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Dear Friends,

If you have ever spent time with young children, you know their tendency to ask questions, driven by their sheer curiosity. You often hear the key words of “why,” “how,” and “what” uttered from their lips and you can quite literally see the next question forming in their minds before it is asked.

For all of us involved in cancer research, treatment and education at the UW Comprehensive Cancer Center (UWCCC), our tendency to ask questions is driven by our thirst for knowledge. We know this quest for knowledge continues to guide our more than 250 physicians and scientists in translating discoveries from research laboratories into new treatments that benefit cancer patients.

Our mission is simple—to relieve suffering and find ways to prevent and cure cancer. So without question, our asking of “why,” “how,” and “what” happens every few seconds at the UWCCC and is what drives us daily.

Wisconsin has a long, rich history of asking the right questions as the UWCCC has the honor of being a National Cancer Institute-designated cancer center for more than 30 years. While we realize the significance of this honor, it would not be possible without the dedication of individuals from across the UW-Madison campus, our many patients, family members, volunteers and supporters.

In the pages that follow, you’ll meet some of these individuals – our researchers, physicians, staff and patients – people who are continuing to look for answers to the many cancer questions that still exist.

We promise to continue asking questions, looking for answers and providing you with results. It is our steadfast commitment to you in everything we do…

Sincerely,

George Wilding, MD
Director, UW Comprehensive Cancer Center

“To accomplish great things, we must not only act, but also dream; not only plan, but believe.”

-Anatole France
(1844-1924)
You recently received a large grant to study natural products as potential cancer drugs. Can you tell us more about your research?

The National Cancer Institute is funding a nearly $6 million grant to support an innovative drug discovery program on campus by forming a National Cooperative Drug Discovery Group (NCDDG). It is the first such program at UW; we’re very proud we were selected.

It is a five-year grant, and will allow us to bring together 12 faculty and staff scientists from three UW schools and seven departments. We’ll all be focused on discovering and developing naturally-based products into anticancer drugs, then helping translate those discoveries into patient therapies—to make that translational link.

What is the National Cooperative Drug Discovery Group?

It was established in 1983 to encourage innovative, multi-disciplinary research into finding new synthetic or nature-based cancer fighting drugs. Our program is one of eight or nine in the nation to receive an NCDDG grant, but one of only two concentrating on natural products. We’re also the only group not associated with a pharmaceutical company.

What sparked this idea?

The spark was the interaction between our two research groups—the Shen labs and the Thorson labs—and our research involving anticancer molecules. We recognized that seeking the grant was an opportunity to apply our expertise in a new and potentially very important way.

We also had the support of the UW Comprehensive Cancer Center. The director, George Wilding, funded a pilot study that showed our proposal could be successful. He appreciated our vision.

What do you hope to achieve by the end of the grant?

We hope to do two things. Our researchers will be working to remodel promising molecules. Nature makes compounds with tremendous potential. We’re looking at technologies to either re-engineer nature to make new compounds, or to take the compounds that nature provides and make simple modifications, eventually creating a drug that can be used to treat cancer patients.

As we improve our ability to understand, manipulate and process, our ability to make use of natural compounds increases and we can advance science and make more progress in treating cancer.

What makes UW-Madison such a unique site for this research?

It was really the unique combination of technologies and strong individual research at UW that started us talking about working with others to build a collaborative program centered around natural products. This is truly a group effort that will not only enhance our own research but will create a platform of technology that will advance science as a whole on this campus.

Why natural products?

Natural product research in the pharmaceutical industry is cyclical, partially because of the difficulties associated with isolating, characterizing and working with natural product molecules. But there is no doubt that natural products such as plants, microbes and marine organisms, are a basic starting point for many different drugs—that will never change.

What probably drew both of us to natural products is the beauty of what nature does. The goal for people like us is to understand how nature can put together these magnificent looking molecules and to determine if we can take advantage of how they are created.

Within five years we will have the infrastructure established and the research machinery working to pump these new compounds to centers for screening in animal models and advanced imaging techniques.

If we are able to identify a lead compound and advance it to clinical development within five years—well that would be a home run.
IN HER ROLE AS A BIOSTATISTICIAN, CHRISTINA KENDZIORSKI, PHD DESIGNS EXPERIMENTS AND ANALYZES THE RESULTS.

What does a biostatistician do?
Biostatisticians help design experiments and analyze the results. Experimental design questions include specifying what, when, how many, and to what extent measurements should be obtained. For example, when searching for genetic factors involved in complex diseases such as cancer, the answers to questions such as—“What phenotypes should be measured?” “How many families should be included?” “For how long should the families be studied?”—are not always clear. What is clear is that some sampling designs are more likely than others to yield useful results. Biostatisticians can identify the data collection strategy most likely to accomplish the objectives of a given study at a fixed cost. Of course, measurements provide information only when appropriately analyzed. A biostatistical analysis often involves identifying differences between patients, or their illnesses, and determining which differences are important.

Can you tell us more about the UW’s Department of Biostatistics and Medical Informatics?
The Department of Biostatistics and Medical Informatics is part of the University of Wisconsin School of Medicine and Public Health. It was founded by Dr. David L. DeMets and is now a nationally recognized center for research and collaborative activity in biostatistics, bioinformatics, clinical informatics, biomedical computing, and data management. It grew from a division in the Cancer Center supported by a collaboration between the Cancer Center and the Department of Statistics in 1982. A Biostatistics Center was formed in 1984 and departmental status was attained in 1992.

Can you explain your research?
My research involves developing and applying statistical methods to address questions arising in genetics and genomics based studies of complex diseases. In the past 10 years, advances in high throughput technologies have made it possible to obtain thousands of measurements from patients, as opposed to just a few. This advance has provided the opportunity to address increasingly complex questions, but doing so requires the development of new statistical methods. That is where my research comes in.

A good example of one of these high throughput technologies is the microarray. Microarrays allow us to follow the action of thousands of genes simultaneously. They are used to identify the genetic basis of complex diseases, to identify high risk populations, and to define disease subtypes that may respond differently to treatment. For each of these purposes, an investigator must be able to distinguish between spurious and significant patterns in the data. My group works on methods that allow this type of distinction to be made.

Can you describe your decision to work at the University of Wisconsin?

Many biostatisticians develop methods and then seek out a problem to which the methods can be applied. I find the problem first. Every problem that I am currently working on arose in the lab of one or more of my collaborators. When you work in this way, being near top scientists is critical. The University of Wisconsin is consistently ranked among the top research institutions in the world, and as a result we can attract the top scientists. There are, of course, comparable research institutions; but the UW has a history and personality unlike any other—one that seemed to fit me quite well.

What challenges lie ahead for you and individuals involved in your research?
As I mentioned earlier, recent advances in technology have allowed us to pose questions that could not have been addressed, even 10 years ago. With the increasingly complex questions comes the need for insights not only in statistics, mathematics and computer science, but also in the biological sciences. I cannot simply take a biological problem to my office, address it using some mathematical approach, and then move on to the next. Today’s problems require persistent iteration between methodological developments and biological reality checks. Most statisticians do not have labs of their own where these checks can be done; indeed most of us have very little training in biology. Changing that is the most significant challenge for our field.

In your opinion, what difference are you making in the fight against cancer?
Biostatisticians play a critical role in the fight against cancer. We don’t see patients, invent drugs, or build radiotherapy machines; we engage in the fight by turning data into information. Our experimental designs and analytic methods enable health scientists and professionals to better detect and treat disease.

Looking for answers: biostatistical analysis
Why did you become an oncologist?

What cancer do you treat?

What challenges lie ahead for cancer clinical researchers?

What is your role in the genitourinary cancer program?

What is the UWCCC’s Phase I program?

What is your research involving DCE-MRI?

Glenn Liu, MD

Why did you become an oncologist?

What is your role in the genitourinary cancer program?
Looking for answers: clinical cancer research

Can you explain your decision to become an oncologist?
My father died of metastatic colon cancer when I was 10-years-old. Treatment options were limited at that time. That event played an important role in my decision to become an academic oncologist and translational researcher. Although being an oncologist is tough and at times emotionally draining, you have to keep in mind that our patients donate their energy and life by participating in clinical trials, with the stated goal of improving cancer care for others. That’s motivation enough for me to keep doing what I am doing.

What sets the UW apart in its provision of cancer care?
Great people. You can’t find a better team of nurses, physicians, and researchers dedicated to a common goal. With our established Phase I program, we have access to novel options for our patients when no standard therapy remains. Our multidisciplinary approach also assures that patients leave with a thoughtful, comprehensive evaluation. All of this provides hope, which, if you’ve ever known someone with cancer, is probably the most important factor that keeps us going.

What is your role as a member of the genitourinary cancer program?
The UW Prostate and Genitourinary (GU) Oncology Program is comprised of urologists, medical oncologists, radiation oncologists, research nurses, pathologists and basic scientists who identify innovative and effective treatments for genitourinary cancers. As one of the three GU oncologists in our program, I am primarily responsible for conducting and developing clinical trials. This ranges from small developmental therapeutics trials to large cooperative group trials. As a result, I am an active member of our UW Phase I program, the current GU disease group leader of a National Cancer Institute Phase II Consortium, and member of the Eastern Cooperative Oncology Group’s Developmental Therapeutics and Genitourinary Oncology group.

Can you tell us more about the UWCCC’s Phase I clinical trials program?
In 1979, UWCCC started conducting Phase I clinical trials, the first step in evaluating new treatments. At that time, UWCCC was among only six institutions in the country to be funded by the National Cancer Institute to conduct such studies. Today the UWCCC is one of 18 institutions designated as NCI-funded Phase I facilities.

In Phase I clinical trials, researchers test a new drug or treatment in a small group of people (12-50) for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.

Can you explain your research involving Dynamic Contrast-Enhanced Magnetic Resonance Imaging (DCE-MRI)?
There are hundreds of drugs being developed with promise in cancer treatment. Despite this apparent wealth in compounds for testing, we need to be mindful that the financial costs in developing these agents are enormous, and the number of willing and eligible patients limited. With that being said, if we could identify a way to predict who would or would not benefit from a particular therapy, we could focus on particular agents most likely to succeed in the clinic, as well as protect patients from therapies unlikely to provide benefit.

One such approach is to use DCE-MRI imaging to assess changes in tumor perfusion in response to agents such as angiogenesis inhibitors. We have shown that this technology is possible in a multi-institutional setting and preliminary data would support the hypothesis that DCE-MRI could help identify patients unlikely to respond to a particular antiangiogenic agent. I am particularly interested in using this, and other imaging modalities, to assess pharmacodynamic changes in tumors in small Phase II studies to determine which agents to commit to a larger Phase III trial. This approach would be more cost effective in the long run, and expose fewer patients to potentially ineffective therapies.

What challenges lie ahead for individuals involved in your research?
We need to educate politicians, insurance companies, physicians, and patients about the importance of clinical cancer research. This means we need national and local government commitment to cancer research to keep cancer a priority on the national agenda. We need to convince insurance companies that clinical trials are the “standard of care” for many diseases with minimally effective existing therapies and therefore allow patients the opportunity to participate in a clinical trial if they choose. This means physicians need to consider earlier referral to open trials if available instead of treating patients with unproven third or fourth line chemotherapies. This also means patients need to be proactive and ask about clinical trials as an option to standard therapies.
Looking for answers: childhood cancer research

What is your role within UW Children's Hospital?
I serve as the Clinical Director for the Division of Pediatric Hematology/Oncology within the UW Children's Hospital and I am also the Principal Investigator of the Children's Oncology Group at the UW. Our program within UW Children's Hospital focuses on: evaluation and treatment of cancer and hematological disorders in children, including hematopoietic stem cell transplantation.

Can you explain the UW's "team approach" in treating childhood cancer patients?
The mission of the UW Pediatric Hematology/Oncology Program is to provide the highest quality clinical care and support for patients and their families. Excellence in clinical care depends on research and teaching, both of which have a very high priority in the program and require tight integration through all levels. This involves state-of-the-art modality integrated care, including bone marrow transplant, aimed at maximal cure of all pediatric malignancies. It also includes long-term follow-up to detect and treat adverse late-effects of therapy.

This vision is accomplished by our multidisciplinary team with each member offering their expertise toward a mutual goal. Working together provides a unified strategy for progress, and shows our commitment to serving the community, both now, and in the future. Our research goals are pursued through investigating the biology of pediatric malignancies via basic laboratory studies, and leading and participating in the Children's Oncology Group research protocols.

What is the Children's Oncology Group?
The Children's Oncology Group (COG) is a National Cancer Institute-supported clinical trials cooperative group devoted exclusively to childhood and adolescent cancer research and treatment.

COG develops and coordinates cancer clinical trials conducted at 200 plus member institutions, which include cancer centers at all major universities and teaching hospitals throughout the U.S. and Canada, as well as sites in Europe and Australia. COG members include more than 5,000 cancer researchers dedicated to saving the lives of children with cancer. The University of Wisconsin Comprehensive Cancer Center is a member of COG.

Can you tell us more about the groundbreaking clinical trial that you are heading on behalf of COG?
Currently, I am the chair of protocol CCG-1991 - a Phase III worldwide treatment protocol for children with standard-risk acute lymphoblastic leukemia (ALL) that opened in 2000. It is the largest pediatric cancer treatment protocol in the world, with more than 3,000 patients accrued; and so far, the most successful for the treatment of standard risk ALL (the most common type of childhood cancer). The current three-year event-free-survival is 90.3%, and this includes a group of patients with high-risk features. The study also includes two cutting-edge companion biological studies for assessing minimal residual disease by molecular techniques.

Recently, I have also been assigned the chairmanship of the Children's Oncology Group high-risk ALL task force. The goal of this task force is to develop the strategy and therapeutic trial for children with high-risk leukemia.

What advances have been made in childhood cancer research over the years—specifically at the UW?
UW has always been a member and provided leadership in national/international cooperative groups for treating children with cancer. This was initially with the Children's Cancer Group (CCG), and now with the Children's Oncology Group (COG). The latter resulted from the fusion of the Pediatric Oncology Group and CCG, the largest cooperative groups in the world. As a result of the commitment and dedication of the pediatric oncologists and scientists, the cure for children with cancer has doubled over the last 30 years; it currently stands at about 75% for children with cancer and about 85% for children with standard-risk ALL, the most common childhood malignancy.

What should childhood cancer patients and family members expect in the new American Family Children's Hospital, scheduled to open in 2007?
The American Family Children's Hospital will have state-of-the-art inpatient and outpatient facilities, including specially designed and equipped rooms for bone marrow transplantation, and delivery of cutting-edge therapeutic modalities for the treatment of cancer in children. The new hospital will be connected to the existing UW Hospital and Clinics to allow easy access between the children's hospital and the adult UW Hospital and Clinics building.
Looking for answers: patient advocacy

What is the Center for Patient Partnerships?
The Center is a partnership of health care providers, teachers, health policy and management experts working together to help patients overcome roadblocks to getting the care they need.

We act as advocates for people; helping them make informed decisions, while we teach future health providers, lawyers, social workers and policy makers to become more aware of what it means to deliver health care that is optimal from the patient’s perspective.

When did the Center get its start?
The idea began in 1999 with six people meeting Friday mornings at 7:00 a.m. to talk about how to include the patient’s voice in the debate about reforming the health care system while creating a new kind of educational experience that would provide a transformative experience for students and patients. We opened for business in 2001 and serve patients with life threatening and serious chronic illnesses.

The Center is a home base for the patient’s voice. What drives us are the words; the power of their stories. We are training future professionals to be advocates, to walk with these patients, to take their white coats off, hang up the three piece suits and spend a moment just experiencing what it means to be with patients.

What is the role of students in the Center?
Students are integral to every patient we assist. Students from law, pharmacy, clinical psychology, public policy, medicine, social work and nursing meet weekly to talk about our experiences with our patients.

They help patients understand their illnesses, identify treatment options, clear financial barriers to access quality health care, and maintain employment status during treatment.

When students leave, they are forever changed.

How do the students work together?
 Coaching high school athletes taught me that the way people learn to work together is to train together. So, a physician is treating a six-year-old for escalating asthma and suspects the child may be exposed to high levels of mold at home. Doctors aren’t trained to deal with landlords, but it’s not rocket science. We teach people to stretch their professional identities, to become Renaissance men and women as well as to reach across the silos to learn what other professionals can do to help.

In what ways do students interact with patients?
They meet with patients and help them get information so that when they sit down with their physicians, they can participate fully in making decisions about their care. We help patients negotiate a variety of issues that can arise with a serious illness.

How many patients are you able to help?
It varies; on average, we’re working on 50 to 70 cases at a time. We have handled close to 800 cases in the last four years, and the number grows exponentially.

What keeps the Center thriving?
Well, we don’t charge for our services so not through fees. We raise all our operating funds ourselves—we have one major fund raising event each year, and we try to identify donors we think would be excited by the work we’re doing.

With the Law School’s generosity in providing us space and equipment, we can commit nearly 95 percent of the funds raised to helping patients. We’re not affiliated with any health care organization; not affiliated with any cancer center; we’re a totally independent center at the University of Wisconsin.

What keeps you here?
Few people are lucky enough to survive a serious cancer like mine. I learned a great deal on my health care odyssey—and it is my privilege to share it with others. If we can give a patient a tiny ray of hope, a place to come in from the storm and get help, more and better tools for the difficult journey—then we have ourselves received an awesome gift. If we can encourage future professionals to protect their humanity even as they enter the sometimes cold and systematized world of health care—then we have helped birth a miracle.

CANCER SURVIVOR MEG GAINES, JD, LLM OF THE UW LAW SCHOOL, HELPS STUDENTS LEARN TO ADVOCATE FOR SERIOUSLY ILL PATIENTS.
Looking for answers: customizing cancer treatment

Q What is your role at the University?
I am a professor in the Department of Biomolecular Chemistry in the University of Wisconsin School of Medicine and Public Health and Program Leader of the Cell Biology Program in the UW Comprehensive Cancer Center.

Q What brought you to the University of Wisconsin-Madison?
When I was looking at graduate school, I wanted someplace with a strong biochemistry program that emphasized disease and metabolism, with a special relevance to cancer. The program at the University of Wisconsin was highly recommended.

Being born and raised in California, I knew very little about Wisconsin, aside from the state capital, which I memorized in the fifth grade. So, I went to Wisconsin as a graduate student, then did post-doctoral work at UC-San Diego. When a professorial position opened up at Wisconsin, I applied and was invited to join the faculty. That was in 1986.

Q How did your research interests evolve?
I’ve always been interested in working on hormones and the factors that regulate cell biology, which have often been linked to many types of diseases, including cancer. At San Diego, I began to focus on growth factors, which were just becoming recognized as important in cancer development.

Growth factors can cause cells to grow normally, but if they are hyperactive in some way, they can promote hyper-growth in certain cells, leading to tumor development or maintenance. The particular growth factor I’ve been studying is the epidermal growth factor (EGF), which is found throughout the body, and its receptor, which stimulates many types of cells to grow.

Q Why is that so fascinating?
There is rarely just one way cancers develop, but numerous defects in the EGF system have been implicated in many different kinds of cancer. To be effective in treating cancer, we have to understand the reasons behind each tumor’s development. Knowing why a particular cancer progressed means we’ll be able to choose the most appropriate treatment. Such targeted, or customized, treatment would mean greater success rates and fewer side effects for patients.

Critical to reaching that point is establishing a way to rapidly and accurately identify what is actually happening in cancerous cells, which allows us to better diagnose what is causing the cancer.

Q One of your research projects seems to hold great promise in improving cancer diagnosis and treatment. Can you describe how it started?
You’re referring to nanotechnology-based diagnostic methods.

Five or six years ago I was introduced to a School of Engineering researcher who was looking at ways to create a biological sensor using nanotechnology—technology which involves the design of structures the size of single atoms and small molecules—and liquid crystals.

I was very impressed by his research and thought it had great potential for developing a very sensitive, rapid and easy way of monitoring what was going on with biological molecules.

Q How does nanotechnology work in diagnosing cancer?
In the lab, we coat thin layers of gold with biological compounds (such as antibodies) that can bind proteins (such as mutated EGF receptors) found in cancer cells followed by the addition of liquid crystals. The gold wafers have minute grooves on the surface, and when the liquid crystal molecules are applied, they arrange themselves in very predictable patterns, patterns that block light from shining through the wafer.

However, when a solution containing proteins from a tumor is placed on the gold layer containing the biological binding molecules and then coated with liquid crystal, the liquid crystal molecules arrange themselves in a way that allows light to shine through the wafer. The new light patterns help identify the specific kind of molecules present in the tumor being tested.

Q When will you be ready to take this technology out of the laboratory and start using it as a standard diagnostic tool?
That is a crystal ball question: it will certainly take a few years to finish assessing its potential.

Q What does this mean for patients?
It would mean that very soon after diagnosis a physician would have a clear understanding of what was awry in a particular patient’s cancer and could more quickly and effectively target chemotherapy or other kinds of therapy for that individual, rather than having to try different approaches. Without that knowledge, time is lost and tumors continue to grow.
What challenges lie ahead in radiation oncology nursing?

Kim Brandt, RN, MBA

How do you work as part of a team?

Who is part of your team?

What is your training?

How do you educate patients?

What is your training?

Who is part of your team?

How do you work as part of a team?

What is your training?

Who is part of your team?

How do you work as part of a team?
Can you describe your training as a radiation oncology nurse?

I began my nursing career on the inpatient oncology unit. I believe this experience gave me a knowledge base of oncology and some clinical expertise in cancer care. Most of what I have learned in radiation oncology is by observing, listening, and asking questions. We have some of the best educators within the radiation oncology department, as well as the Cancer Center as a whole. And most definitely on a daily basis, I am constantly learning from patients, family members and caregivers.

How long have you been at the UW and can you explain your role?

I have worked at University of Wisconsin Hospital and Clinics for more than 17 years. My role as a nurse is to educate and support our patients and their families through the treatment process, as well as during post-treatment surveillance visits.

Can you explain your role in the context of a “team setting”?

We function in a multidisciplinary setting, in which patients have access to a team of specialists. Drawing on experts in radiation oncology, medical oncology, surgery, nursing, pharmacy, as well as ideas from support groups and hundreds of researchers, patients receive a combination of services tailored to them.

It is crucial to work as a team in caring for our patients. In a sense, we all need each other to provide the quality of care we aspire to give.

In your opinion, what is the best part of being a radiation oncology nurse?

For me, it is the satisfaction in providing patients with both physical and emotional support to deal with the stress of their disease and side effects of therapy. Helping patients is very gratifying.

What changes have you seen over the years in the provision of cancer care?

For some forms of cancers, patients are now receiving concurrent chemotherapy and radiation with curative intent. Such approaches result in the increased need for toxicity monitoring and management. Additionally, the technology for the conformal or targeted delivery of ionizing radiation has revolutionized how we use radiotherapy in the last five years. It has resulted in increased treatment efficacy, while limiting normal tissue injury.

What sets the UW apart from other cancer centers, when you are talking about radiation oncology?

The state-of-the-art technology and treatment planning that we offer our patients truly sets us apart. In addition, we have a strong clinical trial and research focus. Our clinical setting is closely linked with the Cancer Center’s groundbreaking research laboratories. The same physicians and health care professionals who provide excellent personal care are involved in research projects aimed at curing cancer.

The entire staff is committed in providing our patients with a positive experience. At the UW, nurses and physicians do more than take care of medical needs. Along with the entire health care team, they teach, comfort and explain what patients and their families need to know about their cancer care. This is the UW’s hallmark approach to treatment.

What challenges lie ahead in radiation oncology nursing?

New radiation therapy technologies to some extent have become more invasive, such as brachytherapy for breast and prostate cancer. These innovative treatment approaches require new skills on the part of the radiation oncology nurse to minimize the risk of infection and patient discomfort.

Is there anything else you would like to share?

With the advent of combined modality therapy including radiation, surgery and drug therapeutics, various forms of cancer are increasingly cured. Many patients who are not curable have their underlying malignancy transformed into a chronic disease, much like diabetes. These therapeutic advances have inadvertently created new issues regarding the emotional nature of survivorship. The healthcare team, which in past decades was trained to deal with acute aspects of this disease, now must develop new paradigms to address quality of life issues for this ever increasing population of patients.
Leadership and administration

Senior Leadership
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Director, UWCCC

Norman R. Drinkwater, PhD
Associate Director
Laboratory Programs

Howard H. Bailey, MD
Associate Director
Clinical Programs

Joan Schiller, MD
Associate Director
Translational Research

Patrick L. Remington, MD, MPH
Associate Director
Cancer Control

Jane Wegenke, BS
Associate Director
Administration

The UW Comprehensive Cancer Center is governed by an Executive Committee. This committee receives input from an External Advisory Committee comprised of academic leaders from across the nation as well as a regional advisory board of community members.

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Howard Bailey, MD
Paul J. Bertics, PhD
George T. Bryan, MD, PhD
James F. Cleary, MD
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Louise Rusch
Donald Ryan
JoAnn Six Plesko
Susan Veatch
Mary Wickhem

Senior Leadership (left to right): Norm Drinkwater, Jane Wegenke, Howard Bailey, Joan Schiller, George Wilding and Patrick Remington
Who is senior leadership?

How many people work at the Cancer Center?

Who is on the executive committee?

Who is the director of the UWCCC?

What is the external advisory committee?

UWCCC Administration

Who governs the UWCCC?
Cancer Center membership

The UW Comprehensive Cancer Center brings together the research efforts of more than 250 faculty from 51 departments and nine schools on the UW-Madison campus.

Cancer Center members participate in nine research programs, which optimize intra- and inter-programmatic research and facilitate efforts to apply discoveries to improving the care of our cancer patients.

To read more about our nine research programs, please visit www.cancer.wisc.edu.

Aging and Cancer
Program Leader:
Richard H. Weindruch, PhD

This Cancer Center program accelerates research into the relationship between cancer and aging.

Judd M. Aiken, PhD
Sanjay Asthana, MD
Lisa H. Colbert, PhD, MPH
Robert M. Hauser, PhD
Susan M. Heidrich, PhD, RN
David F. Jarrard, MD
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Tomas A. Prolla, PhD
Carol D. Ryff, PhD
Tracey A. Schroepfer, PhD
Maureen A. Smith, MD, PhD, MPH
David J. Vanness, PhD

Cancer Cell Biology
Program Leader:
Paul J. Bertics, PhD

The Cancer Cell Biology Program seeks to understand the signals that govern the proliferation and invasion of metastatic tumors.

Elaine T. Alarid, PhD
Caroline M. Alexander, PhD
Richard A. Anderson, PhD
Emery H. Bresnick, PhD
Richard R. Burgess, PhD
Wade A. Bushman, MD, PhD
Nansi Jo Colley, PhD
John M. Denu, PhD
Sinisa Dovat, MD
Frances J. Fogerty, PhD
Andreas Friedl, MD
Michael K. Fritsch, MD, PhD
Daniel S. Greenspan, PhD
Anna Huttonlocher, MD
Patricia J. Keely, PhD
Laura L. Kessling, PhD
B. Jack Longley, MD
James S. Malter, MD
Shigeki Miyamoto, PhD
Deane F. Mosher, MD
Christopher J. Murphy, DVM, PhD
Sean P. Palecek, PhD
Donna M. Peters, PhD
Arthur S. Polans, PhD
Alan C. Rapraeger, PhD
Jeff Ross, MD
Lewis G. Sheffield, PhD
Nader Sheibani, PhD
John P. Svaren, PhD
David A. Wasserman, PhD
Jyoti J. Watters, PhD
Cancer Control and Population Science
Program Leader:
James F. Cleary, MD

The mission of the Cancer Control and Population Science Program is to understand the causes and distribution of cancer in populations and support the development and implementation of effective interventions.

Henry A. Anderson, MD
Timothy B. Baker, PhD
June L. Dahl, PhD
Michael C. Fiore, MD, MPH
Brion J. Fox, JD
Dennis G. Fryback, PhD
Albert C. Gunther, PhD
David H. Gustafson, PhD
Lawrence P. Hanrahan, PhD
Paul R. Hutson, PharmD, RPh
David E. Joranson, MSSW
Mary L. Keller, PhD, RN
Kristine L. Kwekkeboom, PhD, RN
Diane R. Lauver, RN, PhD
Yu Jim Li, MD
Donna O. McCarthy, PhD, RN
D. Paul Moberg, PhD
Polly A. Newcomb, PhD
Patrick L. Remington, MD, MPH
Marjorie A. Rosenberg, PhD
Michael L. Rothschild, PhD
Ronald C. Serlin, PhD
Stevens S. Smith, PhD
Amy Trentham-Dietz, PhD
Sandra E. Ward, PhD

Cancer Genetics
Program Leader:
William F. Dove, PhD

The mission of the Cancer Genetics Program is to develop the capabilities of experimental genetic analysis to define causative pathways that affect tumor growth.

Thomas S. Anantharaman, PhD
Alan D. Attie, PhD
Mark W. Craven, PhD
Norman R. Drinkwater, PhD
Jason P. Fine, PhD
Anne E. Griep, PhD
Lorraine F. Meisner, PhD
Amy R. Moser, PhD
Michael A. Newton, PhD
Robert W. Nickells, PhD
Eric P. Sandgren, VMD, PhD
David C. Schwartz, PhD
Lloyd M. Smith, PhD
Xin Sun, PhD
Michael R. Sussman, PhD
James A. Thomson, VMD, PhD
Jon A. Wolff, MD

Etiology and Chemoprevention
Program Leader:
Howard H. Bailey, MD

The mission of the Etiology and Chemoprevention Program is to determine the causes of cancer and then translate the knowledge to develop and evaluate drugs, vitamins or other agents to try to reduce the risk of or delay the development of cancer.

Nihal Ahmad, PhD
Christopher A. Bradfield, PhD
George T. Bryan, MD, PhD
Herbert Chen, MD
Steven S. Clark, PhD
Kelly H. Clifton, PhD
Charles E. Elson, PhD
William E. Fahl, PhD
Jason R. Gee, MD
Michael N. Gould, PhD
Russell F. Jacoby, MD
Colin R. Jefcoate, PhD
Charles B. Kasper, PhD
Christina M. Kendziorski, PhD
Paul O. Larson, MD
Hasan Mukhtar, PhD
C. David Page, Jr., PhD
Michael W. Pariza, PhD
Henry C. Pitot, MD, PhD
Linda A. Schuler, PhD, VMD
Ajit W. Shavlak, PhD
Ajit K. Verma, PhD
Experimental Therapeutics
Program Leader:
F. Michael Hoffmann, PhD

The specific aims of the Experimental Therapeutics Program are to identify novel mechanisms of anticancer therapy and translate them to clinical applications, to perform initial human clinical trials, and to move new therapies to disease-specific settings.

Nicholas L. Abbott, PhD
Daniel M. Albert, MD
Robert Auerbach, PhD
Hirak S. Basu, PhD
David J. Beebe, PhD
Helen E. Blackwell, PhD
Reginald C. Bruskewitz, MD
Natalie S. Callander, MD
Hector F. DeLuca, PhD
David L. DeMets, PhD
Samuel H. Gellman, PhD
Kyle D. Holen, MD
C. Richard Hutchinson, PhD
Mark B. Juckett, MD
Brad S. Kahl, MD
Weiyuan John Kao, PhD
KyungMann Kim, PhD
Jill M. Kolesar, PharmD, RPh, BCPS
Michael R. Kosorok, PhD
Ilene D. Kurzman, EdD
Glen S. Kwon, PhD
Garet P. Lahvis, PhD
Glenn Liu, MD
Gerard J.D. Marriott, PhD
Sherry Morgan-Meadows, MD
Daniel L. Mulkerin, MD
Terry D. Oberley, MD, PhD
Ronald T. Raines, PhD
H. Ian Robins, MD, PhD
Joseph R. Robinson, PhD
Arnold E. Ruoho, PhD
Joan H. Schiller, MD
Ben Shen, PhD
Eric V. Shusta, PhD
James A. Stewart, MD
Santhanam Swaminathan, MD
James P. Thomas, MD, PhD
Jon S. Thorson, PhD
Randal S. Tibbetts, PhD
Anne M. Traynor, MD
Lynn Van Ummersen, MD
George Wilding, MD
Weixiong Zhong, MD, PhD

Human Cancer Virology
Program Leader:
Paul G. Ahlquist, PhD

Researchers in the Human Cancer Virology Program study members of families of viruses that cause cancer in people – revealing the mechanisms by which viruses predispose cells to evolve into tumors and by dissecting the routes by which viruses enter cells.

Curtis R. Brandt, PhD
Teresa Compton, PhD
Robert F. Kalejta, PhD
Paul F. Lambert, PhD
Daniel D. Loeb, PhD
Janet E. Mertz, PhD
Robert Todd Striker, MD, PhD
Bill Sugden, PhD
John Yin, PhD
Imaging and Radiation Sciences
Program Leader:
Minesh P. Mehta, MD

The Imaging and Radiation Sciences Program is focused on improving early detection and staging of cancer as well as developing strategies to improve outcomes of patients treated with radiation.

William McChesney Adams III, DVM
Elizabeth S. Burnside, MD, MPH
Suresh R. Chandra, MD
Richard J. Chappell, PhD
Gelsonima De Stasio, PhD
Onofre T. DeJesus, PhD
Paul M. DeLuca, Jr., PhD
Lisa J. Forrest, VMD
Thomas M. Grist, MD
Susan C. Hagness, PhD
Paul M. Harari, MD
Victor M. Haughton, MD
Steven P. Howard, MD, PhD
Robert Jeraj, PhD
Frederick Kelcz, MD, PhD
Fred T. Lee, Jr., MD
Leonard A. Levin, MD, PhD
Mary J. Lindstrom, PhD
T. Rockwell Mackie, PhD
Ernest L. Madsen, PhD
Mary Elizabeth Meyerand, PhD
Charles A. Mistretta, PhD
Robert J. Nickles, PhD
Bhudatt R. Paliwal, PhD
Walter W. Peppler, PhD
Scott B. Perlman, MD
Perry J. Pickhardt, MD
Nimmi Ramanujam, PhD
Mark A. Ritter, MD, PhD
Howard A. Rowley, MD
Bruce R. Thomadsen, PhD
Wolfgang A. Tomes, PhD
Patrick A. Turski, MD
Jamey P. Weichert, PhD
Tracey L. Weigel, MD
James A. Zagzebski, PhD

Immunology and Immunotherapy
Program Leader:
Paul M. Sondel, MD, PhD

The goal of the Immunology and Immunotherapy Program is to understand how the immune system recognizes cancer and use this knowledge to create strategies for effective cancer treatment and prevention.

Mark R. Albertini, MD
David J. Argyle, BVMS, PhD
Behnam Badie, MD
William J. Burlington, PhD
Joseph P. Connor, MD
Charles J. Czuprynski, PhD
Kenneth B. DeSantes, MD
James E. Gern, MD
Jenny E. Gumperz, PhD
Majed M. Hamawy, PhD
Jacquelyn A. Hank, PhD
Colleen E. Hayes, PhD
Stuart C. Helfand, DVM
Peiman Hematti, MD
Bruce S. Klein, MD
David M. Mahvi, MD
Miroslav Malkovsky, MD, PhD
Joseph H. Matloub, MD
Douglas G. McNeel, MD, PhD
Daniel Muller, MD, PhD
Manish S. Patankar, PhD
Donna M. Paulnock, PhD
Alexander L. Rakhmilevich, MD, PhD
Erik A. Ranheim, MD, PhD
Matyas Sandor, PhD
Christine M. Seroogy, MD
Vijay Setahuri, PhD
Aimen F. Shaaban, MD
Igor I. Stukvin, MD, PhD
Gary A. Splitter, DVM, PhD
M. Suresh, DVM, PhD
David J. Watkins, PhD
Sharon M. Weber, MD
Gary S. Wood, MD
Jon Pointon Woods, MD, PhD

Clinical Investigators Participating Across Programs
These faculty members contribute to the clinical research effort by recruiting patients to clinical trials, advocating the benefits of clinical trials to patients, managing the care of patients according to the guidelines of the clinical research protocols and analyzing clinical samples.

Tara M. Breslin, MD
Ruthanne Chun, DVM
Carol A. Diamond, MD
Richard R. Dubielzig, DVM
Ellen M. Hartenbach, MD
John P. Heiner, MD
Charles P. Heise, MD
David M. Kushner, MD
Catherine P. Leith, BChir, MB
Walter L. Longo, MD
Peter A. Mahler, MD, PhD
Timothy D. Moon, MD
Stephen Y. Nakada, MD
T. Michael Nork, MD
Diane M. Puccetti, MD
M. Shahriar Salamat, MD, PhD
Richard A. Steeves, MD, PhD
Eliot C. Williams, MD, PhD
Robert D. Woodson, MD
Interdisciplinary Research Complex: building a catalyst for discovery

Under bright August skies, with gold shovels flashing and white hard hats gleaming, 15 people assembled to break ground for the last element of the HealthStar vision. This official launch of the Interdisciplinary Research Complex, or IRC, marked the final phase of an ambitious collaboration between the state, the campus and private donors to create leading edge health sciences facilities on the UW campus and to bring together, in one area, health care clinicians, researchers and educators.

“With the start of construction on the IRC, we enter a new era of translational research that will greatly help the people of Wisconsin by quickly bringing new discoveries into the patient care setting.”

—Philip M. Farrell, MD, PhD
UW School of Medicine and Public Health

A multi-phase project, the IRC is the concluding component of the HealthStar initiative launched nearly 10 years ago. That undertaking has already led to the opening of the School of Pharmacy’s Rennebohm Hall and the Health Sciences Learning Center, the new home of UW School of Medicine and Public Health’s educational programs and administrative offices, as well shared teaching space for the students in medicine, nursing and pharmacy.

The $134 million IRC will be constructed adjacent to those two buildings, next to UW Hospital and Clinics and the newly-begun American Family Children’s Hospital, scheduled for completion in 2007. With the nearby Waisman Center and the William S. Middleton Memorial Veterans Hospital, the growing cluster of health sciences facilities represents one of the most dynamic biomedical enclaves in the country, according to School of Medicine and Public Health Dean, Philip M. Farrell, MD, PhD, who has spearheaded the HealthStar plan.

To be completed in early 2008, the IRC is part of the campus’ carefully conceived master plan which, according to UW Chancellor John Wiley, will reinvent the campus in the next 15 to 20 years.

The first approved phase of IRC construction will consist of a five-story tower atop a three-story base and the base of a second tower. Future plans call for completion of the second tower and a third tower to the west of tower two, all of the same height. According to School of Medicine and Public Health Vice Dean Paul DeLuca, PhD, the IRC will provide a unique environment, allowing scientists to conduct biomedical research in the most creative ways. The building will be physically designed to encourage the gathering of groups of scientists from different disciplines to address problems of common interest. Researchers working in the building also will benefit from close proximity to clinicians at UW Hospital and Clinics, says DeLuca, who has been named the IRC program director.

“This easy access and exchange of ideas between scientists and physicians will make the building a catalyst for translational research—that which moves rapidly from bench to bedside. It will change the face of how we do research.”

—Paul DeLuca, PhD
UW School of Medicine and Public Health

The IRC also will be critical for research that requires a longer time frame, such as the regenerative therapies expected to result from the basic science on stem cells.

“The IRC will be the first building on campus to be specifically designed to foster interdisciplinary collaborations.”

—John Wiley, Chancellor
University of Wisconsin–Madison

Scientists in the IRC will concentrate on areas identified as strategically important to the health sciences, including cancer, neurosciences, and cardiovascular diseases. It will house major programs in image science, molecular medicine and regenerative medicine.

Cancer research laboratories will be the anchor of the IRC’s first tower. In 2003, the University of Wisconsin Comprehensive Cancer Center (UWCCC) received a $7 million grant to construct new UWCCC space in the IRC. The grant, composed of $4 million from the National Center for Cancer Resources (NCCR) and $3 million from the NCI, provides funding for interdisciplinary prostate cancer research.

An additional $7 million grant from the NCCR will make similar space available for interdisciplinary breast cancer research within the IRC. Building planners envision that the entire first tower ultimately will be devoted to cancer research.

Neuroscience and cardiovascular research also will be featured in phase one, as will work on stem cells and regenerative medicine.
When did the HealthStar campaign begin?

What is translational research?

Interdisciplinary Research Complex

What types of research will be studied?

Where will it be located?

When will it open?

When was ground broken?
Our commitment to quality cancer care

At the University of Wisconsin Comprehensive Cancer Center, the goal is to offer excellence in care and service each time patients and family members visit us, and to keep improving every day.

Delivering on that promise requires a fervent commitment to quality and to the people, programs, technologies and partnerships that make it happen. To monitor progress, we routinely measure performance and compare it to nationally-accepted standards and best practices. We’re proud to be among those setting the standards and creating the best practices that others follow.

Cancer Clinical Services Accomplishments FY 2005
- Installed new linear accelerator and simulator, representing the latest radiation technology in the treatment of cancer patients.
- Advanced the use of Tomotherapy, which uses CT technology to target intensive radiation to very specific areas while sparing normal tissue.
- Initiated a new laparoscopic procedure for women with early stage cervical cancer that allows them to preserve their ability to carry a child.
- Developed the role of “Cancer Nurse Coordinator” for lung, gastrointestinal, head and neck and breast cancer patients. These individuals assist patients by coordinating their care across all disciplines in the outpatient setting.
- Began measuring patient satisfaction in outpatient cancer programs to improve the patient experience. On first survey, the Breast Center, Gynecologic Oncology Clinic, Chemotherapy and Radiation Oncology at East Clinic were recognized as “Star Clinics” which means these services were in the 90th percentile when benchmarked against other academic medical centers.
- Completed planning for the Radiation Oncology remodeling and expansion project. This project was launched in fall 2005.

Cancer Clinical Services Goals FY 2006
- Open UW Cancer Center Johnson Creek (Opened October 2005).
- Begin planning for an automated medical record system in the cancer clinics.
- Continue to improve the patient experience in the cancer clinics.
- Begin physical expansion and remodeling of Radiation Oncology.
- Implement new technology, Varis Vision in Radiation Oncology—allowing clinic to be filmless—streamlining and accelerating the flow of clinical data.
- Implement an Integrative Oncology Program in the cancer clinics – allowing patients access to an integrative medicine physician and integrative therapies.
- Continue development of our multidisciplinary clinics.

UWCCC Outpatient Services Satisfaction
Source: Press Ganey Associates

(UFrow – left to right): Vicki Banning, RN, B6/6 Inpatient Nurse Manager; Yvonne Pola, MS, Radiation Oncology Manager; Judy De Muth, RN, MS, Cancer Clinics Manager (Back row – left to right): Deana Jansa, RN, Bone Marrow Transplant Manager; Teresa Smith, RN, MS, Director – Oncology Services; Stephanie Orzechowski, RN, UW Breast Center Manager
Planning is complete and construction has begun for a significant expansion and remodeling of the UW Comprehensive Cancer Center’s Radiation Oncology Clinic. The expansion will double the space dedicated to Radiation Oncology and will include state-of-the-art technology for the treatment of patients. The expansion will provide patient friendly reception space that will have natural light, four new linear accelerator vaults, one tomotherapy vault, two high dose remote afterloading vaults, enhanced space for CT-PET and Simulator, new exam room space and underground parking for patients treated daily.

“We are very excited about this expansion project. This will allow us to continue to be on the forefront of new technology introduction in oncology and will allow patients access to the latest treatments in a comfortable environment,” says Minesh Mehta, MD, Chair of the Department of Human Oncology.

This project will take five years to complete and will be completed in multiple stages to allow for the care of patients during the expansion.

The expansion of the Radiation Oncology Clinic will also be closely linked with the Interdisciplinary Research Complex (see pages 22-23). The imaging research area will be located in close proximity to the clinic.

Recognition and Awards
UW Hospital and Clinics (UWHC) has received several awards and recognitions during the past few years, including:

- Identified as the top performing hospital nationwide in a University HealthSystem Consortium benchmarking study of safety, mortality, clinical effectiveness and equity in delivering care.
- Named to a national list of “50 Exceptional Hospitals” based on the Leapfrog Group’s hospital survey on patient safety and quality of care. The list was published in the April 2005 issue of Consumers Digest, which includes a special report on hospital safety.
Cancer clinical services statistics at University of Wisconsin Hospital and Clinics

New UWHC Cancer Cases 1999-2004

UWHC Cancer Patient Volumes

<table>
<thead>
<tr>
<th></th>
<th>FY2005</th>
<th>FY2004</th>
<th>FY2003</th>
<th>FY2002</th>
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</thead>
<tbody>
<tr>
<td>Unique Patients</td>
<td>16,616</td>
<td>16,030</td>
<td>15,500</td>
<td>14,818</td>
</tr>
<tr>
<td>Inpatient Discharges</td>
<td>2,980</td>
<td>2,736</td>
<td>2,740</td>
<td>2,693</td>
</tr>
<tr>
<td>Outpatient Encounters</td>
<td>89,608</td>
<td>87,422</td>
<td>82,633</td>
<td>78,347</td>
</tr>
</tbody>
</table>

Patients Treated on Clinical Trials at UWCCC
01/01/2004-12/31/2004
Source: UWCCC

• Ranked among the top 50 of the nation’s major medical centers in seven medical specialties, including cancer in U.S. News and World Report, “America’s Best Hospitals,” July 2005.
• Named a 2005-2006 Consumer Choice Award winner in a National Research Corporation (NRC) survey.
• Named one of the “Top Ten Most Innovative Facilities in Healthcare 2002” by the Center for Innovation in Health Facilities, for design of remodeled inpatient rooms.
• Named one of the nation’s “100 Most Wired” by Hospitals and Health Networks, (2003, 2004 and 2005).
• 186 UW Health physicians, including many of our cancer physicians, listed in Madison Magazine’s 2004 “Top Docs.”
• Named Best Hospital/Medical Center in “Best of Wisconsin Business” readership survey conducted in 2005 by Corporate Report Wisconsin.
Two new partnerships expand affiliate network

Starting in 1989, the UW Comprehensive Cancer Center began regional cancer partnerships with hospitals in Wisconsin and Illinois. These regional affiliates extend the UWCCC’s quality patient care and access to clinical trials to:

- Beloit Memorial Hospital, Beloit, WI
- Holy Family Memorial Hospital, Manitowoc, WI
- FHN Leonard C. Ferguson Cancer Center, Freeport, IL
- UW Cancer Center, Aspirus Wausau Hospital, Wausau, WI
- UW Cancer Center Riverview Hospital, Wisconsin Rapids, WI
- UW Cancer Center Affinity Health System, Appleton and Oshkosh, WI
- UW Cancer Center Johnson Creek, Johnson Creek, WI (a partnership among Fort HealthCare, Watertown Area Health Services and UW Health)

The UW Regional Cancer Center Network began its newest affiliation, UW Cancer Center Affinity Health System, with two of the Fox Cities’ leading hospitals on September 1, 2005. In October 2005, the network expanded again with the opening of UW Cancer Center Johnson Creek, a collaborative service with two southeastern Wisconsin hospitals.

**UW Cancer Center Affinity Health System**

UW Cancer Center Affinity Health System brings leading-edge treatment options and the UWCCC network of nationally-recognized cancer specialists to Affinity patients in the Fox Cities, at St. Elizabeth Hospital in Appleton and Mercy Medical Center in Oshkosh. Under the partnership, UWCCC radiation oncologists and other cancer specialists team up with Affinity Medical Group surgeons and medical oncologists to determine the best possible treatment for each patient.

**UW Cancer Center Johnson Creek**

UW Cancer Center Johnson Creek is a community partnership among Fort HealthCare in Fort Atkinson, Watertown Area Health Services and UW Health to give area patients convenient access to cancer research and treatment protocols. The 14,300 square-foot facility is located between Madison and Milwaukee, just south of the Interstate 94 and Highway 26 junction. This unique collaboration between two community hospitals and an academic medical center was inspired by the desire to find a creative way of better meeting patient needs within the local community.

Both partnerships will assist patients and their families in coping with a cancer diagnosis and help them navigate the process of receiving quality cancer care. In addition, patients in both regions will have access to UWCCC clinical trials, offering groundbreaking treatment options in cancer care.

To learn more about these partnerships, please visit their websites:

UW Cancer Center Affinity Health System: affinityhealth.org

UW Cancer Center Johnson Creek: uwjohnsoncreek.org
Donors and Gifts

The University of Wisconsin Comprehensive Cancer Center would like to thank all donors who help our organization maintain its leading role in innovative research initiatives, compassionate cancer care, and education for the public and health care professionals.

The following list recognizes donors who have given support to the UWCCC between January 1, 2004–June 30, 2005.

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Lester & Frances Johnson Foundation
Midwest Athletes Against Childhood Cancer
Prostate Cancer Foundation
Tomorrow’s Hope, Inc.
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Wendy Will Case Foundation

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Olga Gravacic
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Mark & Sheryl Harke
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Lewis Hanson
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Golf Classic
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Donna Hendricks
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Wills Long
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Steven Stoddard
Jim & Deborah Swanson
Catherine Tanner
Dawn Tanner Memorial Golf Outling
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Julius Teubert
Barbara Thompson
Willard Thurlow
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Anne Tynor
Saraa Trewearthu
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Bowlers, young and old, spared some time to strike out colon cancer by raising more than $27,000 during the fourth Annual Bowlin’ for Colons in March 2005.
Cindy Herbst of High Point Church and Jeremy Watrud of Culver’s of Middleton were once again involved in the annual Cancer Survivors Picnic held in May 2005. A special thanks to the following donors for their continued support of this event:

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Fourth and fifth graders from Madison's Lowell Elementary School visited the Colossal Colon® exhibit in March 2005—a 40-foot long, four-foot tall crawl-through replica of the human colon designed to educate the public about colon cancer.
WOLX 94.9 FM, sponsored the first-ever Estrogen Open Golf Outing at Lake Mills Golf Club in September 2005, with all proceeds benefiting breast and gynecologic cancer research at the UWCCC.

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Geralyn Lucas (third from left) spoke about her book, “Why I Wore Lipstick to My Mastectomy” at a breast cancer program in October 2005. Joining her (l to r) were Stephanie Orzechowksi, Tommi Thompson, Michelle Heitzinger, George Wilding, MD and Jane Wegenken.
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Georgia Petrie
John & Susan Petethele
Joan Peuflove
A. & F. Phadke
Ph Beta Cabin Quilter’s Sorority
Dorothy Philips
J. Michael & Patricia Phillips
Robert & Maria Phillips
Physicians Plus Insurance Corporation
Jerr Piccrucci
Pierce’s Supermarket, Inc.
Arthur & Delores Pitlas
Cecil & Katherine Pullman
Marjorie Pinnap
John & Julie Pluemmer
Gary & Kathryn Pluff
Paula Poeschl Baier Memorial
Thomas & Lynda Poeschl
Sharon Poff
Kathleen Pollock
Lost Polzin
Art Pommerenig
Arthur & Elizabeth Pope
Robert & Nancy Pope
Michael & Heather Popeka
George & Carol Porter
Dana Possin
Clay & Audrey Prange
Richard Presseid
Alta Price & Family
Maurice & Elva Price
Lester & Wendy Proctor, III
Alan Proxt
Thomas & Nancy Prosser
Charles Pruett
Michael Puls
Richard & Marlene Pump
Francis Purfett
Tim & Edna Quigley
Richard & Lourinda Radtke
Robert & Elizabeth Ragan
Reva Raju
Nayna Ramey
Anthony & Kathleen Ramirz
Eric & Sylvia Ramsey
Charles & Lucile Ramondow
Jean Rappold
Harold & Thelma Rasmussen
Penny Rasmussen
Patricia Raupp
R.D. Hunter & Company, LLP
Jim & Ruby Reckmig
Robert & Lois Redmerski
George & Susan Rees
Don & Carol Redes
Robert Reese
Thomas & Annette Reese
Mark & Stephanie Reich
William & Tracy Reichenbacher
In August 2005, the annual Walk with GRACE was organized by the Greater Richland Area Cancer Elimination, Inc. (G.R.A.C.E.). More than $30,000 was raised for the UWCCC. Here, cancer patients release purple balloons to celebrate survivorship.

Tommy Reiley & Janet Nelson
Frederic Reinert
Elizabeth Reinartz
Leonard & Doris Rendell
Glolan Reinerke
Robert & Prisca Reising
Ben Retoske
Patrick & Kathleen Remington
Lois Rens
Research Products Corporation
Rosemary Reuschlein
Jill Reuss
Margaret Rewald
James & Barbara Jean Reewey
Diane Rezagholi
Kelly & Susan Rhoades
Thomas & Kristie Ribar
John & Shari Rice
Laurel Rice
Gerald & Lorraine Richter
Stanley & Marla Richter
Anthony Richtrome
Anthony & Jane Richtsmeier, Jr.
Stewart & Donna Reckman
Don Ricelmann & Kathryn Rouse
Marguerite Ruelnd
Kenneth & Joan Rigg
Rammon & Eloise Riley
Herbert & Arlene Rindy
Gerald & Arnela Ring
Helen Ring
Lee & Susan Rioda
David Ristau
Lila Ritchie
Peter & Carrie Ritz
Eleanor Robb
Anne Roberts
Bruce & Christine Roberts
Clifford & Cathy Roberts
Faith Robertson
John & Joan Robertson
Arthur & Martha Robinson
Eleanor Robinson
Joan Robinson
David & Maureen Rochester
Paul & Phyllis Rock
Rockford College Learning Resource Center
James & Jane Roesler
Beatrix Roesler

Timothy Reilly & Janet Nelson
Frederic Reinert
Elizabeth Reinartz
Leonard & Doris Rendell
Glolan Reinerke
Robert & Prisca Reising
Ben Retoske
Patrick & Kathleen Remington
Lois Rens
Research Products Corporation
Rosemary Reuschlein
Jill Reuss
Margaret Rewald
James & Barbara Jean Reewey
Diane Rezagholi
Kelly & Susan Rhoades
Thomas & Kristie Ribar
John & Shari Rice
Laurel Rice
Gerald & Lorraine Richter
Stanley & Marla Richter
Anthony Richtrome
Anthony & Jane Richtsmeier, Jr.
Stewart & Donna Reckman
Don Ricelmann & Kathryn Rouse
Marguerite Ruelnd
Kenneth & Joan Rigg
Rammon & Eloise Riley
Herbert & Arlene Rindy
Gerald & Arnela Ring
Helen Ring
Lee & Susan Rioda
David Ristau
Lila Ritchie
Peter & Carrie Ritz
Eleanor Robb
Anne Roberts
Bruce & Christine Roberts
Clifford & Cathy Roberts
Faith Robertson
John & Joan Robertson
Arthur & Martha Robinson
Eleanor Robinson
Joan Robinson
David & Maureen Rochester
Paul & Phyllis Rock
Rockford College Learning Resource Center
James & Jane Roesler
Beatrix Roesler

John & Jann Roethe
Neal & Sandy Rottell
Rolland & Margaret Roggensack
Carol Rohr
Robert & Karen Rohr
Jean-Pierre & Genevieve Rosay
Martin & Antoinette Rose
Jeffrey & Beth Rosencrans
Eric & Lore Ross
Jacqueline Ross
Victor & Susan Rossetti
Edwin & Bernice Rossini
Richard & Lois Rossmiller
Richard & Joann Rost
Sonia Sue Roter
Steven & Amy Roth
Stephen & Kathleen Rothering
Timothy & Lindsay Rothering
Hershel & Arlene Roff
Roya & Muriel Roper
Howard Rowley & Carol Diamond
Robert & Geraldine Royko
Robert & Judith Rubin
Ruboff Residential Properties
Frederick & Patricia Ruesegger
Patrick & Alvisa Runde
Helen Rundhager
Jon & Mary Russell
Ronald & Mary Lee Ryan
Clayton & Joan Ryder, Ill
R. Thomas & Katherine Saether
Pipher Saggian
Barbara Sainburg
Saint Marks Lutheran Church
Leo & Martha Sakowski
Salen Management Co.
Gordon & Mary Samuelsen
Doris Sapino & Susanne LaFleur
Eugene Sauter
James & Francie Saxton
Donald Schaefer & Judy Schultz
James & Barbara Schaefer
Betty Schallert
Daniel & Kristie Schalter
Janice Schelker
Douglas Schleben
Marlene Schiftar
Lawrence Schill
Robert & Barbara Schill
Midwest Athletes Against Childhood Cancer (MACC) presented a $200,000 check in 2004 and a $240,000 check in 2005 to Paul Sondel, MD, PhD, Division of Pediatric Hematology and Oncology. The MACC Fund has contributed more than $1.76 million to UW’s Pediatric Oncology research program in the past 21 years.

$100 - $499 Donors

Robert & Marilyn Schilling
William & Jean Schilling
Ruth Schlesinger
Frank & Margot Schlesinger
Ernst & Faith Schlieter
Roger Schmeling
Donald & Narcissa Schmidt
Krista Schmidt
Paul & Cecilia Schmidt, Jr.
Joseph Schmiedecke
Kathleen Schmitt
Glen & Mary Schmidt
Ronald & Constance Schneider
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Robert & Nancy Schoepke
Cynthia Schoepp
Thomas & Gall Schomisch
David School
John & Kristine Selk
Barbara Seifriz
Leonard Seidl
Steven & Debra Seeliger
John & Kelly Seaman, III
Frank & Martha Scott
Betty Scott
Frank & Martha Scott
Laura Scott
Robert & Lana Scott
John & Kelly Seaman, III
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Leonard Seidl
Barbara Selz
Shannon Seip
John & Kristine Selk
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Thomas Solheim
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Catherine Sommer
Peter Sommerhauser
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Jerry Southwood
Walter Southwood & Carleen Wild
John & Ruthann Spaay
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Clarice Speck
Christopher & Alice Spencer
Harry & Bonnie Spiegelberg
Rick Spiel
Lila Sprecher
Philip & Florence Sprecher
Spring Harbor Auto Clinic, Inc.
Springvale Charities Fund
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Tim & Debra Stachovick
Matthew Stafford
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Charles & Shirley Statas
David & Patricia Stauffacher
Henry & Kathie Steare
Russell & Kathy Stearns
Joyce Steensrud
James & Coleen Steffen
John & Jean Steffen
Charlotte Stein
Richard Stein
Robert & Beverly Stein
Chad & Melissa Steiner
Sylvia Steiner
Robert & Rochelle Steininger
Robert & Denise Steiner
Anne Stockman
Elizabeth Stem
James Stern
Grant & Amy Stevens
Stevens Transport, Inc.
George & Betty Stewart
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John Stocks & Connie Hutchison
Ryan & Katherine Stodola
Phil Stoddard
Brian & Randee Stolar
Richard Stoll
Joanne Stoner
Sigrud Stottrup
Carmen & Katie Stout
Van Stoutt
Diane Stratton
Larvonne Strawn
David & Sandy Street
John & Patricia Streu
Gregory & Lea Stroncek
Seward & Margaret Strode
Debra Struble
Earl & Kay Shultz
Laurie & Susan Stuckman
James & Sheerin Sturm

David Stute & Margaret Rasch
Heinrich & Yuri Sugiyama
Nona Suhr
James Sulliner
James & Judith Sullivan
Michel & June Sullivan
Patrick & Kathryn Sullivan
Shawn Sullivan
Supreme Structures, Inc.
Michael Sussman & Nancy Gaedke
G.R. Svendsen
James Swanson
Ronald & Frances Swann
John & Kathleen Swanson
Russell & Ruth Swanson
Elizabeth Swanton
Gary & Diane Sweeney
Shirley Swenson
Philip & Penelope Syms
Maurice Talton
Jay Tannan
Charles Taylor
Dean & Shirley Taylor
Timothy & Cassandra Taylor
Raya Termin
Arnold Tenite
Ronald & Marilyn Teper
Fred & Betty Tettik
Maryln Terviller
Jerry & Carol Tessen
Anthony & Marilyn Testolin
Gerald & Francilla Thain
Jane Thetzel
Beverly Thom
James & Debra Thomas
Jack & Marilyn Thompson
John Thompson & Family
Marion Thompson
Marlin & Didoes Thompson
Thomas & Diane Thompson
Gregory & Julie Thom
Jack & Elisabeth Thorpe
Thomas & Mary Thrall
Thrivent Financial for Lutherans
Tiffany & Company
Teresa & Vicki Tipton
Mark & Brooke Timmerman
Bill & Betsy Tisher
Tiffie Underwriters Agency
Harry & Marjorie Tobias
Patricia Tobin
C. John & Barbara Tolch
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Tortorpe Clintonville Lumber, Inc.
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Thomas & Artha Towell
Town & Country T.B.A., Inc.
Town of Columbus Charites
John & Maria Townsend
Treik
Lorraine Treptow
Geneieve Treherway
Clifford Tribus
Robert &norma Trojan
Betty Trombetta
Wallace & Viola Trzezak
Thomas & Pitta Tulibio
Richard & Debra Tula
Turner Law Firm
Turino Chiropractic
Paul & Doris Tunick
Pierce & Marcia Tyrell
Leonard Tyser

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UWCCC ANNUAL REPORT 2004-2005
2004-2005 Cancer Center events

The UW Comprehensive Cancer Center is involved in a number of fundraising, educational and informational programs during the year. Many are organized or co-sponsored by the UWCCC, while others are community-driven events which benefit the UWCCC.

Thank you to the many wonderful volunteers who work diligently on behalf of the UWCCC!

For more information on UWCCC events, please contact Ann Johnson, (608) 263-1677 or ajohnson@uwccc.wisc.edu

Afternoon of Remembrance: Annual Memorial Program
Annual Symposium:
  Advances in Multidisciplinary Cancer Care
A Clear Cause for Lung Cancer
ACS Run/Walk Kick Off & Team Registration
Art for Life
Bowlin’ for Colon
Breast Cancer: Back to Basics & Beyond
Brian Howell Lung Cancer Golf Outing
Cancer Hope, Cancer Health Week
Cancer Residency for Spiritual Caregivers
Closing In On Cancer Lab & Luncheon Tour
Colossal Colon® Exhibit
Curl for a Cure Bonspiel
End-of-Life Nursing Education Consortium
Estrogen Open Golf Outing
Foxman Memorial Golf Outing
Geralyn Lucas: “Why I Wore Lipstick to My Mastectomy” Program
Get Casual for Cancer
Golf Fore Wolfe & A Cure
Halfway Hooley to St. Patrick’s Day Parade
HEADRUSH
Into the Twilight
Leukemia & Lymphoma Society: Keys to Survivorship Conference
Lung Cancer Memorial Golf Outing
Madison Komen Race for the Cure®
Our Hope of Burlington
Partner’s for A Purpose-Boston Store Day
Race for Hope
Ride with a Buddy
Sam Mobile Golf Outing
Slam Jam-DeForest FBLA
St. Patrick’s Day Parade
Sue & Eugene Hamner Memorial Golf Outing
Tim Eagle Memorial Golf Outing
Tomorrow’s Hope
Tour de Dells
Unlocking Cancer Mysteries Lab & Luncheon Tour
UW Health Oncology Nursing Courses
UW Minority Student Health Fair
Walk Wisconsin
Walk with GRACE
WI Dual Sport Riders Spring Charity Ride
Windsor Garden Walk

In-Kind Contributions
Nichollette Marsiano
Mediterranean Café
Michael’s Frozen Custard
Mickie’s Dairy Bar
Mid-State Equipment
Milo’s Sandwiches
Lisa Malene
Monona Terrace Community & Convention Center
Don Nedobock
New Seoul Restaurant
Nancy Nienhuis
Nitty Gritty
Noodles & Company
Novartis Oncology
Toshike Ogishi
Olive Garden Italian Restaurant
The Original Pancake House
Overture Center
Panera Bread
Papa Phil’s
Laura Pavalko
Pedro’s Mexican Restaurant
Greg Percy
Jean Peterson
Pfizer Oncology
Pizza Hut of Southern Wisconsin
Pizzeria Uno Chicago Grill
Janet Porter
The Prime Quarter
The Puzzlebox
Dennis Reese
Pam Pepe
Roche Oncology
Rocky Rococo’s
John Rolfsmeyer
Sa Bia Thong Thai Cuisine
Sanofi-Aventis
Nancy Schmidt
Mark Schubert
Larry Schultz
Schwoegler Park Towne Lanes
Select Inn of Madison
The Shish Café
Scott Simmons
Smoky Jons #1 BBQ
Smoky’s Club
Star Cinema
State Bar & Grill
Myluangko Stonke
Stillwaters
Jo Stothard
Studio Z
Erica Swain
Ten Pin Alley
Timber Lodge Steakhouse
Theresa Tolan
UPN 14
US Cellular
UW Health Center for Integrative Medicine
UW Health Marketing & Public Affairs
UW Hospital & Clinics
UW Medical School
Walmart – Madison East
Lee Weiss
Jonathan Wilde
Wingate Inn
Joyce Winter
WISC TV-3
Wisconsin Cancer Council
Wisconsin Women’s Health Foundation
Ruth Wolfgram
Barbara Wolter

WOLX 94.9 FM
Shelly Wozniak-Rosenquist
Richard Zaufi

In Memory Of
Memorial gifts are given in memory of a loved one who is deceased. A minimum gift of $100 has been made in memory of the individuals listed from January 1, 2004 to June 30, 2005.

Hamlet Arhigen
Catherine Allen
Merce Asplund
Max Axelrod
Mary Ann Baer
Paula Baier
Nabaneeta Bandypadhay
Katherine Barnhard
Cathie Beckwith
Leonard Berg
Jeanne Berge
Robert Bergmann
Lynn Berman
Alice Bishop
Miriam Bitton
Catherine Blankenheim
Wilma Bliss
Conrad Blum
Taschia Bokern
Pat Boll
Geraldine Bossa
John Brady
Carl Brown
Shirley Brown
Doris Brugger
Lois Brunell
Jane Buffet
Cynthia Burns
Kathleen Butler
Lew Butler
Mary Butler
Jerry Cain
Michael Cantwell
Joan Camp
Sabra Capuli
Patricia Cardo
Bruce Chemers
Donald Cleveland
Michael Coletta
Rosanne Cook
Rodney Corcoran
Marianne Cullen
Thomas Cunningham
Joel Curt
Marlyn DeHingner
Pat DeLaney Lang
Mike Deprey
Kenneth DeVites
Clayce Dienckhe
Donald Dimick
Carolyn Dodge
Connie Dolan
Alma Doly
John Eisele
Patricia Elliott
Tatiana El-Wakil
Myrtle Engebretsen
Alvin Enz
Claude Epping
Audrey Erdmann
Joseph Farone
Mary Fass
Marilyn Fein
Michael Fink

June 30, 2005. A minimum gift of $100 has been made in memory of the individuals listed from January 1, 2004 to June 30, 2005.

In-Kind Contributions
Nichollette Marsiano
Mediterranean Café
Michael’s Frozen Custard
Mickie’s Dairy Bar
Mid-State Equipment
Milo’s Sandwiches
Lisa Malene
Monona Terrace Community & Convention Center
Don Nedobock
New Seoul Restaurant
Nancy Nienhuis
Nitty Gritty
Noodles & Company
Novartis Oncology
Toshike Ogishi
Olive Garden Italian Restaurant
The Original Pancake House
Overture Center
Panera Bread
Papa Phil’s
Laura Pavalko
Pedro’s Mexican Restaurant
Greg Percy
Jean Peterson
Pfizer Oncology
Pizza Hut of Southern Wisconsin
Pizzeria Uno Chicago Grill
Janet Porter
The Prime Quarter
The Puzzlebox
Dennis Reese
Pam Pepe
Roche Oncology
Rocky Rococo’s
John Rolfsmeyer
Sa Bia Thong Thai Cuisine
Sanofi-Aventis
Nancy Schmidt
Mark Schubert
Larry Schultz
Schwoegler Park Towne Lanes
Select Inn of Madison
The Shish Café
Scott Simmons
Smoky Jons #1 BBQ
Smoky’s Club
Star Cinema
State Bar & Grill
Myluangko Stonke
Stillwaters
Jo Stothard
Studio Z
Erica Swain
Ten Pin Alley
Timber Lodge Steakhouse
Theresa Tolan
UPN 14
US Cellular
UW Health Center for Integrative Medicine
UW Health Marketing & Public Affairs
UW Hospital & Clinics
UW Medical School
Walmart – Madison East
Lee Weiss
Jonathan Wilde
Wingate Inn
Joyce Winter
WISC TV-3
Wisconsin Cancer Council
Wisconsin Women’s Health Foundation
Ruth Wolfgram
Barbara Wolter

WOLX 94.9 FM
Shelly Wozniak-Rosenquist
Richard Zaufi

In Memory Of
Memorial gifts are given in memory of a loved one who is deceased. A minimum gift of $100 has been made in memory of the individuals listed from January 1, 2004 to June 30, 2005.

Hamlet Arhigen
Catherine Allen
Merce Asplund
Max Axelrod
Mary Ann Baer
Paula Baier
Nabaneeta Bandypadhay
Katherine Barnhard
Cathie Beckwith
Leonard Berg
Jeanne Berge
Robert Bergmann
Lynn Berman
Alice Bishop
Miriam Bitton
Catherine Blankenheim
Wilma Bliss
Conrad Blum
Taschia Bokern
Pat Boll
Geraldine Bossa
John Brady
Carl Brown
Shirley Brown
Doris Brugger
Lois Brunell
Jane Buffet
Cynthia Burns
Kathleen Butler
Lew Butler
Mary Butler
Jerry Cain
Michael Cantwell
Joan Camp
Sabra Capuli
Patricia Cardo
Bruce Chemers
Donald Cleveland
Michael Coletta
Rosanne Cook
Rodney Corcoran
Marianne Cullen
Thomas Cunningham
Joel Curt
Marlyn DeHingner
Pat DeLaney Lang
Mike Deprey
Kenneth DeVites
Clayce Dienckhe
Donald Dimick
Carolyn Dodge
Connie Dolan
Alma Doly
John Eisele
Patricia Elliott
Tatiana El-Wakil
Myrtle Engebretsen
Alvin Enz
Claude Epping
Audrey Erdmann
Joseph Farone
Mary Fass
Marilyn Fein
Michael Fink

June 30, 2005. A minimum gift of $100 has been made in memory of the individuals listed from January 1, 2004 to June 30, 2005.
“Walking man” Ron Reschke (center) embarked on a 1,200 mile trek across Wisconsin, leaving Madison in April and returning in June 2005. Ron’s walk, which took him to all corners of Wisconsin, raised crucial dollars for UWCCC research.

Richard Skofronick
Peter Shroock
Robert Stopa
Mary Slowey
Lucile Smith
Cynthia Stoltenburg
Charles Sommer
David Spude
Brett Stanley
Roy Steward
Marcy Stoddard
Linda Stuckman
Wills Sullivan
Walter Sylvester
Josephine Trenich
Alphonse Therin
Constance Thurlow
Arthur Tiedemann
Cynthia Tieney
Anne Tinklata
Lowell Toxley
Thomas Towell
Eva Townsend
Grace Traynor
Hal Treadwell
Joan Trepton
Jared Van Gheem
Rose Vena
Nelson Vike
Tom Voltz
Jan Walton
Bonnie Wegele
Esther Wighton
Lorraine Wilkie
Donna Will
Joseph Williams
Blaine Wilson
Mary Wilson
Beals Winn
Carolyn Wixom
Christopher Wood
Donald Zach
Otto Zerwick
Sharon Zesch
Harry Zimmerman
Harold Zimmick
Frank Zuerner
Thomas Zyka

In Honor Of
Honor gifts are given in honor of a loved one who is living. A minimum gift of $100 has been made in honor of the individuals listed from January 1, 2004 to June 30, 2005.

Emma Blom
Mary Bond
Diane Broniarczyk
Alberta Carlson
Mr. & Mrs. James Daubenspeck
Eileen Dressen
Ann Dresien
Mary Ellison
James Gilmore
Harriet Gysbers
Donna Harrington
Elen Harenstein
Susan Hertzel
Will Holm
David Jarrard
Bob & Betty Johnson
Linda Johnson
Deborah Johnson-Bousquet
Antonia Kacynski
Jennette Klosterman
Michael Kneb
Thomas Lucas
Jennifer McCartney
Christine Naab
Roger Novoyt
Clarence Babas
Patrick & Brooke Raymond
Pat Reidy
Gary Rutinski
Ray & Jeannine Sanna
Frankie Sadow
Virginia Schultez
Robert Schump
Vicki Sommer
Preston Spertini
Albert Sturino
Ronald & Sue Thilleman
Gilada Turco
Aaron Voigten & Chyrstal Gildden
John Wegenker
George Wilding
Cheryl Wood
Steve Zieminski
Suzanna Ziklin
Judy Zilmer
## Financial information

### OPERATING RESULTS

<table>
<thead>
<tr>
<th></th>
<th>FISCAL 2005</th>
<th>FISCAL 2004</th>
<th>FISCAL 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOURCES OF SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and awards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core grant from NCI</td>
<td>$5,012,413</td>
<td>$5,081,743</td>
<td>$4,982,378</td>
</tr>
<tr>
<td>Other federal awards</td>
<td>93,915,646</td>
<td>74,007,463</td>
<td>57,104,445</td>
</tr>
<tr>
<td>Industry and other</td>
<td>17,858,051</td>
<td>12,709,340</td>
<td>7,819,247</td>
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<tr>
<td></td>
<td>116,786,110</td>
<td>91,798,546</td>
<td>69,906,070</td>
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<tr>
<td>Contributions</td>
<td>4,600,175</td>
<td>3,706,914</td>
<td>2,428,539</td>
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<tr>
<td>University of Wisconsin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School of Medicine and Public Health</td>
<td>920,271</td>
<td>1,000,820</td>
<td>967,617</td>
</tr>
<tr>
<td>All other</td>
<td>60,830</td>
<td>47,825</td>
<td>148,434</td>
</tr>
<tr>
<td></td>
<td>981,101</td>
<td>1,048,645</td>
<td>1,116,051</td>
</tr>
<tr>
<td>Fees for research support services</td>
<td>1,321,496</td>
<td>955,921</td>
<td>459,530</td>
</tr>
<tr>
<td>Investment earnings</td>
<td>739,070</td>
<td>804,204</td>
<td>1,044,284</td>
</tr>
<tr>
<td><strong>TOTAL SUPPORT</strong></td>
<td><strong>124,427,952</strong></td>
<td><strong>98,314,230</strong></td>
<td><strong>74,954,474</strong></td>
</tr>
</tbody>
</table>

### EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th>FISCAL 2005</th>
<th>FISCAL 2004</th>
<th>FISCAL 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>58,326,534</td>
<td>47,791,234</td>
<td>37,467,901</td>
</tr>
<tr>
<td>Equipment</td>
<td>2,022,249</td>
<td>1,613,682</td>
<td>1,290,836</td>
</tr>
<tr>
<td>Services and supplies</td>
<td>11,166,212</td>
<td>10,041,091</td>
<td>6,769,779</td>
</tr>
<tr>
<td>Travel</td>
<td>1,649,753</td>
<td>1,254,724</td>
<td>867,290</td>
</tr>
<tr>
<td>Other expenses</td>
<td>18,705,380</td>
<td>13,058,466</td>
<td>10,365,935</td>
</tr>
<tr>
<td>Overhead support to UW Madison</td>
<td>27,857,459</td>
<td>23,479,837</td>
<td>16,976,709</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>119,727,587</strong></td>
<td><strong>97,239,034</strong></td>
<td><strong>73,738,450</strong></td>
</tr>
</tbody>
</table>

### SUPPORT IN EXCESS OF EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th>FISCAL 2005</th>
<th>FISCAL 2004</th>
<th>FISCAL 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$4,700,365</strong></td>
<td><strong>$1,075,196</strong></td>
<td><strong>$1,216,024</strong></td>
<td></td>
</tr>
</tbody>
</table>

During fiscal 2005 the Cancer Center experienced another year of strong growth in outside support of cancer-related research and training. Total support increased to $124 million, or an increase of 27% in fiscal 2005. For the two years ending June 30, 2005, the growth in outside support totaled just under $50 million. The largest components of this increase are found in federal, industry and other grants and awards. Support from contributions also showed significant growth, with an increase over the last two years of $2.2 million, or 89% during this time period.

Total expenditures in fiscal 2005 reached just under $120 million. As in prior years, salaries and benefits represented the largest component of expenditures at 49%.
EXPENSES BY MEMBER DEPARTMENT
During the year ending June 30, 2005, research and training-related expenditures were incurred in more than 40 UW schools and departments. The Cancer Center member departments cover a wide range of disciplines across the UW-Madison campus. The largest departments as measured by expenditures were the Department of Medicine and the McArdle Laboratory for Cancer Research.

UWCCC MEMBER SUPPORT
As of June 30, 2005, Cancer Center member annual external research and training support reached just over $141 million. During fiscal 2005, support grew $16 million, or 12%. Since fiscal 2000, member support has grown by more than $82 million.

UWCCC PROGRAMS
This chart presents the level of external support by the Cancer Center’s program areas and shows the strength and diversity across the organization. Support for program areas range from $7.4 million in Cancer Virology to $18.2 million in Cancer Control and Population Science. In addition to the program areas, the Cancer Center receives support for its Core Grant and funding for cancer-research facilities.
Your contribution is a commitment to the future

Your gift to the UW Comprehensive Cancer Center supports greater innovative research initiatives, compassionate cancer care, and education for the public and health care professionals.

Your contribution also enables our researchers to explore new ideas, purchase new technology for effective cancer research, and develop better methods of diagnosing, treating and preventing cancer.

Funding for the Cancer Center’s research, outreach and treatment programs is more important than ever. There are many ways to support the UW Comprehensive Cancer Center:

**UNRESTRICTED GIFTS** are truly valuable because they provide the flexibility needed for research to move quickly in unexpected directions and to swiftly pursue promising clinical applications. Unrestricted gifts also provide resources to cover the costs of critical services not entirely funded by other support.

**DESIGNATED GIFTS** benefit specific programs of your choice. Funds may be designated for initiatives in specific areas of cancer research, patient care and educational needs.

**CORPORATE MATCHING GIFTS** are an excellent way to increase your giving potential to the Center. For more information, please contact your human resources office or our development office, (608) 263-1677.

**MEMORIAL AND HONOR GIFTS** allow contributors to recognize loved ones in a special way. Memorial gifts are made in memory of family members, friends or colleagues who have passed away. Honor gifts show someone in your life a measure of affection, admiration or gratitude. When such gifts are made, a special notification is sent to the family or the individual.

**MAJOR GIFTS** are a specific way for individuals, organizations, corporations or foundations to contribute to the University of Wisconsin School of Medicine and Public Health’s HealthStar campaign. Funds from this campaign will help build the Interdisciplinary Research Complex, which will prominently feature the UW Comprehensive Cancer Center and innovative research. Please call (608) 265-2922 for more information.

**ENDOWMENTS** to sustain programmatic development are an option to create a lasting legacy in the benefactor’s name.

**OTHER EXAMPLES OF GIVING** include purchasing research equipment, funding fellowship or research programs, sponsoring special events, or underwriting programs for the community or health care professionals.

**PLANNED GIVING**, in the form of gift annuities, charitable remainder trusts, or designating the Center in your will, is also an option. The UW Comprehensive Cancer Center can also be named as a beneficiary of retirement plans, trusts or life insurance policies. The Office of Planned Giving at the University of Wisconsin Foundation can assist in planning these gifts. Please call (608) 263-4545.

**CONTRIBUTING ONLINE** is possible by going to uwhealth.org. Choose the “Donate” button and then select one of the Cancer Center funds listed.

The University of Wisconsin Foundation is the official fundraising and gift-receiving organization for the UWCCC. For specific information about these giving options, visit the UW Foundation’s website: www.uwfoundation.wisc.edu

**FOR MORE INFORMATION** about contributing to the UW Comprehensive Cancer Center, please contact:

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