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Dear friend,

As the director of the University of Wisconsin Carbone Cancer Center, I am often asked what it will take to find a cure for cancer. The answer is both simple and complex: It will take research to find a cure. This has been demonstrated time and again as scientists and physicians have focused their attention on various types of cancer. Over all, the cancer survival rate has almost doubled in the past forty years, and half of those diagnosed will survive their cancer for more than ten years—an all-time high. Breast cancer in particular has shown that, with research and resources, a cancer diagnosis is no longer a death sentence. This is a direct result of an increase in research.

Pancreas cancer is a stubborn and notable exception. Only nine percent of pancreas cancer patients survive five years beyond diagnosis—a survival rate that has hardly changed in the last forty years—and the incidence of pancreas cancer is increasing. Lack of awareness is a challenge: pancreas cancer is swift and almost always fatal, so there are few survivors to help bring awareness of this disease. The only way to bridge the gap between the illness and a cure is through research.

The UW's Carbone Cancer Center (UW Carbone) wants to change the odds for pancreas cancer patients. In a unique partnership with the Pancreas Cancer Task Force, a dedicated group of community volunteers affected by pancreas cancer, 20 pancreas-cancer specific projects have been funded here at UW Carbone since 2011. These volunteers work with faculty and staff to raise funds for cancer research. We are dedicated to expanding our research efforts, which are only the beginning of our commitment to becoming a world leader in pancreas cancer research. To that end, we have created this five-year strategic plan for UW Carbone’s pancreas cancer research program.

This plan is a roadmap for the next phase of a sustainable pancreas cancer research effort. Over the coming five years, we will establish an environment that will assure that information is readily available to all—both within UW Carbone and beyond. We will strengthen our team of experienced researchers. We will define career paths in pancreas cancer with mentorships and research opportunities to encourage fellows, new investigators, and medical and graduate students in the field. And we will continue to ensure that patients are given the best possible care.

We are expanding a world-class pancreas cancer research team here at UW Carbone so that, through research, we can find better methods for early diagnosis, improved treatment options, and, ultimately, a cure for this terrible disease.

I ask you to join me in this effort. Help spread the word that pancreas cancer research is a priority in Wisconsin.

Howard H. Bailey, MD
Andy & Susan North Professor of Cancer Research
Director, UW Carbone Cancer Center
Strategic Plan Executive Overview

Today’s Discovery, Tomorrow’s Cure

This strategic plan serves as a roadmap to guide collaborative research and treatment efforts for the next five years, and beyond. The ideas and decisions made in the development of this plan will assist the University of Wisconsin Carbone Cancer Center to increase investment in research to advance our knowledge and ability to more effectively treat pancreas cancer. It is designed with the following goals:

• Recruit new faculty members whose research will focus on pancreas cancer.
• Expand clinical trial opportunities for pancreas cancer patients.
• Enhance education and support services provided to pancreas cancer patients and their caregivers.
• Create and facilitate infrastructure development and resource expansion to increase translational and clinical research on pancreas cancer.
• Foster and integrate interdisciplinary collaborations throughout the UW campus community and beyond.
• Extend training efforts and programs for the next generation of pancreas cancer investigators and clinicians.
• Provide funding for research that strengthens multidisciplinary collaborations.
• Provide funding for innovative research that might be considered too exploratory to be funded by traditional mechanisms.
• Strengthen interactions between scientists and clinicians caring for pancreas cancer patients.

**OUR MISSION**

is to extend the length and quality of life of all pancreas cancer patients and, through innovative, collaborative research, to FIND A CURE.
The Need for a Pancreas Cancer Action Plan

Cancer is a major public health problem worldwide and the third leading cause of death in the United States (American Cancer Society, 2017). The good news is that cancer survival is improving and has doubled in the last 40 years because research has led to better treatment, new drugs, more accurate tests, earlier diagnosis, and screening programs. But not for pancreas cancer.

The odds of surviving just one year after a pancreas cancer diagnosis are only about 16%, and the odds decrease to 9% for a 5-year survival rate. Pancreas cancer is difficult to diagnose because patients often have non-specific symptoms, such as a stomachache or shoulder pain. As a result, by the time they are diagnosed, most patients have incurable metastatic (Stage IV) disease, where the cancer has spread from the pancreas to other parts of the body. Even if diagnosed at the earliest stage (Stage I), pancreas cancer portends a poor prognosis; those who are able to have the cancer surgically removed still have an 85–90% likelihood that the disease will recur—and if it does, it is nearly always incurable.

Pancreas cancer is one of the few cancers that is increasing in incidence, with little improvement in outcomes in over 40 years. By the end of 2019, more than 56,000 new cases of pancreas cancer will have been diagnosed in the United States, resulting in an estimated 45,750 deaths.

Without early detection tools or effective treatments for pancreas cancer patients, the prognosis is dire. Research advances that have markedly improved life expectancy for other cancers have not translated into clinical benefits for pancreas cancer patients. Specific

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Pancreas cancer has the worst survival rate of all cancers and presents many challenges:

- Pancreas cancer is the third leading cause of cancer deaths in the United States.
- Only about 9% of patients will survive for at least 5 years after diagnosis.
- 120 people die each day from pancreas cancer in the USA.
- In 2020, an estimated 62,000 individuals will die of pancreas cancer in the USA.
- Due to the difficulties of early diagnosis, only 15-20% of patients are eligible for surgery.
- Pancreas cancer is the most lethal cancer.
- The incidence of pancreas cancer is increasing.

All cancer is potentially curable, but we are far from a cure for pancreas cancer. This goal will only be achieved with concerted effort and increased research.

Real progress in changing the trajectory for pancreas cancer deaths will require increased investment in research and a carefully considered, long-term, and comprehensive plan to ensure better treatment options.
The Impact of Pancreas Cancer in Wisconsin

In Wisconsin, pancreas cancer is a heavy burden—85,687 Wisconsin residents are living with pancreas cancer today—and the prognosis for pancreas cancer patients is bleak. Pancreas cancer is the third-leading cause of cancer deaths in Wisconsin, and the incidence is rising.

We NEED to better the odds.

Average Annual Number of Incidences of Cancer Cases and Deaths Wisconsin 2009 – 2013²

Residents from all over Wisconsin come to Madison to support the Badgers and take advantage of UW programs.

Bucky Badger helps raise funds for pancreas cancer research at UW.

² Data from the Wisconsin Cancer Reporting System, Office of Health Informatics, Division of Public Health, Department of Health Services and SEER* =Stat Database Incidence (9regs.) Research Data.
University of Wisconsin Carbone Cancer Center

The University of Wisconsin has a long and renowned history of championing research and turning primary research results into clinical treatment that improves and extends the lives of those with cancer. Each patient who comes to the Carbone Center for treatment of pancreas cancer is cared for by a team of nationally renowned surgical, medical, and radiation oncologists in a multi-disciplinary, patient-centered approach. These treatment teams incorporate a broad spectrum of specialists, including nurses, nutritionists, and psychologists who support patients and their caregivers throughout diagnosis, treatment, palliative care, and hospice transitions.

The goal is always a complete cure, but it takes research to find cures—and research takes time. It is therefore imperative that UW Carbone dedicate itself now to a focused and committed search for the causes, treatments, and a possible cure for pancreas cancer. In creating a plan for the next five years, UW Carbone is taking important steps to accelerate the process of building a pancreas cancer research program that will increase the longevity and quality of life for its patients.

To this end, the Carbone Cancer Center promotes advances against cancer with allies across the UW, the State, and the world:

- UW Carbone works in partnership with the UW Collaborative Genomics Core and Precision Medicine Molecular Tumor Board (PMMTB) to provide a forum for expert clinicians, pathologists, and scientists to discuss and analyze tumor genotypes and molecular abnormalities in order to recommend patient-specific targeted therapies. **This service is free to Wisconsin patients.**

- The collective focus on pancreas cancer by staff and community members now includes the creation of this five-year plan as a roadmap for the Carbone Cancer Center to lessen the burden of pancreas cancer on patients and families in Wisconsin and throughout the upper Midwest.
The Pancreas Cancer Task Force: A Unique Partnership

The Carbone Cancer Center is fortunate to have formed a partnership with the Pancreas Cancer Task Force, a dedicated group of community volunteers. This group of patients, community leaders, family members, and caregivers, who have been personally affected by pancreas cancer, works in close concert with University of Wisconsin physicians, researchers, clinical staff, and administrators to raise awareness and funds, to better the odds for pancreas cancer patients, and to support their loved ones. This unique partnership between the Pancreas Cancer Task Force and Carbone Center professionals was the genesis of this strategic plan.

Along with building public awareness about pancreas cancer, the Task Force’s primary goal is raising funds for pancreas cancer research projects at the University of Wisconsin.

Since the 2011 inception of the Task Force, more than twenty pancreas cancer research projects have been funded at UW Carbone. The Task Force has been instrumental in raising almost a million dollars and has provided seed money for innovative projects that generate preliminary data used in applications for larger grants (e.g., 2017 National Institute of Health award of $3 million for a pancreas cancer project by UW Carbone scientists).

But the incidence of pancreas cancer is increasing. Despite substantial progress, to significantly impact the outcomes for pancreas cancer patients, the Task Force in partnership with UW seeks need not only to invest in current research pursuits, but to further develop a core foundation for a continuously integrated, expansive, and sophisticated research program.

Pancreas cancer is projected to be the second leading cause of cancer-related deaths in the United States by the end of 2020. By working together to support research at UW’s Carbone Cancer Center, Task Force members are working to change these odds and give better chances of survival and a better quality of life to patients.
Strategic Plan Priorities

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Priority 3: Research .......................................................... 12

Priority 4: Training .......................................................... 14

Priority 5: Patient Care .................................................... 16
## Priority 1: Data

**GOAL:** Identify and catalogue research and treatment both internally and externally to assess status and guide future development.

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTION STEPS</th>
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</table>
| 1. Expand the database for internal use of all UW and UW Carbone research projects related to pancreas cancer. | - Identify and catalogue UWCCC and UW researchers and research projects (basic science and clinical/health services research) focused on or relating to pancreas cancer.  
- Solicit and include information from across the UW system.  
- Standardize the capture of reportable elements for every pancreas cancer patient within UW’s electronic health records (EHR).  
- Create a plan to disseminate this information by developing and expanding websites. |
| 2. Compile a comprehensive database of external researchers and research projects that relate to pancreas cancer. | - Collect data related to pancreas cancer incidence and research from regional and national cancer centers (e.g. National Cancer Institute and other key research centers).  
- Devise a plan to disseminate this information. |
| 3. Compile and maintain a confidential database of UWCCC pancreas patient-related activity; e.g. patient population, surgeries, clinics, treatment, mortality, clinical trials. | - Collect data on UW Carbone pancreas patients to enter into a confidential database for both internal research and treatment use, adhering to all HIPAA regulations.  
- Determine a plan to share this confidential information internally.  
- Address data on health disparities and implement solutions. |

*Poster sessions highlight the growing emphasis on pancreas cancer research at the University of Wisconsin.*
Priority 2: Communication
GOAL: Report on current pancreas cancer research and treatment to build awareness and expand outreach.

STRATEGY ACTION STEPS

1 Communicate UW Carbone Center’s current efforts, accomplishments, and goals within the Center and UW network, and beyond.
- Create pancreas cancer-related integrated website(s) and a social media plan for internal and external users.
  - Research-oriented website: for member scientists and researchers.
  - General public website: use UW Health master website platform; include link to PC Task Force.

2 Create and build a working group of UW scientists, researchers, and clinicians to interact regularly in order to identify specific goals (e.g., National Cancer Institute’s Specialized Programs for Research Excellence [SPORE] grant) and work in tandem to achieve them.
- Develop and entrust a working group to help accomplish the long-term goals of the strategic plan.
- Monitor and report progress to UW Carbone Center leadership.
- Establish periodic, regular cross-departmental seminars or meetings for GI Cancers group and others, such as biomedical engineering, imaging, pharmacy, radiology, etc.
- Bring in guest speakers on relevant topics.
- Create a plan to raise research funds, partnering the UW Foundation and Carbone Center’s marketing department.

3 Increase public awareness in Wisconsin and elsewhere about pancreas cancer, UW’s Carbone Center and its efforts, and new and ongoing research.
- Find ways to show/share the experiences of patients and their families, such as a “My Story” column in social media.
- Utilize UW Health marketing and information system resources to the extent possible.

4 Expand outreach efforts for both awareness-building and fundraising.
- Pursue community outreach and community partnership grants.
- Create a Speaker’s Bureau to provide speakers for interested community groups.
- Support third-party, community, and private pancreas cancer-related efforts (e.g., “Swinging for the Cure” or “Putt for Pancreas”).
- Circulate “How to Host Your Fundraiser” information (easy steps to honor a survivor, host a memorial, celebrate a birthday or graduation with a purpose, or set up sports tournaments supporting patients and families).
## Priority 3: Research

**GOAL:** Increase innovation and integrative pancreas-specific research and prevention studies at UW's Carbone Cancer Center.

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTION STEPS</th>
</tr>
</thead>
</table>
| 1. Encourage more basic science research. | • Emphasize the importance of basic sciences.  
• Expand collaboration across UW departments and with other institutions.  
• Apply fundraising efforts to research in the basic sciences. |
| 2. Recruit new faculty members whose research includes pancreas cancer. | • Recruit more pancreas cancer researchers.  
• Develop and/or improve faculty core services needed by new hires.  
• Retain faculty by providing protected time for research.  
• Improve faculty and staffing for bioinformatics and genomics research.  
• Invest in and expand genetic sequencing abilities at UW’s Carbone Center, or identify a preferred partner. |
| 3. Expand internal research, collaboration within UW Carbone Cancer Center departments/divisions, such as among oncology staff, specialists in surgery, radiology, and chemotherapy, basic sciences researchers in laboratories, and those conducting Phase 1, 2, & 3 clinical trials. | • Create a pancreas cancer research interest group on campus and hold periodic/regular meetings. This group will also invite and host research seminars by pancreas cancer researchers from across the country (similar to **COMMUNICATION** Strategy 2, page 11).  
• Identify collaborative/cross-disciplinary grant opportunities and partner with other departments to apply for them. |
| 4. Improve UW Carbone Center's ability to recruit patients for clinical trials. | • Improve the promotion of clinical trials and emphasize the benefits to patients of participating in clinical trials.  
• Hire a dedicated coordinator to facilitate the opening of clinical trials and patient accrual onto internal and industry-sponsored clinical trials.  
• Develop broad-eligibility clinical trials for each stage of pancreas cancer. |
## Priority 3: Research continued

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTION STEPS</th>
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</table>
| 5 Provide pilot funds to support creative and innovative pancreas cancer research. | • Improve and expand the UW BioBank (biological bank) of patient-derived cancer tissue and research through statewide collection and distribution of human tissue.  
• Increase funding of basic and applied sciences research.  
• Increase funding of research that leads to more clinical trials becoming available to more patients.  
• Increase pilot project funding of high-risk, high-reward projects to improve the Carbone Center's chances of funding success on external grants.  
• Provide assistance with Institutional Review Boards (IRB) approvals to improve the efficiency and success rate of implementing research studies.  
• Foster donor relationships for pilot research. |
| 6 Expand research collaboration externally, both for information sharing and for cross-institution efforts in obtaining grants. | • Identify at least three external partners and initiate discussions demonstrating the value of collaboration with UW Carbone.  
• Team with research programs at other institutions to apply for grants. |
| 7 Position UW Carbone Center’s pancreas research program to compete for grants from such institutions as the National Institutes of Health (NIH) and the National Cancer Institute (NCI), with special emphasis on NCI’s Specialized Programs of Research Excellence (SPORE) grants. | • Increase submissions for and awards of externally funded grants.  
• Support pancreas cancer researchers who are successful in obtaining independent funding.  
• Expand infrastructure to meet research needs.  
• Foster innovative interdisciplinary collaborations.  
• Increase multi-investigator grants.  
• Leverage existing resources and current research for continuously larger and more sophisticated achievements.  
• Include molecular profiling and immune-oncologic technologies in UW Carbone trial portfolios.  
• Support a SPORE-focused working group to position UW Carbone to submit a pancreas cancer SPORE grant application by 2025. |
## Priority 4: Training

**GOAL:** Increase and diversify opportunities for training to expand the next generation of pancreas cancer researchers.

<table>
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<tr>
<th>STRATEGY</th>
<th>ACTION STEPS</th>
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</thead>
</table>
| 1 Foster career mentoring with pre- and post-doctoral students, encouraging the focus on pancreas research. | • Establish funding sources for young researchers, including those in basic sciences and in translational and outcomes research.  
• Establish basic and clinical pancreas cancer fellowships for all kinds of trainees, such as those in medical oncology, surgical oncology, radiation oncology, abdominal imaging, etc.  
• Establish formal mentorship programs for graduate students, post-doctoral students, residents, and clinical fellows.  
• Develop programs for medical students, such as a "clinical research month" and/or a "short stay" program in engineering or imaging.  
• Leverage existing resources for training, such as the Doris Duke Clinical Research Mentorship and Health Occupations and Professions Exploration (HOPE), and integrate multi-age-level oncology training.  
• Create a GI/Pancreas track for surgical fellows and residents.  
• Fund travel awards to pertinent meetings where pancreas cancer is a focus.  
• Establish dual-residency programs; e.g., oncology and biomedical engineering. |
| 2 Recruit and retain high-quality faculty and staff and help develop individuals as leaders in their fields. | • Develop programs to recruit faculty and to find more guaranteed funding lines for retention.  
• Build in "protected time" for physicians to do research.  
• Establish an endowed professorship in pancreas cancer research.  
• Fund travel awards to pertinent meetings.  
• Publicize success: coordinate with UW Health Communications staff to give greater visibility to “stars.” |
### Priority 4: Training continued

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTION STEPS</th>
</tr>
</thead>
</table>
| 3 Provide more education and training for clinical staff who care for patients and their families. | • Provide in-service programs for oncology RNs and staff related to pancreas cancer treatments, surgical recovery, nutrition, delivery of serious news, "survivorship," maintaining hope, healthy lifestyles, etc.  
• Fund travel awards to conferences, workshops, and meetings.  
• Create opportunities/expectations for the sharing of new experiences and learning. |
| 4 Emphasize diversity in hiring and in mentorship programs. | • Integrate STEM (Science, Technology, Engineering and Mathematics) and other youth mentoring programs, such as HOSA (Health occupations Students of America) into research framework.  
• Expand and add to programs, such as UW–Madison’s Surgery Clinical Research Experiences for Underrepresented High School and Undergraduate Students.  
• Create scholarships and training programs to increase diversity. |
| 5 Create a pipeline for youth to careers in oncology. | • Invest in pre-college cancer-focused education, including paid summer research internships. |

*Today's discovery, tomorrow's cure: a UW researcher at work in the laboratory*  
*High school HOSA students learning about pancreas cancer research at UW*
### Priority 5: Patient Care

**GOAL:** Provide excellent patient-centered, multidisciplinary care.

#### STRATEGY

1. **Focus on the patient, not the illness.**

#### ACTION STEPS

- Speed the process at every step. Make timeliness in communication and care a priority.
- Establish a peer mentor program and provide a mentor/navigator for every patient in order to enhance support to pancreas cancer patients and their families.
- Provide point-of-visit service: escorts from valet to clinic to labs to radiology, etc. Investigate funding (including volunteer philanthropy) for such a program.
- Investigate funding (including volunteer philanthropy) for programs to provide resources (gas money, parking assistance, rides) for patients who come to UW.
- Explore ways to limit patient travel (e.g., Can high-quality scans be performed in a patient’s local clinic? Are “e-consult” appointments possible?)
- Improve access to clinical trials.
- Help patients and their caregivers as they learn to live with cancer.
- Enhance partnerships with palliative care providers for end-of-life care for patients.
- Expand patient-centered assistance initiatives, such as the Task Force-sponsored “Comfort Totes.”
- Improve patient surveys with more probing and open-ended questions about what would improve their overall UW Carbone Cancer experience.
- Ask questions and get patients’ stories.
- Improve UW’s websites for easier patient navigation to find pancreas cancer-related information—from details about trials to information about the Pancreas Cancer Task Force.
- Share community resources for patients and caregivers, such as the annual Pancreas Cancer Awareness Night in November.
Priority 5: Patient Care continued

2. Expand multidisciplinary teams treating pancreas cancer through comprehensive patient care effort.

   ACTION STEPS
   - Develop teams that work together to see new patients, evaluate interval responses, and complete longitudinal follow-up.
   - Facilitate regular interactions between scientists and clinicians caring for pancreas cancer patients.
   - Recruit a pancreas cancer specialist to serve on the Patient Advisory Board.
   - Foster patient support partnerships, e.g., with Gilda’s Club, the UW Center for Patient Partnership, the Pancreas Cancer Task Force, etc.

3. Integrate patient care with the research mission.

   ACTION STEPS
   - Expand and enhance the Tumor Bank tissue repository and support for the Precision Medicine Molecular Tumor Board (PMMTB).
   - Strengthen and develop new partnerships across Wisconsin for PMMTB (beyond Gundersen Lutheran, Green Bay Oncology, and Aurora Health Care).
   - Formalize the incorporation of a patient’s genetics into their care.
   - Expand the portfolio of available clinical trials.
## Innovative Pilot Research Projects Funded to Date in Partnership with the Pancreas Cancer Task Force

<table>
<thead>
<tr>
<th>Year</th>
<th>Investigator(s)</th>
<th>Project Title</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Melissa Skala and Noelle LoConte</td>
<td>Disparities in Pancreatic Cancer Treatment and Outcomes in Urban Compared to Rural Settings</td>
<td>$75,000</td>
</tr>
<tr>
<td>2018</td>
<td>Daniel Abbott and Alexandra Archer</td>
<td>Understanding the Correlation Between Imaging Defined Tumor Boundaries and Pathologic Margins Using ex vivo MRI Imaging in Pancreas Adenocarcinoma</td>
<td>$75,000</td>
</tr>
<tr>
<td>2018</td>
<td>Jacques Galipeau</td>
<td>Development of a Porcine Orthotopic Transplantation Model of Pancreatic Cancer</td>
<td>$75,000</td>
</tr>
<tr>
<td>2017</td>
<td>Lingjun Li</td>
<td>Multi-modal, Combining Mass Spectrometry, and Optical Imaging</td>
<td>$75,000</td>
</tr>
<tr>
<td>2017</td>
<td>Dustin Deming</td>
<td>Augment Immunotherapy in Pancreatic Cancers</td>
<td>$75,000</td>
</tr>
<tr>
<td>2017</td>
<td>Nihal Ahmad</td>
<td>DUSP4 in Pancreatic Cancer</td>
<td>$75,000</td>
</tr>
<tr>
<td>2017</td>
<td>Laura Knoll and Dustin Deming</td>
<td>Development of Novel Immunotherapeutics Against Pancreatic Cancer (Aim 2)</td>
<td>$25,000</td>
</tr>
<tr>
<td>2016</td>
<td>Kevin Eliceiri</td>
<td>The Collagen Rich Extracellular Matrix in Pancreatic Cancer Progression and Treatment</td>
<td>$50,000</td>
</tr>
<tr>
<td>2016</td>
<td>Dustin Deming and Melissa Skala</td>
<td>Optical Imaging of Pancreas Cancer Organoids for Drug Development and Personalized Treatment</td>
<td>$50,000</td>
</tr>
<tr>
<td>2016</td>
<td>Laura Knoll and Dustin Deming</td>
<td>Development of Novel Immunotherapeutics Against Pancreatic Cancer (Aim 1)</td>
<td>$25,000</td>
</tr>
<tr>
<td>2015</td>
<td>Sharon Weber</td>
<td>Improving Patient-Centered Transitional Care for Surgical Pancreas Cancer Patients</td>
<td>$50,000</td>
</tr>
<tr>
<td>2015</td>
<td>Andrew Baschnagel</td>
<td>Examining Genomic and Epigenetic Markers of Chemoradiation Resistance in Pancreatic Ductal Adenocarcinoma</td>
<td>$50,000</td>
</tr>
<tr>
<td>2014</td>
<td>Paul Sondel</td>
<td>Deming Immunotherapy Pilot Project</td>
<td>$10,000</td>
</tr>
<tr>
<td>2014</td>
<td>Emily Winslow</td>
<td>Pancreatic Cancer Study</td>
<td>$23,135</td>
</tr>
<tr>
<td>2013</td>
<td>John Kao</td>
<td>Pancreatic TMA (Tumor Micro Array) (via Teresa’s Fund)</td>
<td>$24,000</td>
</tr>
<tr>
<td>2013</td>
<td>Sam Lubner/Joshua Lang</td>
<td>Circulating Tumor Cells #9231 Study</td>
<td>$1,907</td>
</tr>
<tr>
<td>2013</td>
<td>Hal Skinner/Robert Striker</td>
<td>Viral Infection Pancreatic Risk (via Teresa’s Fund)</td>
<td>$22,500</td>
</tr>
<tr>
<td>2012</td>
<td>Alexander Rakhmilevich</td>
<td>Gemcitabine AntiCD40</td>
<td>$22,500</td>
</tr>
</tbody>
</table>

### NIH Supplement
- **NIH Supplement ($475,000)**: PI Melissa Skala and Noelle LoConte | 2019
  - Pancreatic Cancer Treatment and Outcome Disparities in Rural Versus Urban Patients

### R01 NIH/NCI
- **R01 NIH/NCI ($3 million)**: PI Melissa Skala | 2017–2022
  - Optical Imaging of Pancreas Cancer Organoids for Drug Development and Personalized Treatment

### R21 NIH/NCI
- **R21 NIH/NCI ($377,415)**: PI Paul Campagnola and Melissa Skala | 2018–2020
  - 3D Biomimetic Image-based Stromal Models of Pancreatic Cancer for Drug Screening

### R21 NIH
- **R21 NIH ($408,030)**: PI Jon S. Odorico | Subproject ($110,000): PI Lingjun Li | 2016
  - Transformational Platform for Regenerating Autologous Transplantable Endocrine Tissue from Human Pancreatic Matrix and Pluripotent Stem Cells

### Eli Lilly Clinical Trial
- **Eli Lilly Clinical Trial ($87,351)**: PI Sam Lubner | 2016
  - An Adaptive, Open-Label, Randomized Phase 2 Study of Abemaciclib as a Monotherapy and in Combination with Other Agents Versus Choice of Standard of Care (Gemcitabine or Capecitabine) in Patients with Previously Treated Metastatic Pancreatic Ductal Adenocarcinoma

### Taiho Pharma Clinical Trial
- **Taiho Pharma Clinical Trial ($422,622)**: PI Nataliya Uboha | 2017
  - Safety of TAS-102 in Combination with Temozolomide for Metastatic Pancreatic Neuroendocrine Tumors

### UWCCC Young Investigator Award
- **UWCCC Young Investigator Award ($50,000)**: PI Sean Ronnekleiv-Kelly | 2018
  - Circadian Rhythm Impacts on Pancreatic Cancer
Call to Action: Get Involved

For physicians and researchers:
Commit to pancreas cancer research and care.

For patients:
Speak with your care team and/or hospital administration about action items from this strategic plan that you feel are most important to you as a pancreas cancer patient.

For advocates:
Help raise awareness of pancreas cancer and its poor prognosis, help raise awareness of the need for pancreas cancer research, and help raise funds for pancreas cancer research.

For everyone:
Join the volunteer Pancreas Cancer Task Force that supports UW Carbone Cancer Center’s research efforts:
Sofía Refetoff
refetoff@wisc.edu

Donate to the UW Carbone Cancer Center:
Pancreas Cancer Research Fund
Development Office:
Katie Williquette
kwilliquette@wisc.edu
608-263-0160

We need YOUR voice!
Raising awareness about this disease is key to a cure.

Here is a list of little to large activities you can initiate to help pancreas cancer patients.

November is Pancreas Cancer Awareness Month!

- Start small . . . wear purple!! Purple Day in November.
- Ask your child’s teacher to have a Purple Day at school and possibly collect donations for pancreas cancer research.
- Honor a survivor with an online tribute page or create a memorial for a deceased loved one. Ask friends and families for support to fund vital research and patient services.
- Host a dinner party or large gala and invite your friends, family, and colleagues.
- Ask your gym if you can host a yoga, Zumba, or spinning class challenge, where people can pay an entry fee to raise funds.

- Pancreas Cancer Task Force 2019 Roll & Stroll co-chairs happily celebrate a successful fundraiser.
Thank You...to a few of the many researchers and clinicians who focus on pancreas cancer at the University of Wisconsin.

Daniel Abbott  
Nihal Ahmad  
Alexandra Archer  
Andrew Baschnagel  
Michael Bassetti  
Paul Campagnola  
Steve Cho  
Dustin Deming  
Kevin Eliceiri  
Jacques Galipeau  
Deepak Gopal  
Richard Halberg  
Mary Beth Henry  
John Kao  
Frederick Kelcz  
Laura Knoll  
Paul Lambert  
Lingjun Li  
Noelle LoConte  
Sam Lubner  
Jessica Miller  
Kristina Matkowskyj  
Rebecca Minter

Daniel Mulkerin  
Mary Mulkerin  
Kendra O’Connell  
Jon Odorico  
Cheri Pasch  
Pradyut Paul  
John Price  
Alexander Rakhmilevich  
Scott Reeder  
Sean Ronnekleiv-Kelly  
Dhanansayan  
Shanmuganayagam  
John Sheehan  
Melissa Skala  
Paul Sondel  
Nataliya Uboha  
Sharon Weber  
Emily Winslow  
Wei Xu

Pancreas Cancer Task Force

Founding Members
Ron & Ruth Niendorf  
Gerianne Holzman & Rob Zimmerman  
James Listug  
Sandra Miller  
Charley Quirt  
Mimi Bloch  
Tamara England-Zelenski  
Barb Karlen  
Kristine Leon  
Andrea Mace  
Claudia McCormick  
Brittany Miller  
Katy Nichols  
Bill Nitzke  
Loren & Maggie Rathert  
Sofia Refetoff  
Emma Rickelman  
Gene Tempel

UW Carbone Cancer Center Director Dr. Howard Bailey is making pancreas cancer research a priority.

A UW lab tour brings together a pancreas cancer survivor and a high school student interested in research.
Here are a few highlights of the Pancreas Cancer Task Force's main fundraiser, where participants join forces and ride, roll, or walk to raise money for pancreas cancer research:

- Task Force members welcoming Roll & Stroll participants
- Ready to roll and stroll
- High school student volunteers
- Roll & Stroll family fun
- The race to the finish line!