study will, after discussion with their own health care providers, choose either risk-reducing surgery or ovarian cancer screening to

manage their ovarian cancer risk. Both groups of women will be followed for five years to assess the impact of their choice on cancer occurrence and quality of life.

More information about the Ovarian Cancer Prevention and Early Detection Study is available by calling Cancer Connect at (800) 622-8922 or visiting <http://ovariancancer.gog199.cancer.gov/>

Can green tea or soy prevent cancer?



By Howard Bailey, MD

Can green tea or soy compounds prevent people at high risk of developing cancer from actually getting the disease? Thanks to a recent grant from the National Cancer Institute, the UW Comprehensive Cancer Center plans to help find the answer.

As part of a \$42 million NCI chemoprevention research endeavor, the UWCCC was selected as one of six institutions that will lead a consortium to conduct early-phase clinical trials aimed at reducing the incidence of cancer. The study will include the most common cancers of the skin, mouth, esophagus, lung, breast, colon, bladder and prostate.

Although we are not yet ready to accept patients for these trials—we expect to begin enrollment this summer—we hope physicians and patients will keep this in mind for the near future.

As a consortium leader, the UWCCC will collaborate with four other institutions—the University of Iowa, Vanderbilt University, Emory University, and the University of Rochester—to conduct a variety of patient studies involving agents that may play a role in preventing cancer.

Moreover, discussions are underway with regional cancer centers located in Green Bay (St. Vincent Hospital), Waukesha and Oconomowoc (Waukesha Memorial and Oconomowoc Memorial hospitals) about participating with the UWCCC in these trials. Among the UWCCC group of participating sites, we expect to enroll 75 to 100 patients a year for three to five years.

Based on preclinical or epidemiologic evidence of cancer preventative properties, the following compounds will be tested as possible cancer preventatives in human patients:

- **Cyclooxygenase (COX) inhibitors.** COX is an enzyme produced by many precancerous tissues. Aspirin and celecoxib are agents that inhibit COX and have already been shown to prevent certain cancers, but other agents within this diverse class of compounds may also prevent disease.
- **Statins.** Statins are drugs that block cholesterol production by inhibiting the enzyme HMG-CoA reductase and are commonly used as a treatment for heart disease. The enzyme HMG-CoA also regulates cell growth, so it is believed that statins may play a role in cancer prevention as well.
- **Tea Polyphenols (green tea).** Compounds in tea leaves are natural plant antioxidants. Several cancer preventive properties have been suggested by observational studies of these compounds.
- **Soy Isoflavones.** A group of compounds found in and isolated from the soybean, isoflavones function as antioxidants, and some produce hormonal and non-hormonal effects, all of which may result in cancer prevention.

Most of the compounds will be taken in pill form, although some—such as the skin cancer agents—will be administered topically. As these are early stage trials, we will, above all, ensure that patients can tolerate these compounds safely. Once we are sure this is the case, we will study the cancer prevention impact of these compounds.

For more information about this program, please call Cancer Connect at (800) 622-8922 or by e-mail at uwccc@uwccc.wisc.edu.



Howard Bailey, MD is a medical oncologist who specializes in gynecologic oncology at the UW Comprehensive Cancer Center. Bailey is the associate director of the University of Wisconsin General Clinical Research Center, a center within UW Hospital and Clinics, devoted solely to clinical research. Dr. Bailey is the principal investigator of the Chemoprevention Consortium.

MARK YOUR CALENDARS

Memorial Program

Sunday, April 18, 3-5 pm
High Point Church, 7702 Old Sauk Road, Madison

This program is a chance for family members and friends to remember loved ones who have died from cancer over the past year. Call Melissa Stewart, (608) 263-5712 for more information.

Cancer Hope, Cancer Health Week

Monday, May 17-Thursday, May 20

A week dedicated to providing hope and useful health information for anyone touched by cancer. Call Ann Johnson, (608) 263-1677.

An Evening with Andrew Weil, MD and Jon Kabat-Zinn, PhD

Thursday, April 22, 2004, 7:30 p.m.
Memorial Union Theatre, Madison; \$50 per ticket

For tickets call (608) 262-2201.
For event information (608) 263-7936 or www.uwhealth.org/integrativemed

Expanding the Circle of Care

Cancer is a disease affecting not only the patient, but also family members and friends who care for that patient through diagnosis, treatment, recovery, and for some, the end of life.

A new web-based program for caregivers is being developed by the UW-Madison's Center for Health Systems Research and Analysis, recently funded as a "Center of Excellence in Cancer Communications Research." The researchers at the Center have developed CHES (Comprehensive Health Enhancement Support System), a web-based system of integrated services designed to help individuals cope with a health crisis or medical concern. This system has proven to be an effective resource for patients in previous research studies. CHES researchers have recognized that the need for the CHES system goes beyond the patient and have designed a new study to specifically address the needs of caregivers.

A clinical trial will be underway this spring to study the effectiveness of the new CHES program for



caregivers of advanced breast and prostate cancer patients. The research study will evaluate whether the CHES program meets caregiver needs and supports communication efforts between the clinicians and the person they are caring for.

For more information about this upcoming clinical trial, please call CHES at 1-866-STUDY-60 or 1-866-788-3960.

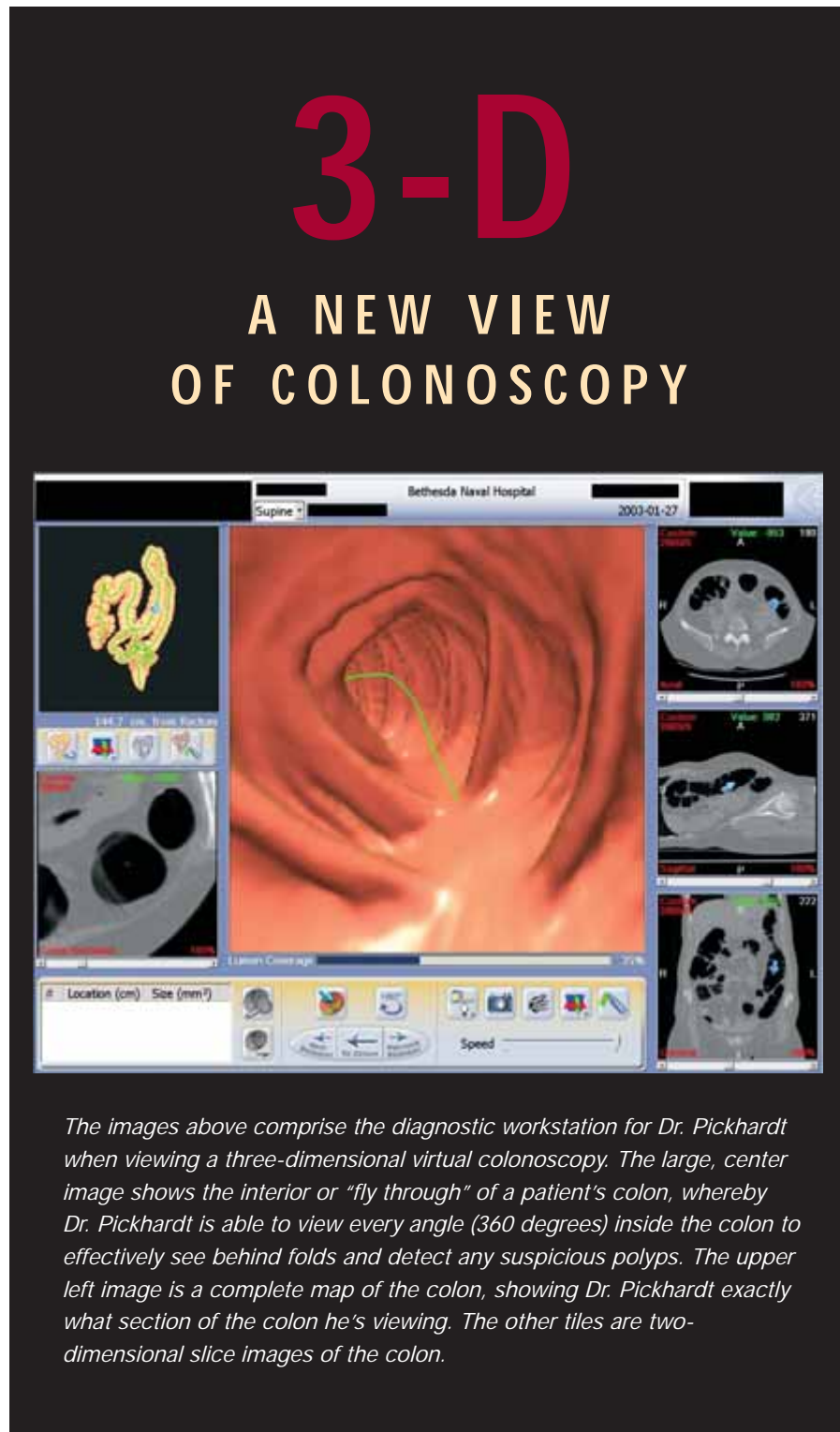
Colon cancer is the second deadliest cancer in the U.S., claiming more than 50,000 lives annually. When caught in the early stages, the disease is 90 percent curable. Unfortunately, many patients balk at the uncomfortable idea of conventional colonoscopy and avoid getting screened at all.

Now, patients have another choice, one that's both less invasive and more comfortable than the conventional screening method: Three-dimensional computed tomography (CT) colonography, also known as virtual colonoscopy. The procedure, targeted for patients at average risk of developing colon cancer, allows radiologists to obtain 3-D images from different angles, providing a "movie" of the interior of the colon without having to insert a scope throughout the length of the colon.

In a recent study published in the *New England Journal of Medicine*, Dr. Perry J. Pickhardt, a UW Health radiologist, found that virtual colonoscopy was able to detect more than 90 percent of significant colonic polyps in average-risk patients, a slightly better rate than conventional colonoscopy.

"I believe virtual colonoscopy will eventually join conventional colonoscopy as a major component of colorectal cancer screening in the U.S.," says Dr. Pickhardt. "Because it's less invasive, we're hoping that more adults will seek screening, resulting in many additional lives saved."

Radiologists have been using CT colonography for years to detect polyps, benign growths that may develop into



The images above comprise the diagnostic workstation for Dr. Pickhardt when viewing a three-dimensional virtual colonoscopy. The large, center image shows the interior or "fly through" of a patient's colon, whereby Dr. Pickhardt is able to view every angle (360 degrees) inside the colon to effectively see behind folds and detect any suspicious polyps. The upper left image is a complete map of the colon, showing Dr. Pickhardt exactly what section of the colon he's viewing. The other tiles are two-dimensional slice images of the colon.

colon cancer if not removed. The technology worked well, but primarily used 2-D images. With the addition of 3-D "fly-through" images, a virtual colonoscopy can show the whole picture, providing precise and detailed images of the colon's interior in a minimally invasive manner. The procedure only

takes about 15 minutes to complete and also carries other benefits: there's no risk of bleeding or perforating the colon, no need for intravenous sedation, and it's less costly than conventional colonoscopy.

Virtual colonoscopy is strictly a diagnostic procedure and is best suited for average-risk individuals 50-70 years of age.

Patients at high risk of developing colon cancer should get a traditional colonoscopy. UW Health will begin offering virtual colonoscopy in early 2004, and is one of the few programs in the country to do so.

Virtual colonoscopy: Is it for everyone?

The new findings on the effectiveness of 3-D virtual colonoscopy as a screening tool are exciting, but unfortunately, it isn't the best option for everyone.

- Ideally, virtual colonoscopy for colon cancer screening is best suited for adults age 50-70, who present no symptoms, have no family history of colon cancer and are essentially in very good health. These criteria are important to consider mainly because if polyps are detected, the individual must receive another procedure—conventional colonoscopy—for polyp removal.
- For individuals with symptoms or family history—those who are most likely to have polyps of a substantial size (8 mm. or greater)—it makes most sense to receive a conventional colonoscopy for the ease of removing polyps and avoiding an additional procedure.

For more information

To obtain more information on 3-D virtual colonoscopy, please contact Carrie Poole in the radiology department of UW Hospital and Clinics at (608) 263-9028. For more information on conventional colonoscopies, please contact your primary care physician.

Dr. George Wilding named director of Cancer Center

George Wilding, MD, was named director of the University of Wisconsin Comprehensive Cancer Center in January 2004 by Philip Farrell, MD, PhD, Dean of the UW Medical School.

Dr. Wilding has served as acting director of the Cancer Center, since November 1, 2002. He currently serves as the Cancer Center's associate director for clinical programs, which conduct more than 200 clinical research trials each year.

A nationally-renowned prostate cancer researcher, Dr. Wilding is the Donald and Marilyn Anderson professor of medicine and serves as head of the Medical Oncology section within the Department of Medicine at the UW Medical School. He has been a UWCCC member since joining the UW faculty in 1988. In his clinical practice, Dr. Wilding sees patients with genitourinary

cancers, including prostate, kidney, testicular and bladder cancers. He is currently chairman of the Genitourinary Cancer Committee of the Eastern Cooperative Oncology Group, a National Cancer Institute-sponsored research group, and serves on numerous National Cancer Institute, industry and foundation advisory and review boards.

A native of Everett, Massachusetts, Wilding graduated from the University of Massachusetts Medical School. He has a bachelor's degree from Tufts University (chemical engineering and biology) and a master's degree (pharmacology) from Pennsylvania State University. He lives in Middleton with his wife, Helen and has two children.



- Advances is published semiannually 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: www.cancer.wisc.edu

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

★ CHILDHOOD CANCER REUNION SPEAKS VOLUMES

Over the past three decades, research advances in the treatment of childhood cancer have produced truly remarkable results.

While the statistics are powerful in their own right—80 percent of all children diagnosed with cancer today will be cured, compared with less than 30 percent a generation ago—nothing speaks louder in celebration of this achievement than a single room packed with 200 childhood cancer survivors and their families.

Such was the case this past Thanksgiving weekend in Madison at the third “Kids With Courage” reunion of childhood cancer survivors—ages 1 to 44—who have been treated at University of Wisconsin Children’s Hospital by the UWCCC Pediatric Hematology/Oncology team. As she has during two previous reunions in 1993 and 1998, model Cindy Crawford played a prominent role at the 2003 celebration of “Kids With Courage.” Having lost a three-year-old brother to leukemia in 1975,

Crawford has been an invaluable contributor of time and money to the UW Pediatric Oncology program over the past decade.

“It’s Cindy’s willingness to come and meet face to face with these children, both in the hospital where they appreciate her so much and at the reunion,” says Paul Sondel, MD, head of the Division of Pediatric Hematology/Oncology at the UWCCC. “Cindy’s support—both financially and as an invaluable awareness builder—helps prove that research saves lives.”

Sondel’s team has provided leadership for many clinical trials coordinated by the national Children’s Oncology Group (COG).

“With almost half of all childhood cancer patients in the U.S. participating in COG research protocols, great strides have been made toward more effective cancer treatments and higher cure rates. While ‘Kids With Courage’ is a living testament to the great



Childhood cancer survivor Gaebriel Brandon, 5, (right) enjoys a moment with his brother Christian, 8, at Kids With Courage III, a reunion of more than 200 childhood cancer survivors held in November 2003.

progress that has been made,” Sondel says, “it also serves as a platform in which we talk about the tremendous amount of work and funding that must take place before childhood cancer is completely eradicated.”

UWCCC receives \$586,000 NIH grant to fund study on cancer and aging



Richard Weindruch, PhD
Director of new Aging and
Cancer Program

With cancer death rates far greater for those 65 or older, the UW Comprehensive Cancer Center has been selected by the National Institutes of Health as one of eight research centers to study the relationship between cancer and aging.

The UWCCC has been awarded a \$586,000 grant for the first of what will be five years of study jointly funded by the National Cancer Institute and National Institute on Aging—each a part of the National Institutes of Health.

“Our group at the UW is very well poised to address many important issues that address the relationship between cancer and aging,” said Richard Weindruch,

PhD of the UWCCC. “Our efforts will span a broad array of research ranging from the population to the molecular levels,” he said.

Specific topics that will be studied at UW include:

- Palliative care;
- Patterns of care, based on large population-based studies;
- Distinguishing the impacts of cancer from other health problems that affect older people;
- Enhancement of quality of life for older cancer patients; and
- Biology of aging and cancer.

In conjunction with this grant, the UWCCC will establish a

formal “Aging and Cancer Program” to be directed by Dr. Weindruch. “Aging and Cancer” will become the ninth UWCCC research program, complementing eight existing research programs designed to synthesize research and facilitate efforts with the goal of applying discovery efforts to yield more effective cancer patient care.

The cancer and aging grant is part of a nationwide 5-year, approximately \$25 million grant program recently announced by NCI and NIA.

“Cancer is a disease of aging and is increasing in magnitude as people live longer,” said NCI Director Andrew C. von Eschenbach, MD. “Ending the

suffering and death due to cancer by 2015 requires us to understand the behavior of cancer, responses to therapy, and the after-effects that are unique to the older patient.”

George Wilding, MD, director of the UWCCC, said the grant will ultimately seek to pinpoint more effective treatments that incorporate age into the treatment equation.

“Knowing why cancer occurs more frequently in older people can only help us treat the disease more effectively,” Wilding said. “We are very pleased to be among the research centers selected for this endeavor and are excited to begin our work.”

Making a Difference

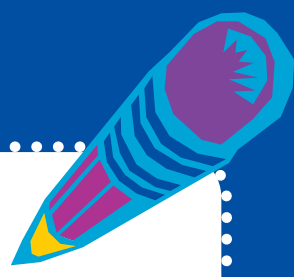


Mark Albertini, MD (right) accepts a \$12,000 check from Kathy Eagle and family members of Tim Eagle, Kathy's husband. The Tim Eagle Memorial Golf Outing and Picnic Supper held in October 2003 in Milan, Illinois was designed to raise money and awareness of melanoma cancer research at the UWCCC. Thank you to the entire Eagle family and all friends of Tim for your support of the UWCCC!



Ann Johnson (right), Senior Development & Event Specialist for the UWCCC, recently received a \$7,464.09 check from Annette Uhlig of the Veterans of Foreign Wars Ladies Auxiliary. Joining Annette in the check presentation were Larry Danielson (left) and her husband, Elmer Uhlig.

YES! I want to make a difference by giving to the UW Comprehensive Cancer Center



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**Ann Johnson
UW Comprehensive Cancer Center
600 Highland Avenue, K4/658
Madison, WI 53792-6164**

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

Updates in

Clinical Trials

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



Every 25 seconds a man, woman, or child in the United States is diagnosed with cancer. For those who are eligible, a cancer clinical trial offers either the best available treatment or the opportunity to receive a new, potentially more effective therapy.

The UW Comprehensive Cancer Center (UWCCC) typically has 200 to 250 clinical trials available for participation. Some current clinical trials include:

Colon Cancer

A study has recently opened to determine if an experimental treatment involving oxaliplatin and capecitabine works better than the standard treatment (5-fluorouracil and leucovorin) in stopping stage III colon cancer from returning in patients after surgery. The study will also compare the side effects of capecitabine/oxaliplatin with 5-fluorouracil/leucovorin and determine if capecitabine/oxaliplatin is more convenient for patients than with 5-fluorouracil/leucovorin. It is anticipated that 15-20 patients will participate at the UW with 1,850 individuals participating worldwide.

Lung Cancer

Lung cancer continues to be difficult to detect early and difficult to treat when advanced. This study is evaluating whether a selenium tablet can prevent new lung cancers in people with surgically removed non-small cell lung cancer. The study will compare how the selenium affects patients with surgically removed lung cancer when compared to a placebo. About 1960 people will take part in this study nationally and no more than 15 participating at the UW.

Ovarian Cancer

Researchers at the UWCCC are trying to learn more about how to care for women who are at risk of getting inherited ovarian cancer. Individuals are invited to participate in this research study because they, or a close relative, have a change (mutation) in certain genes that increase risk of ovarian cancer, or because they have a strong family history of breast and/or ovarian cancer.

Some women who are at high risk for inherited ovarian cancer choose to have their ovaries and fallopian tubes removed by surgery. Other women choose to keep their ovaries and fallopian tubes and to be watched carefully to see if they get ovarian cancer. Doctors do not know if one of these methods is better than the other. The purpose of this study is to learn more about how to care for women who are at risk for inherited ovarian cancer. It is hoped that the knowledge gained from this study will lead to preventing ovarian cancer, diagnosing it earlier, and giving such women a better quality of life.

This study is being sponsored by the Gynecological Oncology Group, a national group dedicated to research in women's cancer. Approximately 25 women will participate at the UW.

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

A complete listing of clinical trials at the UWCCC is also available on our website, www.cancer.wisc.edu