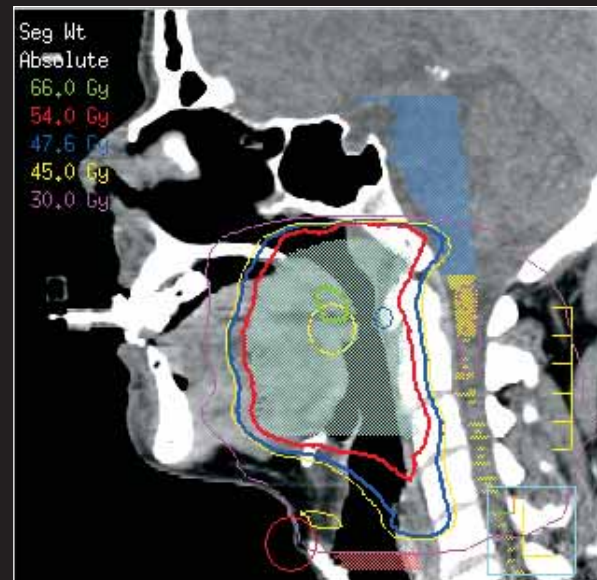
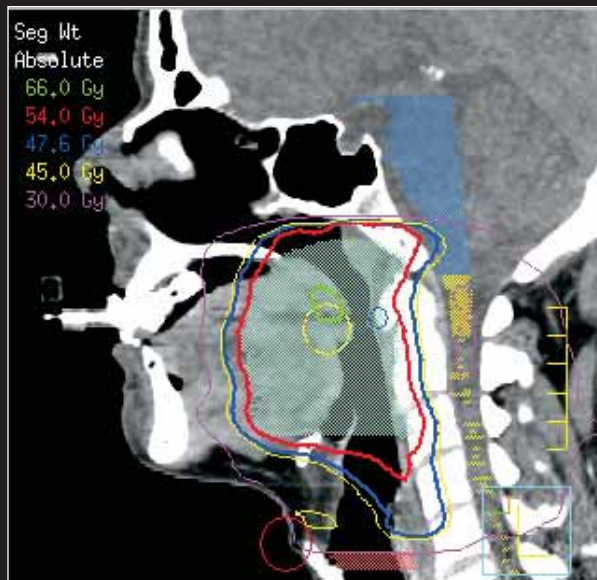
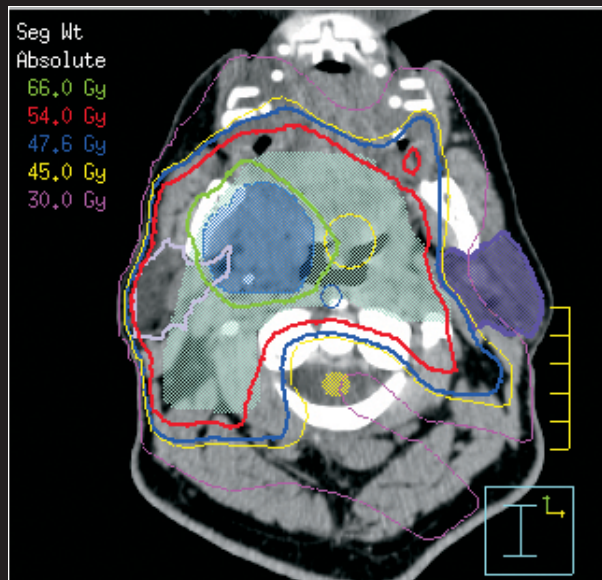


## Bridging the Gap for Head and Neck Cancer Patients



At a recent checkup at the UW Health Cancer Clinics, David McMahon was feeling a little down. He wore a smile on his face, and his radiation and chemotherapy treatment for tonsil cancer had been going well, but the 47-year-old shipbuilder from Menominee, MI was bothered by a few setbacks.

His treatment was affecting his ability to get food down. Not only was he unable to gain back some of the weight he'd lost during treatment, he was struggling just to maintain his current 155-pounds.

Suggesting pain medications to help ease the rawness in his throat, McMahon's oncologist explained why swallowing had grown more difficult.

After reassuring McMahon that everything he was experiencing was to be expected, his oncologist, Anne Traynor, MD, a physician-researcher with the UW Paul P. Carbone Comprehensive Cancer Center (UWCCC), spent time chatting with him.

This was just the first stop on McMahon's day. Before his visit was over, McMahon interacted with several other physicians, nurses and therapists. He also underwent chemotherapy and radiation treatments.

"There's definitely a lot going on," says McMahon, adding that he often feels overwhelmed by it all. "It's hard to keep track of everything."

That's where Peggy Wiederholt comes in, McMahon says with a smile. As head and neck oncology nurse coordinator at the UWCCC, her unique job is to act as the hub in what can be a very complex, multi-spoked wheel for head and neck cancer patients.

"Peggy's just great. She's done a

lot for us so far." McMahon says of Wiederholt, adding that she's also been a great comfort to his wife, Lynette. The McMahons have been traveling from the Upper Peninsula to Madison each week, living in a hotel on weekdays while David receives specialized tomotherapy treatment that's not available close to home.

"It's tough," McMahon admits. "But it would have been a lot harder without Peggy."

### Head and neck cancer—diverse challenges and treatments

The nature of head and neck cancer (HNC) means patients with advanced disease often undergo complex treatments by a team of multidisciplinary specialists, each providing expertise in different areas.

This comprehensive approach may involve surgery, radiation, chemotherapy or a combination of therapies — which often carry significant side effects and high toxicity. Adverse effects include pain, nausea, swallowing problems, weight loss, malnutrition and dehydration. Surgical treatment may also change the structures of the head and neck, potentially leading to breathing and swallowing problems, as well as cosmetic disfigurement.

When a patient is seen in multiple clinics by different specialists, Wiederholt is there to make sure the care is coordinated across health care teams, to ensure patients understand everything that's happening to them, and to offer appropriate resources to patients who need help.

"A diagnosis of head and neck cancer can be an intimidating experience," says Wiederholt. "Patients are

overwhelmed first with the diagnosis, and then all of the testing, the procedures, the information, and the different people they need to meet."

For patients, it's an emotional time, compounded by having to navigate through the health care system and enduring hours of appointments, tests and discussions that may lead to information overload and stress, Wiederholt says.

### A comforting presence

Wiederholt serves as a case manager assessing patient needs, assisting with symptom management and providing education and support for patients and their families in otolaryngology, radiation oncology and medical oncology.

She often accompanies patients as they move from doctor to doctor and clinic to clinic, to channel the communication, both from doctor to patient and across health care teams.

"I provide another set of ears for patients as they try to absorb all of this information, I can repeat what each physician has said," Wiederholt explains. "Patients want to make sure they're hearing everything correctly, but they're frightened, and are comforted by having someone else there."

With a bright smile, a warm greeting and a reassuring hand, Wiederholt offers both a friendly social visit as well as a vital needs assessment — making sure patients' pain, nutrition and a host of other issues are being addressed.

"I spend a lot of time talking with patients and even more time listening to them," Wiederholt says. "Sometimes the most important thing I do is listen to patients and provide them with some

## Heads Up!

Head and Neck  
Cancer Awareness  
Program

APRIL 17-20, 2007

UW HOSPITAL AND CLINICS,  
2ND FLOOR ATRIUM

UW Paul P. Carbone Comprehensive Cancer Center is sponsoring a week's worth of activities focused on head and neck cancer. Throughout the week there will be head and neck cancer prevention and early detection information, support group representatives, water sampling and raffle prizes.

Below is a list of topics that will be highlighted each day:

### TUESDAY, 4/17

*Ask the Nutritional Expert:* Advice and easy-to-swallow, easy-to-chew food samples.

### WEDNESDAY, 4/18

*Head and Neck Cancer Screenings:* Free screenings with follow-up recommendations.

### THURSDAY, 4/19

*Tobacco Awareness, Prevention and Risk Factors:* Center for Tobacco Research and Intervention.

### FRIDAY, 4/20

*Supplement Information:* Nutritional information and representatives providing supplements and samples.

*Reception:* For individuals interested in finding out more about the Heads Up! Head and Neck Cancer Support Group.

For more information about the week's programs, please contact Ann Johnson, (608) 263-1677 or [ajohnson@uwccc.wisc.edu](mailto:ajohnson@uwccc.wisc.edu)

—Continued inside

## What is Translational Research?

*Paul Sondel, MD, PhD*

Over the past 50 years, medical science has led to impressive progress in many important fields. For example, at the UW Paul P. Carbone Comprehensive Cancer Center (UWCCC), multi-modality therapy is now providing cures for many with previously fatal disorders such as childhood leukemia, testicular cancer and Hodgkin's disease. All this progress is the result of basic, clinical and translational research.

While most people are familiar with basic and clinical research, the term "translational research" is relatively new. Even so, translational research has been an important aspect of all applied research, long before anyone knew they were doing "translational research."

Basic research asks questions about how things work, and often involves laboratory studies. Basic science questions of interest to cancer researchers include: What molecules are different in cancer cells than normal cells, how does the growth and behavior of cancer cells differ from that of normal cells, and what steps are involved when a normal cell changes into a cancer cell?

Clinical cancer research often involves analyzing how a clinical disorder is identified, how it behaves in different patients, and what clinical interventions can have a beneficial effect.

Translational research takes concepts that are proven in basic research studies and moves them to the analyses of clinical problems. It also takes observations made in the clinic and brings them back to basic research labs so they can be better understood.

But the training of scientists focusing on basic biology research is quite different from the training of those interested in providing clinical care. Scientists can communicate well with one another, and physicians can communicate well with each other; but because scientists and physicians speak somewhat different professional languages, communication between these groups often requires some translation. This translation is often facilitated by "physician-scientists," individuals trained in both basic science and clinical science. Since the goal of cancer research is to decrease the pain and suffering from cancer (preferably by eliminating or effectively treating it), it is essential to take the best ideas and facts from basic science and translate them into clinical application.

Translational research is strong here at the UWCCC. For example, Drs. Minesh Mehta and T. Rock Mackie have worked closely together to bring important concepts from the field of basic medical physics into innovative and effective radiation therapy, resulting in the world's first tomotherapy program. This technology is now recognized worldwide as "state-of-the-art."

Basic research by Dr. Miroslav Malkovsky on an unusual type of immune cell that can recognize and destroy certain cancer cells (gamma/delta T cells) has led to his collaboration with Drs. Doug McNeel and Glenn Liu to test this approach in people with prostate or renal cancer. Our own lab work with genetically engineered antibodies linked to the immune activator IL2, has enabled collaborations with Drs. Mark Albertini and Jackie Hank on the world's first clinical trials of these agents for melanoma in adults and neuroblastoma in children.

To facilitate even greater translational research, the UWCCC just conducted a center-wide scientific retreat in January, 2007. This full day of translational science brought together 396 cancer center researchers, to discuss the research presented by 85 separate UWCCC faculty members. By bringing together cancer researchers from the basic science, clinical science and population science perspectives, collaborative research can flourish, as these important discoveries are being translated into clinical reality!



*Paul Sondel, MD, PhD is the Reed and Carolee Walker Professor of Pediatric Oncology at the University of Wisconsin School of Medicine and Public Health, Associate Director for Translational Research of the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center (UWCCC) and vice chair for research of the UW Department of Pediatrics.*

*Following pediatric residency training at the Universities of Minnesota and Wisconsin, he joined the faculty of UW-Madison in 1980 in the Departments of Pediatrics, Human Oncology and Genetics. He was promoted to professor in 1987, and became leader of the UWCCC program in Immunology and Immunotherapy in 1990, when he also became head of the Division of Pediatric Oncology. Dr. Sondel has been a leader in scientific review and policy through multiple national committee roles, including The National Institutes of Health, The American Cancer Society, The Children's Oncology Group, and The National Cancer Institute, where he is now a member of the Board of Scientific Counselors.*

### MARK YOUR CALENDARS

**St. Patrick's Day Parade**

March 17, 2007  
www.stpatsmadison.org

**Curl for a Cure Fundraiser**

April 13-14, 2007  
Poynette Curling Club  
(608) 635-7100

**4th Annual WI Comprehensive Cancer Control Summit**

April 19, 2007  
Radisson West Hotel, Milwaukee  
(608) 265-9322

**Heads Up - Head and Neck Cancer Awareness Program**

April 17-20, 2007  
UW Hospital and Clinics  
(608) 263-1677

**"Celebration of Life" Survivors Picnic**

May 17, 2007  
(608) 263-1677

**Ride for Research Dual Sport Rally Fundraiser**

June 9-10, 2007  
Wabeno, WI  
www.widualsportriders.org

**Creating a Racquet for Melanoma Research**

June 10, 2007  
Tennis Tournament and Family Day  
Bishops Bay Country Club, Middleton  
(608) 263-1677

**Tomorrow's Hope Walk Fest**

June 15-16, 2007  
Jefferson, WI  
www.tomorrowshope.org

**Our Hope Walk Fest**

June 15-16, 2007  
Burlington, WI  
(262) 763-6044

**Golf Fore Wolfe and A Cure Outing**

June 23, 2007  
Menomonee Falls, WI  
www.golfforewolfe.com

**Windsor Area Garden Walk**

July 13-14, 2007  
(608) 846-1666

**Lung Cancer Memorial Golf Outing**

July 16, 2007  
Baraboo, WI  
(608) 263-1677

**Cancer Crusaders Golf Outing**

July 21, 2007  
Whitewater, WI  
(608) 263-1677

*Visit [cancer.wisc.edu](http://cancer.wisc.edu) for more details on all events listed.*

## Smoking Rates for Pregnant Women Decline

The number of Wisconsin women smoking during pregnancy dropped from 23 percent in 1990 to 14 percent in 2004, according to a report released by the University of Wisconsin's Paul P. Carbone Comprehensive Cancer Center (UWCCC). In the same period, smoking during pregnancy in the United States decreased from 18 percent to 10 percent.

"Smoking During Pregnancy in Wisconsin and the United States, Trends and Patterns, 1990 -2004" reported a decline in smoking during pregnancy for most counties and by the age, race, education and marital status of pregnant women.

However, it showed that unmarried women, women without a college education and women under age 25 smoked at rates significantly higher than the average rate of smoking among Wisconsin women. Also, Black, Hispanic and American Indian women in Wisconsin smoked at significantly higher rates when compared to each respective minority in the United States.

Smoking during pregnancy substantially increases the risk of premature birth, low birth weight, stillbirth, and sudden infant death syndrome.



# Surgical Robotics

The newest member of the UW Health surgical team stands about six feet tall, has four arms, and is named after a famous Italian painter/inventor.

He's also a robot. And he may represent the future of complex surgery in the United States.

Da Vinci® has been in the operating room at UW Hospital and Clinics since January 2006, putting the hospital at the forefront of a growing national trend. UW Health surgeons are using it to perform complex heart surgeries, gland removals, hysterectomies, prostate removal, and cancer staging. Developed by California-based Surgical Inc., the robot allows surgeons to execute complex surgeries laparoscopically, offering greater precision and reducing recovery time for patients.

"This has been a very exciting development for us," says Dr. David Jarrard, a physician with the UW Paul P. Carbone Cancer Center (UWCCC), and one of three UW Health urological surgeons trained to use the robot. "The robot really makes a significant difference with patient recovery time."

Along with fellow UWCCC physicians Timothy Moon, MD and Sean Hedican, MD, Jarrard now performs the majority of radical prostatectomies (one of the primary treatments for prostate cancer patients) using the robot.

Patients who have their prostate glands removed in a traditional open surgery typically remain in the hospital an average of two days. Patients who have the procedure done using the surgical robot typically go home the next day and return to normal activity in as little as one week.

A major advantage of the robot is its minimally invasive approach. An open prostatectomy requires an 8-10 inch

## da Vinci® robot revolutionizes OR



incision in the lower abdomen, while the da Vinci® procedure uses five pen-sized incisions to create openings for the robotic instruments.

"The cancer outcomes with the robot are similar to the open prostatectomy," says

Jarrard. "However, the hospital stay and amount of blood loss a patient suffers during the procedure are significantly decreased."

In addition, the amount of time a patient must have a catheter to drain the bladder

after the procedure is reduced by half, from 14 to 7 days.

### Surgery, Reimagined

Here's how it works: As the patient lies on the operating table under the watchful eye of a surgical assistant, the physician operates the robot while seated at a console a few feet away. The surgeon looks at the patient's internal anatomy through a dual-screen viewer that produces a 3-D image magnified 10 times.



Dr. David Jarrard

The robot's three main arms are controlled by a pair of knobs that the surgeon squeezes like castanets. Each can be fitted with five- to eight-millimeter surgical

instruments that handle cutting and suturing. A fourth arm controls a miniscule camera that gives the surgeon an extremely detailed view of the patient. The end of the robot's arms feature "wrists" that move 360 degrees.

Currently, UW Hospital and Clinics is the only hospital in the Madison area using robotics in the operating room, and is one of only five medical centers in Wisconsin.

"We're really on the front end of the curve with surgical robotics," says Jarrard. "We're only just beginning to see the ways in which this will change the way we treat patients."

To learn more about robotic surgery at UW Health, visit [uwhealth.org/roboticsurgery](http://uwhealth.org/roboticsurgery) or call Cancer Connect, (608) 262-5223.

### Bridging the Gap *continued from front*

support. Some days the most important thing I do is give a patient a hug."

Tucked away in Wiederholt's file cabinet are folders full of cards and notes with heartfelt thanks from her patients — keepsakes that she takes out on difficult days.

"They remind me why I am doing this," Wiederholt says.

### Gaining strength from personal tragedy

But perhaps her strongest motivation lies within her own heart. In 1994, Wiederholt's husband Joe was diagnosed with colon cancer, just a few years after Peggy's father died of the same disease. Together, Joe, a faculty member at the UW School of Pharmacy, and Peggy began a long journey that would eventually lead to Joe's death in 2001.

Peggy has continued to publish a book Joe created during his cancer treatment. "The WriteTrack: Personal Health Tracker for Cancer Patients" helps others through their own cancer journeys.

Peggy views her work with head and neck cancer patients as therapeutic. It helps her feel she's fighting back after losing her husband, both parents and other loved ones to cancer.

"I think having walked in the shoes of these patients' families, I know what it is to be on the other side," Wiederholt said. "I think I have become a much, much more compassionate and empathetic person, and I think I've become a better patient advocate because of my personal experiences.

"I feel — I hope — that I'm making a difference this way," Wiederholt adds.

Her patients certainly think so.

When Marshall Flax was undergoing tonsil cancer treatment in 2003, he was admitted to the hospital several times. Even on weekends, Wiederholt would stop by his hospital room to check on him and ask if everything was going OK.

"Without her even saying it, it became clear to us — this is the woman to go to when you need something," says Flax.



Peggy Wiederholt (center) is pictured with members of the head and neck cancer support group. For more information about this group, call (608) 263-8500.

After Randy Eggert finished treatment for tonsil cancer, he was understandably nervous whenever he would feel something questionable in his throat.

"I could just call Peggy and she'd either help me get an appointment quickly, or she'd always be there to answer questions," Eggert said. "I just think that if you went to another hospital, you wouldn't get this kind of specialized treatment or expertise. I think it's great to have these kinds of resources right here in Madison."

Wiederholt stresses that she is just one person on a team that's dedicated to providing the best possible care for head and neck cancer patients.

"I can't begin to tell you what a privilege it is to work with such a talented and caring multidisciplinary team," Wiederholt says. "Our head and neck cancer program is certainly among the very best in the nation. In my opinion, it is number one."

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Madison, WI 53792-6164

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- **For patient services at the UWCCC, please contact Cancer Connect, (800) 622-8922 or (608) 262-5223 or e-mail [uwccc@uwccc.wisc.edu](mailto:uwccc@uwccc.wisc.edu).**
- **To learn more about the UWCCC, please visit our website: [cancer.wisc.edu](http://cancer.wisc.edu).**

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## UW Cancer Center Johnson Creek receives honor for design



The UW Cancer Center Johnson Creek recently received a prestigious Modern Healthcare 2006 Design Award. The September 25, 2006 edition of the nationally distributed Modern Healthcare showcases the best of the best in healthcare facility design.

The article states, "With healthcare construction still booming, a focus on the patient experience, sustainable design and the use of natural materials and lighting gave a competitive edge to the 12 winners of the 21st annual Design Awards. In

addition to incorporating design trends, this year's winners--an array of hospitals, children's facilities, cancer centers and other clinics--also relied on simple design and efficient layouts to stand out among the nearly 200 entries in this year's competition." The UW Cancer Center Johnson Creek is listed among the 12 best.

The center features post-and-beam construction, brick and concrete block, as well as a soft color palette, natural lighting and woodland views that fit the center's rustic surroundings. The collaborative endeavor between UW Health in Madison; Watertown Area Health Services, and Fort HealthCare in Fort Atkinson, was an attempt to keep costs low and avoid a duplication of efforts in serving the rural communities of southeastern Wisconsin between Milwaukee and Madison.

Core services at the center include cancer treatment, education and prevention. Patients can choose private or open chemotherapy infusion bays as well as control lighting and music within their linear accelerator vault during radiation therapy. A conference room outfitted with teleconferencing equipment allows clinicians real-time access to experts at UW-Madison, working to further the center's mission of providing cutting-edge cancer research and treatment in a nurturing, hope-filled setting, the judges say.

The building was also featured in the nationally distributed magazine Healthcare Design (September 2006 Architectural Showcase Issue).

## STUDY: Praying online may benefit cancer patients

Breast cancer patients who pray in online support groups can experience mental health benefits, according to a new study conducted by the University of Wisconsin-Madison Center of Excellence in Cancer Communications Research funded by the National Cancer Institute.

"We know that many cancer patients pray in online support groups to help them cope with their illness. This is the first study we are aware of that examines the psychological effects of this behavior," said Bret Shaw, PhD, lead author of the study.

The analysis was conducted on message transcripts from 97 breast cancer patients from Wisconsin and Michigan who were participating in an online support group. The group was integrated with the Comprehensive Health Enhancement Support System (CHESS) "Living with Breast Cancer" program, a computer-based health education and support system. Surveys were administered before group access and then four months later.

Messages within the computer-mediated support groups were analyzed using a text analysis program, which measured the percentage of words that were suggestive of religious belief and practice (e.g., pray, worship, faith, holy, God). A higher percentage of these religious words within the online support groups was associated with lower levels of negative emotions and higher levels of self-efficacy and functional well-being, even after controlling for patients' pre-test levels of religious beliefs.

"From a psychological standpoint, there are a variety of reasons why cancer patients may benefit from prayer—whether on the Internet or elsewhere. In reviewing the messages, some of the most common ways study participants used religion to cope with their illness included putting trust in God about the course of their illness and consequently feeling less stressed; believing in an afterlife and therefore being less afraid of death; finding blessings in their lives; and appraising their cancer experience in a more constructive religious light," said Shaw.



The results of the study are published in an advance issue of the journal *PsychoOncology*.

# Making a Difference



Presenting a check to Ashley McGuire (center) of UWCCC are Cheryl Mani (left) and Sonja Henrickson (right) of the annual Breast Cancer Golf Rally held in Oregon, Wisconsin. The 2006 event raised \$20,000 to benefit breast cancer research and treatment at the UW Carbone Cancer Center. UWCCC is grateful to the event organizers for their time and energy and for making a difference for those touched by breast cancer.



Pictured above are some of the participants—sharpening up their driving skills—from the First Annual Drive for Hope golf outing held August 21, 2006 at Nakoma Country Club in Madison. The event raised just over \$64,185 for the Creating Hope Lung Cancer Research Campaign in 2006!

Drive for Hope was created to benefit lung cancer research by Fred Johnson, of Credit Union Executives Society (CUES), in memory of his wife Linda Aplas Johnson. The former Brian Howell Lung Cancer Research Golf Open and the Sue and Eugene Hanmer Memorial Golf Outing joined forces with Johnson and CUES to provide as much support as possible to the Creating Hope campaign. Brian Howell and Sue and Eugene Hanmer also lost their battles with lung cancer.

Event organizers look forward to another successful golf outing on Monday, August 13, 2007 at Maple Bluff Country Club. For more information about the event, call 1-800-252-2664 or email [driveforhope@cues.org](mailto:driveforhope@cues.org).

## ***YES!** I want to make a difference by giving to the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center*

Donor's name (s) \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I/We wish to make a donation of \$ \_\_\_\_\_

In memory of (optional) \_\_\_\_\_

In honor of (optional) \_\_\_\_\_

Please send acknowledgment card to: (optional)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check enclosed. Please make checks payable to **UW Carbone Cancer Center**.

Please charge my gift to my:  Visa  Mastercard

Cardholder's name (please print) \_\_\_\_\_

Credit card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail this form to:**

**Ann Johnson**

**UW Carbone 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*

## ***Multiple Myeloma***

A new trial, sponsored by the National Cancer Institute, has just been opened for myeloma patients with relapsed or refractory disease. This study combines the new oral agent lenalidomide, also known by the trade name, Revlimid, with Bevacizumab. Bevacizumab is thought to block a tumor cell's ability to stimulate the growth of new blood vessels and appears to be useful in combination with other chemotherapy drugs. Because lenalidomide may also work through this mechanism, it seems logical to combine these two agents. Lenalidomide is taken orally three out of four weeks and Bevacizumab is given intravenously twice monthly. The NCI will supply these drugs to participating patients at no charge. Weekly oral dexamethasone is the third ingredient in this regimen.

To be considered for this trial, patients must have a measurable serum or urine protein marker and may not have previously taken lenalidomide.

## ***Prostate Cancer***

UWCCC is one of 10 institutions in the country chosen as a member of the Prostate Cancer Clinical Trials Consortium (PCCTC), which is a national clinical research group congressionally mediated through the Department of Defense. The primary goal of the PCCTC is to speed the development of new drugs and treatment by bringing together the nation's leading prostate cancer investigators. Current studies being conducted through the PCCTC include:

- Phase II study of ATN-224, a copper chelator, in men with PSA-relapsed disease;
- Phase II study of CGC-11047, a polyamine analog, in patients with hormone refractory metastatic prostate cancer;
- Phase I/II study of BMS-641988, a novel androgen receptor antagonist, in patients with hormone refractory prostate cancer;
- Phase II study of Dasatinib, for patients with hormone refractory prostate cancer;
- Phase II study of Panzem NCD, an oral angiogenesis inhibitor, in patients with advanced prostate cancer who have progressed on docetaxel.

## ***Ovarian Cancer***

The UWCCC is participating in a clinical trial for ovarian cancer which employs an anti-angiogenic agent (Bevacizumab) in conjunction with standard chemotherapy. In addition, this study provides extended therapy to prolong the progression-free survival period.

The primary goals of this study are to determine if the addition of Bevacizumab to standard chemotherapy with paclitaxel and carboplatin reduces the death rate when compared to standard chemotherapy alone, and to determine if additional therapy with Bevacizumab reduces the death rate when compared to six cycles of standard therapy in women with newly diagnosed advanced ovarian or primary peritoneal cancer. Study participants are randomized in equal numbers to one of three treatment groups. Neither participants nor their doctors know to which treatment group an individual is randomized.

This study is open to women who have advanced ovarian or primary peritoneal cancer and are in general good health. Study participation must begin within 12 weeks of the initial surgery. Women who have had prior radiation therapy to the abdomen or pelvis, have an active bleeding disorder or infection, have had another malignancy within the past five years (except non-melanoma skin cancer) or have significant cardiovascular disease are excluded.

This study is sponsored by the Gynecological Oncology Group (GOG), which is a group dedicated to research in women's cancer. The GOG is funded through the National Cancer Institute (NCI), by the federal government.

For more information about these and other clinical trials at the UW Paul P. Carbone 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](http://www.cancer.wisc.edu)