Dear Friends,

This past year, we celebrated a momentous milestone in the history of the Cancer Center.

We officially became the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center. Additionally, the Cancer Center's central research tower was named the Harold P. Rusch Translational Research Tower.

With unparalleled leadership, Paul P. Carbone and Harold P. Rusch made cancer research and patient care at the University of Wisconsin their lifework. Collectively, they established a hard-earned, worldwide reputation for innovative cancer research and treatment at the University of Wisconsin. The work of the two men set a foundation for the Cancer Center's evolution into the 21st century—integrating basic science and clinical research more quickly into new patient care options.

In the pages that follow, you will read more about both Dr. Carbone and Dr. Rusch and the legacies they have left.

Decades of work by distinguished Cancer Center faculty have laid the groundwork for improvements in health care for the people of Wisconsin and beyond. At the Cancer Center, the science of medicine and art of compassion are carefully balanced. By creatively blending the unique expertise and resources of many across the UW-Madison campus, the Cancer Center achieves a rich synergy of research, patient care, community service and education.

In this report, you’ll meet some of our researchers, physicians and staff—people whose work continues to create milestones within the Cancer Center’s history.

On behalf of our faculty and the individuals and families who benefit from their work, I thank you for your support of the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center.

Sincerely,

George Wilding, MD
Director
UW Paul P. Carbone Comprehensive Cancer Center
Anderson Professor of Medicine
“SOMETHING ATTEMPTED. SOMETHING DONE”

Celebrating

HAROLD P. RUSCH, MD (1908-1988)

“Something Attempted, Something Done”

Throughout his long and productive life, Harold P. Rusch ('31 BA '33 MD) seems to have quietly and effectively embraced that sentiment. He chose it as the title of his autobiography and as a philosophy of life.

The man, who seven decades ago began a career dedicated to understanding and conquering cancer, left an indelible mark on medical science at the University of Wisconsin and the nation. A basic scientist first, his contributions to the study and treatment of cancer were balanced by an equal genius in building and administering the first research center in the nation dedicated to studying the causes and potential cures for cancer.

Ultimately, he established two world-class cancer centers on the UW-Madison campus.

“Harold Rusch was a visionary, a man decades ahead of his time,” says UW Paul P. Carbone Comprehensive Cancer Center director, George Wilding, MD. “His was a remarkable achievement; he developed not one cancer center, but two. People talk about translational research now, but Rusch was working toward creating complementary research and clinical programs back in the 1930s.”

“We didn’t realize he was important,” remembers his daughter, Carolyn Rusch Schlotthauer, of Florida, “he was just ‘Daddy.’ He was a kind, nurturing father and grandfather to Kristina and William. We were all so very lucky to have him.”

Rusch was a Wisconsin native who grew up in Merrill, about 20 miles north of Wausau. In his memoirs, he credits his interest in medicine to a boyhood appendectomy that launched a short career as surgeon to his mother’s vegetables. That early experience, and the influence of his uncle, a Milwaukee physician, led him to college and medical school at the University of Wisconsin-Madison.

“He was a wonderful, gentle, knowledgeable person,” says his second wife and widow, Louise Van Wart Rusch, “and an excellent judge of people.”

While still a medical student, Rusch demonstrated an innate interest in knowing more about why certain treatments worked. In 1934, a former professor invited him to teach physiology and establish a research laboratory. The offer forever shifted Rusch’s career away from practicing medicine and toward medical discovery.

Also in 1934, the medical school received a bequest of nearly half a million dollars to support “fundamental studies regarding the nature and cure of cancer.” The gift, coupled a year later by one from the estate of Michael McArdle, launched the school’s cancer program, and Harold Rusch’s life work.

“Harold Rusch was a humble yet forthright man who was not afraid to speak his mind,” says UW professor emeritus Henry Pitot, MD, PhD, who succeeded Rusch as McArdle director. “His goal was to significantly advance our knowledge and control of cancer in human patients. To realize his goal Rusch brought together in a single interactive laboratory some of the brightest young minds in cancer research.

“While he always discussed with and urged his colleagues to develop their studies as applied to human cancer, it wasn’t until the UW Clinical Cancer Center (later known as the UW Comprehensive Cancer Center) was established that he came closer to his life’s dream.”
At age 30 and only four years out of medical school, Rusch worked with the state architect to design the first McArdle Laboratory, a wing of the Medical Sciences Center, and, 25 years later, he helped design the existing McArdle Laboratory.

“McArdle was his biggest pride and joy,” says his step-daughter, Virginia Francis of Middleton, Wisconsin. “He was a natural teacher—he always found a way to enrich any experience—always wanted to share his knowledge, but he lived and breathed his work.”

Rusch became the inaugural director of the McArdle Laboratory for Cancer Research in 1940. It was the first basic science cancer center in an academic institution in the United States and from the beginning it was committed to understanding the causes of cancer and to training exceptional basic science researchers.

Rusch was a dedicated scientist. In 1941 he identified the wavelength of ultraviolet light that produces skin cancer. Subsequent studies demonstrated a link between obesity and cancer, and his belief that cancer was caused by a series of biochemical changes became the basis for studies on the stages of tumor formation.

Rusch is also credited with creating an exceptional intellectual environment at UW, one which encouraged talented researchers and facilitated interactions that sparked new ways of studying a problem. It was Rusch who recognized the potential of young McArdle researchers such as Nobel Prize-winner Howard Temin, PhD, whose enzyme research helped to explain how retroviruses cause cancer.

According to UW professor of oncology and medical genetics William F. Dove, PhD, one of six Rusch faculty hires who later became members of the National Academy of Sciences, Rusch “combined a gentle demeanor with decisive action. This first enabled him to build a rapport as a mentor of many young investigators, each driven by a creative ego. The second allowed him to connect with national leaders, such as Congressman Melvin Laird, to crystallize legislation that promoted cancer research funding.”

Throughout his life Rusch served on panels and commissions designed to set national and international cancer policy. He received numerous professional awards and was active in many cancer-related organizations, including the American Cancer Society.

In 1972 Rusch founded and became the first director of UW Clinical Cancer Center, later known as the UW Comprehensive Cancer Center (UWCCC). The move from basic science research to the treatment side of the cancer fight was simply a continuation of the same overarching vision. A year later, the National Cancer Institute recognized the UWCCC as one of the nation’s first university-based comprehensive cancer centers.

Rusch hired his successor at the UWCCC, Paul P. Carbone, MD in 1976, and in 1979 retired from UW-Madison. He continued to be active in professional activities, frequently coming into his office when he and Louise weren’t traveling throughout the world visiting family and colleagues.

In 1988 Harold Rusch succumbed to the disease that he spent a lifetime trying to understand and conquer.
Paul Carbone is recognized as a genius in his field. He was truly a founding father of cancer research and treatment. At Wisconsin he laid a solid foundation upon which we continue to build today.

–George Wilding, MD

When Paul Carbone arrived at the University of Wisconsin-Madison in 1976, he was already a well-respected and award-winning cancer researcher and physician. He came to the UW Clinical Cancer Center—which under his leadership developed into the internationally renowned UW Comprehensive Cancer Center—during a period of transition. The UWCCC had been created just three years earlier by Harold P. Rusch, MD, founder of UW’s McArdle Laboratory for Cancer Research, and Rusch was looking for a successor.

In Carbone, Rusch found an enthusiastic, talented leader with vision, dedication to research and profound respect and concern for people with cancer.

Says George Wilding, MD, director of the UW Paul P. Carbone Comprehensive Cancer Center, “Paul Carbone is recognized as a genius in his field. He was truly a founding father of cancer research and treatment. At Wisconsin he laid a solid foundation upon which we continue to build today.”

A New York native, Carbone came to the UW after retiring from the Commissioned Corps as Chief of the Medical Branch at the National Cancer Institute (NCI), the culmination of an 18-year career in the Public Health Service. While at the NCI, Carbone started his 20-year service as chair of the Eastern Cooperative Oncology Group (ECOG), leading that organization to become one of the nation’s most respected clinical research groups, with studies conducted in more than 300 hospitals and medical schools.

“He was very passionate about his work and making lives better,” according to his daughter, physician Kathryn Carbone, MD ’83. “He talked constantly about the quality of life and the need for people to fight cancer—even at a time when it was common to send those with a diagnosis of cancer home to die.” Not surprisingly, as chairman of the Breast Cancer Task Force, he created a vision for research policy of adjuvant chemotherapy for people with early-stage breast cancer.

His colleagues recognized Carbone’s dedication and medical acumen. He received countless national and international awards throughout his lifetime, including the prestigious Lasker Award for Medicine, generally considered America’s Nobel Prize, for combination chemotherapy for Hodgkin’s Lymphoma, demonstrating that cancer often can be a successfully treated disease.

He was a founding member and president of the American Society of Clinical Oncology and president of the American Association for Cancer Research. As the editor-in-chief of major oncology journals and author of nearly 400 publications, Carbone was influential in setting research policy, both in the U.S. and abroad.
In 1994, Steven T. Rosen, MD, then editor of Contemporary Oncology, described Carbone as “... a giant in our field, a pioneer in clinical investigation and a role model to scores of academicians involved in cancer research.”

Carbone’s scientific legacy is enormous. A member of the first certifying committee for the American Board of Internal Medicine for Medical Oncology, he helped write the first exam to set the standards for medical oncologists in the United States. He was also the inspiration and mentor for hundreds of cancer specialists who today continue to advance cancer discovery and care, including oncology treatment centers and training programs in Uganda, Taiwan and Singapore. Carbone was responsible for instituting medical oncology rotations through hospice care programs, and was a devoted supporter of the Don and Marilyn Anderson Hospice Center in Fitchburg, Wisconsin. Even after he officially retired in 1997, Carbone averaged 35 hours a week back in the UW Hospital and Clinics’ “K tower,” continuing drug research, guiding young researchers and caring for patients.

Outside of his cancer world, Carbone rode his bicycle, sailed, had a garden and liked to travel. But, says daughter Kathy, golf was his passion. “He loved his golf, even confessing one day that the real reason he was late to dinner was that he stopped for 9 holes of golf after returning from a trip!”

Carbone and his wife Mary had seven children—three are physicians, one is an attorney and three hold MBAs—and 16 grandchildren.

When son Matthew Carbone recalls his father, he says “He did what he did because he loved to do it, not for the recognition or money. As I grew up I was, and continue to be, so proud to meet his patients and students and learn of his achievements.”

“He is always in my head. I feel his positive advice with me every time I make a significant decision.”

Matt describes Carbone’s lasting legacies as his students and his children. “Professionally, he was a great teacher who left behind wonderful legacies at the UW but also in Taiwan, Singapore, Africa and China. Personally, he was perhaps most proud of the accomplishments of his children.”

Kathy’s wish for her father is that his lasting memory for both his family and the world, be that he was an honorable, dedicated, passionate, intelligent, sensitive and visionary man.

“He did what he did because he loved to do it, not for the recognition or money. As I grew up I was, and continue to be, so proud to meet his patients and students and learn of his achievements.”

—Matthew Carbone

When he died unexpectedly in 2002, Carbone was still deeply involved in the subject that shaped his life—he was in the Far East, helping develop a comprehensive cancer program at the National University of Singapore...and playing golf.
Founders’ Day Celebration

HONORING THE LEGACIES OF
DR. HAROLD P. RUSCH AND DR. PAUL P. CARBONE

Tuesday, September 26, 2006
Overture Center for the Arts, Madison

On September 26, 2006 the Cancer Center celebrated its world-renowned role in cancer research and treatment by honoring two revered leaders. The Cancer Center was named the UW Paul P. Carbone Comprehensive Cancer Center and the center’s central research tower as the Harold Rusch Translational Research Tower.

More than 600 individuals gathered for the Founders’ Day Celebration at the Overture Center for the Arts in Madison to recognize both Dr. Paul P. Carbone and Dr. Harold Rusch.
Celebrating the legacy of Dr. Harold Rusch were several family members, including (left to right): Marge Senn, Roger Senn, Lynn Rusch, Don Van Wart, Gina Iavarone, Will Schlottauer, Christina Schlottauer, Kris Iavarone, Adam Schulz, Carolyn Schlottauer, Virginia Francis, Louise Rusch, Lise Pollock, George Schlottauer, George Francis, Elliot Schulz and Elise Freed-Brown.

The family of Dr. Paul P. Carbone celebrated the renaming of UW Comprehensive Cancer Center in his honor. They are, clockwise starting from upper left, David Carbone, Marybeth Catanzaro, Kathryn Carbone, Matthew Carbone, Paul Carbone, Mary Carbone, Kimberly Carbone and Bobbi Traber.

Dr. Wilding welcomes Tommi Thompson (left), Dominick Carbone, brother of the late Dr. Paul P. Carbone, and Sue Ann and Tommy Thompson to the Founders’ Day Celebration.

Donna Sollenberger, President and CEO of UW Hospital and Clinics was in attendance with David Entwistle, Chief Operating Officer of UW Hospital and Clinics (left) and Jeffrey Grossman, MD, President and Chief Executive Officer of the University of Wisconsin Medical Foundation.
F. Michael Hoffmann, PhD is the faculty advisor for the Small Molecule Screening Facility. The facility was established with funding from the UW Keck Center for Chemical Genomics and the UW Paul P. Carbone Comprehensive Cancer Center (UWCCC).

How has your career path led to your current work? I first studied chemistry, then biochemistry, then genetics. I came to McArdle in 1984 and did genetics research on fruit flies until about six years ago. Now, as faculty advisor at the Small Molecule Screening Facility (SMSF), I’m combining all those interests—small molecule screening is sometimes called “chemical genetics.”

What are small molecules? A small molecule is a chemical; it can be either a synthetic or a natural product. It is small only in comparison with larger biological molecules, such as proteins, which tend to be hundreds of times bigger.

Why are they important to cancer research? Small molecules are important because some of them have the ability to interact with, or bind with, a biological molecule and change its activity, to either inhibit it or activate it. They become tools for learning more about the function of that molecule. Also, if we can demonstrate that a small molecule can affect a particular protein, it may open the door to developing a drug that could work on that target protein.

Why was it important to establish the Keck–UWCCC Small Molecule Screening Facility at the UW? Small molecule screening is a basic research tool with very broad application. It’s been going on for a long time in industry, but it’s only fairly recently that the thousands of chemical compounds and the technology—such as liquid-handling robots—have become accessible to academic centers. When the facility opened in 2003, it was probably one of only six in the country.

How does screening work? We have a library of more than 60,000 chemical compounds, in all different shapes, sizes and colors. And for any particular assay, or trial, we add them one at a time and ask, does this have an effect? It’s kind of the old needle in the haystack; we’re looking for one compound in 60,000 that has an effect on an individual protein or distinct cell line.

In addition to our chemical library, there’s a lot of great chemistry on campus. UW chemists bring us novel compounds they’ve created and ask us to determine if any of them are effective against cancer cells. So, we set up over a dozen cancer cell lines—breast and prostate and ovarian and lung, for example. We can screen a couple of hundred novel compounds, indicating to the chemist if one is more potent or one has some specificity for a cancer type. That helps them decide whether or not to do more work with a specific compound.

What is the Lead Discovery Initiative? In September, the Wisconsin Alumni Research Foundation (WARF) announced the Lead Discovery Initiative, which can provide funding for assays on new compounds for chemists, or for screening our collections of compounds for biologists. A committee reviews proposals from around campus on a monthly basis, and supports both types of research.

Does the SMSF run assays related to diseases besides cancer? Yes. As with any of the UWCCC core facilities, the SMSF is open to anyone on campus; it is a terrific contribution that the Cancer Center makes to the entire research effort on campus. We are starting to do more work with viruses, and with infectious disease and heart disease targets.
In 1988 the UWCCC established the Flow Cytometry Facility to serve the many research needs of its members. As the demand for its services has increased, both within the Cancer Center and on campus, the facility has expanded offerings to cover many cancer and non-cancer areas of biological research. For more than 18 years, Kathy Schell has worked in the Flow Cytometry Facility.

What is flow cytometry?
Flow cytometry measures multiple molecules in or on single cells at a very rapid rate in a liquid environment. A basic flow cytometer contains a laser on one side of a flow cell and a light scatter detector on the opposite side.

How do campus researchers use the Cancer Center's Flow Cytometry Facility?
The technology has applications across all areas of biology. We offer technical assistance and cellular analysis to investigators in more than 30 campus departments. We have experience with many applications and are involved in developing many others. Our users have access to all of this experience.

What sets the UWCCC Flow Cytometry Facility apart from similar facilities in the country?
Through the Cancer Center's support, we are able to maintain state-of-the-art instrumentation and have been successful in obtaining National Institutes of Health funding for major instrument purchases. We are educating our staff by sending them to national and international classes and meetings. As a result, the facility has a broad spectrum of equipment and the knowledgeable staff to support any requirements our research community might have. We are among a handful of core facilities with this breadth of technology and experience.

What would people be surprised to learn about your years at the Cancer Center?
I got this job by accident.

What are the challenges for people involved in your research?
The biggest challenge will be securing funding to maintain the cutting edge technology we currently enjoy. There's been a recent explosion in technology development, and a cytometer purchased for $500,000 five years ago will be out-of-date in the next five years without significant upgrades or replacements.

Where do you see flow cytometry in the future?
Being able to examine a single cell with its many molecular components is the power of flow cytometry; it will enable scientists to make major strides in finding cures and answers for incurable diseases. Flow cytometry and fluorescent image technology will be essential in determining why some cancers are more aggressive than others; they are likely to dissect the immune response to world plagues like AIDS, leading to an effective vaccine.
University of Wisconsin professor emeritus David Gustafson launched the development of the Comprehensive Health Enhancement Support System (CHESS), a computer-based system of integrated services designed to help individuals cope with a health crisis or medical concern.

What inspired your research into using technology-based health education and support in helping cancer patients?
I have always been interested in how people make health-related decisions. The first work I did was in mental health, using computers as a tool to help people at risk for suicide; then to help middle and high school students be more successful at school. I’ve always felt that giving people accurate, up-to-date information, tools they can use to help make decisions, and the support they need, is critical to making good choices.

In 1990, this need for information came crashing home when my wife was diagnosed with breast cancer. Here I was, working in health decision-making my entire career, and yet when that diagnosis came, it was as if we were both lost and unable to think clearly. We had so many questions—but didn’t even know what questions to ask. We wanted to know the best course of treatment based on all the scientific evidence out there, but got different points of view from different providers.

And beyond the scientific information, we needed practical information, like how and when to tell our children about this. It was a very, very difficult time. Once my wife and I got through this experience, several of us started working on a computer system specifically for women with breast cancer and their families called CHESS—the Comprehensive Health Enhancement Support System. It has now been used by thousands of women, and just last year it was translated into Spanish.

Are there other CHESS programs besides the breast cancer module?
We have CHESS programs on prostate and lung cancer, which include an additional emphasis on caregivers. We also have a tobacco cessation module and are developing a module for parents with a child going through a bone marrow transplant.

How has CHESS research affected the way cancer patients receive care?
Numerous clinical trials have demonstrated that CHESS can improve a variety of outcomes, when coping with a cancer diagnosis. These include quality of life, emotional well being and social support. This work has inspired innovative internet-based programs to help people facing other health crises as well.

I think our work has also challenged some early stereotypes about who will use and benefit from such systems. For example, our work has demonstrated that all kinds of people—regardless of income, education or experience with computers—will use these systems if given the opportunity. We’ve also found that our program can enhance the doctor-patient relationship. Oncologists have consistently told us their patients come in with more relevant questions and have better clinical visits when they have access to high-quality information and support.

What is the future for using new media technology to improve outcomes in cancer care?
There are so many ways that it can go. One of the biggest issues is making technology usable when people need it. Currently, many people use CHESS from laptops—so it is somewhat portable. But we need to have it even more mobile, using devices such as Smart Phones which are part of everyday life for so many people now.

We need people to get the information, support and coaching they need—where ever they are, instantaneously. So people waiting for test results won’t need to sit by the phone, they can get them through a web-enabled phone as soon as they are ready. We need to make technology so easy to use that it really is part of everyday life—making a real difference whenever and wherever people need it.
Since 1974, Judy De Muth has been actively involved in cancer care and all but four of those years have been in management. Change has remained a constant for De Muth; she has seen many changes in health care delivery, drug development and technology throughout her career.

How has the way cancer care is provided evolved throughout your career?
There have been many changes during my 30 years in cancer care. For example, the change from administering chemotherapy on the inpatient units to an outpatient setting has greatly increased. Today, most treatment happens in the clinic. The number of available chemotherapeutic agents has grown tremendously. We now have more agents and more drug combinations available to treat a wide variety of cancers. In the area of supportive care, we now have better anti-emetic agents, growth factors that support the bone marrow, as well as increased social work, health psychology, nutrition and integrative medicine support services.

What sets the UW apart from other cancer centers in treating cancer patients?
First, we are a comprehensive cancer center, providing patients with state-of-the-art clinical trials, bench research, teaching and clinical care. For instance, it is exciting to have participated in a clinical trial for a drug that was developed here and then see that drug or drug combination become part of standard therapy.

Can you tell us what you have learned during your time at UW?
From a nurse manager perspective, I have learned about the various aspects of managing an area that has grown from one to five clinics. With that came opportunities to develop budgeting skills, mentor staff, plan and manage four remodeling projects. I’ve learned how to derive satisfaction for patient care through the hard work and dedication of the clinic staff.

From a nurse perspective, I’ve learned about courage, family relations and how serious illness can adversely affect a family or pull a family together. I always admire the hope and strength of will our patients display. I believe I have learned many life lessons from our patients.

You have seen many cancer patients over the years. Are there any particular memories that you wish to share?
I have been touched by many patients and families. There have been tears of joy and sadness over the years. Once, I ran into the mother of one of my former patients and she introduced me as the patient’s nurse as she gave me a big hug. Recently, a patient stopped me in our clinic waiting room. She said she’d been wanting to stop and tell me that 10 years ago—when she was first diagnosed and about to undergo chemotherapy—she was so distraught and I had taken her into a room and listened to her fears and concerns. She explained that I had been so helpful to her and she wanted me to know that. It meant so much to me to know that I had made a difference for someone.

What is your one wish as cancer research and treatment advances in the next few years?
There are really two areas that I would like to see expanded. One is to continue to educate society about the risks of cancer and how people can reduce their risks by taking personal responsibility for their health. Another is to have better access to cancer education, care and clinical trials for underserved populations.

Do you have wonderful retirement plans?
I am excited to be able to spend more time with my family. My girls live out of state and I would like to be able to visit them more often. My husband travels a lot and I am looking forward to accompanying him on some of these trips. With my passion for cooking, I am looking to take more advance classes. And lastly, I would like to explore my options for volunteer work.
The Pharmaceutical Research Center, under the direction of Rebecca Marnocha, PharmD, ensures the safe and ethical provision of investigational study drugs to research subjects enrolled in Cancer Center clinical trials.

Can you explain the role of the Pharmaceutical Research Center (PRC)?

The mission of the PRC is to ensure investigational and study drugs are safely and ethically provided to people enrolled in clinical drug trials within UW Hospital and Clinics (UWHC) and the Cancer Center. We also educate and train health care providers about investigational drugs, clinical drug study design integrity and human research regulation; ensure drug research protocols proceed optimally through the UWHC medication use system and in accordance with all federal, state, institutional and sponsor regulations; and continually refine and expand our services to meet the needs of the research community.

To accomplish its goals, the PRC offers study design assistance, manages all aspects of drug handling and accountability, creates informational drug monographs for health care providers, engages in training and quality assurance activities and provides a 24-hour a day, 7-day a week research pharmacist on-call service.

While the PRC program serves all clinical drug researchers at UWHC, its association with the Cancer Center is unique in its level of commitment, formal relationship and in the breadth and depth of its services. PRC actively participates in the Cancer Center’s Experimental Therapeutics research program, is involved with numerous Cancer Center committees, supports the Cancer Center’s drug list database, provides drug distribution services for qualifying studies within the Wisconsin Oncology Network program and serves as a liaison to the Cancer Center for research infrastructure and UWHC issues.

What sets the PRC apart from similar facilities in the United States?

A quality pharmacy-based research support program is an integral factor to any institution’s success in conducting clinical drug research. The PRC program at UWHC has been identified as a model service by many external agencies and has been instrumental in creating UW’s successful research infrastructure environment. Compared to many academic research centers, the PRC program is among the largest but its size is not what makes it unique. Rather, it has been the integration of the PRC program within the UW clinical research infrastructure, including the Cancer Center and the level of UWHC institutional support that has made the difference.

Please tell us more about your new role within UW School of Medicine and Public Health.

The Director of Clinical Research position was created to make better connections between the School of Medicine and Public Health (SMPH), UWHC and UW Medical Foundation (UWMF) and to advance clinical research at UW. I am excited about serving in this new capacity and to be a change agent for the global infrastructure.

I will be responsible for fostering positive working relationships, optimizing operations, assuring effective and efficient connections and unifying strategic plans within the clinical research infrastructure of the SMPH, UWHC and UWMF. I’ll be working to achieve a center of excellence by providing a safe, ethical, regulatory compliant, resource sensitive, fiscally responsible, efficient and effective clinical research environment.

I will also be an infrastructure consultant to the Health Sciences Institutional Review Board, the Office of Clinical Trials and the General Clinical Research Center and a formal liaison to the Cancer Center.
Rebecca Marnocha, PharmD
William F. Dove, PhD, of the McArdle Laboratory for Cancer Research, leads the Cancer Genetics program, which involves research in 24 different labs on the UW-Madison campus.

You’re the director of the Cancer Genetics program. What is genetics?
You may read about scientists finding a gene for colon cancer, or for breast cancer. What that really means is they’ve found a gene where a mutation makes a big difference. But it doesn’t mean that breast cancer involves only that single gene. A cancer involves many genes, perhaps thousands of genes.

The basic science of genetics seeks the connections between molecules that carry out a process, and a phenotype, or the expression of that process. Every gene can be thought of in terms of the molecule that it codes for. When you have a mutated gene, you therefore have a mutated molecule and so a changed phenotype—in this case the cancer phenotype.

Can you give an example of this type of research?
In my lab, our research starts with mutations in certain key functions called “gatekeepers.” So we have both a mouse family and a rat family that were developed here at the university which have mutations in the central gatekeeper for colon cancer. When these animals develop intestinal tumors, we can study how other genes and environmental factors interact with the disease. What changes make the cancer more severe, and what changes make it better?

How might such an understanding lead to treatments?
Sometimes we’ll see that we have a more severe cancer when the mutation inactivates the molecule. This is called loss of function. Then we say, well, perhaps if we supply that function, we can make it better. This gives us a very concrete lead for a kind of therapy that could be developed.

For instance, we’ve found there’s an enzyme, a phospholipase, that’s secreted within the colon, but not from the tumor, from neighboring healthy cells. When it’s active, tumors grow more slowly. So perhaps when this product is diminished, replacing it could prove therapeutic.

Is there anything you want to add about this program?
Research across the Cancer Genetics program is drawn together by the intersection between classical genetics, comprehensive molecular analysis of genotype and phenotype, and biostatistics. Finally, at the end of the day, research findings must be tested at the human level. The Healthy Wisconsin initiatives of our School of Medicine and Public Health are very important in this.
As a hematologist treating many patients with lymphoma, Brad Kahl, MD, finds his field infinitely fulfilling. A clinical researcher searching for new and better cancer treatments, he can look his patients in the eye and tell them that he has a very personal commitment to improving their condition.

How did you decide to become a hematologist-oncologist? My father died of chronic myelogenous leukemia (CML) when I was 12. Obviously, that had a big effect on me. I went to medical school unsure of what kind of doctor I wanted to become. During the second year, we covered hematology, the study of blood disorders, and it all clicked. After that, there was never a doubt.

What sets the UW Paul P. Carbone Comprehensive Cancer Center apart in providing cancer care? Without a doubt, the cutting edge research and treatments combined with compassionate, individualized care that we offer. I have seen many patients seek second opinions at other major cancer centers and they almost always come back, talking about how lucky they feel to have the Cancer Center in their backyard.

Are there any groundbreaking initiatives on the horizon in hematology? Historically, multiple myeloma was the worst possible blood cancer diagnosis. However, in the past five years there have been several new treatments developed for myeloma and several more are in development. No single treatment may qualify as a true breakthrough, but when all of the new options are considered together, the progress in myeloma is truly impressive.

Tell us more about your clinical research. I focus on developing new treatments for patients with lymphoma, which is cancer of the lymphatic system. There are approximately 40 different kinds of lymphomas, so I find it a very challenging area. Much of my research has centered on developing monoclonal antibody therapy, which has far fewer side effects than chemotherapy.

What challenges lie ahead for individuals involved in your research? Our understanding of what makes cancer cells tick is outpacing our ability to apply that knowledge to help cancer patients. There are a multitude of reasons why. The challenge is to take what is learned in the laboratory and rapidly apply this knowledge to benefit our patients.

What will the future hold for cancer research? The future lies in translating discoveries in molecular medicine into personalized cancer care. We are going to be able to test tumor cells from two patients who appear to have the same kind of cancer and see that the cancers are actually quite different at the molecular level. Then we will be able to select targeted agents tailored to each individual. The result will be better outcomes with fewer side effects. It is going to be exciting to see this unfold.

Is there anything else you would like to share? When my dad was diagnosed with CML, there were no effective treatments. A few years after his death, some patients were cured with bone marrow transplantation. Now, virtually all patients with CML can experience long-term remission just by taking a pill a day and bone marrow transplantation is rarely needed. Now that’s progress. There is reason to be optimistic.
Senior Leadership (left to right): Norman Drinkwater, Daniel Mulkinin, Howard Bailey, Jane Wegenke, George Wilding, Paul Sondel and Patrick Remington
LEADERSHIP AND ADMINISTRATION

Senior Leadership
George Wilding, MD
Director
Norman R. Drinkwater, MD
Associate Director – Laboratory Programs
Howard Bailey, MD
Associate Director – Clinical Programs
Paul M. Sondel, MD, PhD
Associate Director – Translational Research
Patrick Remington, MD, MPH
Associate Director – Cancer Control
Daniel L. Mulkerin, MD
Medical Director
Jane Wegenke
Associate Director – Administration

F. Michael Hoffmann, PhD
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Medical and biological science is continually evolving, and the presence of the next generation of biomedical research is dramatically apparent on the west end of the University of Wisconsin campus. With an impressive footprint and a total of 663,430 square feet at completion, the emerging Interdisciplinary Research Complex (IRC) will be yet another scientific milestone at the university.

The facility will be a national showplace, according to Paul M. DeLuca, PhD, Vice Dean of the UW School of Medicine and Public Health and Associate Dean for Research and Graduate Studies, an innovative center designed to remove barriers between basic and clinical research.

“Our concept was totally visionary at its inception more than a decade ago,” says DeLuca, “now others are applying the UW’s original vision and creating their own centers.”

The IRC’s essential purpose is to inspire creative new ways for scientists to pursue biological research and to apply their ideas directly to problems clinicians face everyday. This model, frequently described as translational research, is a relatively new approach to scientific discovery, and one that wouldn’t have been possible even 10 years earlier.

The design of the building is meant to encourage integration and flexibility across disciplines; to facilitate a creative exchange of ideas. Currently under construction are a three-story base housing key facilities such as state-of-the-art animal facilities and innovative imaging technology and an eight-story laboratory tower including two floors for imaging/radiation sciences. This first tower, scheduled to open in early 2008, will be dedicated to cancer research, regenerative medicine, neurogenetics, molecular medicine and neurosciences. The completed complex will eventually include second and third research towers.

Siting the building was essential to the vision. It is close to the University of Wisconsin Hospital and Clinics, the soon-to-be-opened American Family Children’s Hospital, the School of Medicine and Public Health, the Waismann Center, the UW School of Pharmacy and the William S. Middleton Memorial Veterans Hospital.

A growing number of major academic medical centers have been embracing the translational research model. One obvious benefit of translational research, according to the National Institutes of Health, is that basic scientists give clinicians new tools for patient care, and clinical researchers are uniquely able to observe the progress and effects of disease, which often stimulates ideas for additional basic science investigations.

Taking advantage of the translational research approach means institutions are focusing more of their resources on teams of faculty researchers who are well trained in inter- and multidisciplinary investigation; scientists who can project the success of laboratory discoveries to patient care and who are excited about designing their explorations around finding very real and human solutions.

Institutions are creating environments, such as the IRC, to provide investigators with the tools, the infrastructure and research support necessary to advance multidisciplinary research. These resources not only facilitate moving research breakthroughs to clinical care, they also help recruit and retain promising faculty. Ultimately, the discoveries emerging from facilities such as the IRC will forever change the way medicine is practiced, opening unimagined opportunities to improve human health and well being.
The UW Paul P. Carbone Comprehensive Cancer Center brings together the efforts of more than 250 faculty from 55 departments and nine schools on the UW-Madison campus.

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

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

CANCER CELL BIOLOGY

Program Leader: Paul J. Bertics, PhD
Co-Leader: Patricia J. Keely, PhD

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

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CANCER CONTROL AND POPULATION SCIENCE

Program Leader:
James F. Cleary, MBBS

Co-Leader: Maureen A. Smith, MD, PhD, MPH

This program aims to reduce the risk, incidence and deaths from cancer as well as enhancing the quality of life for those living with cancer.

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CANCER GENETICS

Program Leader:
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Co-Leader:
Michael A. Newton, 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.

Judd M. Aiken, PhD
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Franco Cerina, PhD
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Brian S. Yandell, PhD

CHEMOPREVENTION

Program Leader:
Howard H. Bailey, MD

Co-Leader: Hasan Mukhtar, PhD

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.

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Nihal Ahmad, PhD
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EXPERIMENTAL THERAPEUTICS

Program Leader:
F. Michael Hoffmann, PhD

Co-Leader:
James A. Stewart, MD

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.

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Hirak S. Basu, PhD
David J. Beebe, PhD
Helen E. Blackwell, PhD
Reginald C. Bruskewitz, MD
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Eric V. Shusta, PhD
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Lynn Van Ummersen, MD
George Wistling, MD
Jon A. Wolff, MD

HUMAN CANCER VIROLOGY

Program Leader:
Paul G. Ahlquist, PhD

Co-Leader:
Shannon C. Kenney, MD

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 J. 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
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.

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.
Clinical Leadership (Front row – left to right): Vicki Banning, RN, B6/6 Inpatient Nurse Manager; Judy De Muth, RN, MS, Cancer Clinics Manager, Deana Jansa, RN, Bone Marrow Transplant Manager. (Back row – left to right): Teresa Smith, RN, MS, Director – Oncology Services; Stephanie Orzechowski, RN, UW Breast Center Manager; Katrina Lambrecht, Interim Radiation Oncology Manager.
At the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center, the goal is to offer excellence in care and service each time patients and family members visit, 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 2006
- Completed construction and opened UW Cancer Center Johnson Creek in October 2005.
- Implemented new technology, Varis Vision in Radiation Oncology—allowing clinic to be filmless—streamlining and accelerating the flow of clinical data.
- Improved patient satisfaction in the Cancer Clinics, Radiation Oncology and Breast Center. The Gynecologic Oncology Clinic attained “Star Clinic” status.
- Detailed drawings for the Radiation Oncology expansion project were completed.
- Chemotherapy Coordinating Council formed with the goal to identify UW standards for chemotherapy.
- Implemented primary nursing model of care on the inpatient oncology, hematology and bone marrow transplant units.
- Installed a new Tomotherapy machine in Radiation Oncology.
- Implemented the Integrative Oncology Program.

Cancer Clinical Services Goals FY 2007
- Implement primary nursing model in all Cancer Clinics.
- Implement robotics program in Radiation Oncology.
- Continue planning for EPIC implementation in Cancer Clinics in early 2008.
- Complete planning for Radiation Oncology expansion with first phase of the project to open in April 2008.

SUMMARY OF NEW CANCER CASES 2000-2005, UW HOSPITAL AND CLINICS

<table>
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<th>Year</th>
<th>Head and Neck</th>
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</table>

2005 CLINICAL TRIALS STATISTICS

- Number of patients enrolled in all clinical trials:
  - UWCCC patients ............................................ 1296
  - Affiliate patients ....................................... 352
  - TOTAL ..................................................... 1648

- Number of trials open:
  - Open to adults ............................................. 237
  - Open to adults and children ............................. 27
  - Open to children .......................................... 19

- Number of trials open:
  - Phase I ...................................................... 55
    Small trials that test for overall drug safety, dosage and basic patient responses. Includes Phase I/II and I/III studies
  - Phase II ..................................................... 122
    Trials that look at the efficacy of the treatment and its side effects. Includes Phase II/I studies
  - Phase III ................................................... 105
    Large scale trials that examine the long-term safety and relative success of a new treatment compared to standard therapies
  - Non-treatment trials ........................................ 51
Starting in 1989, the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center developed a regional network to advance cancer care and research throughout Wisconsin and northern Illinois. Through these partnerships cancer patients have access to the most sophisticated treatment, clinical trials, patient education material and second opinions. These alliances mean University of Wisconsin physicians bring treatment advances generally only found at academic medical centers to patients in eight regional communities. By working together local and university health care professionals have a tremendous impact on the patients and families they serve. We celebrate their many significant events from 2005 – 2006.

**UW CANCER CENTER, RIVERVIEW HOSPITAL, WISCONSIN RAPIDS**

Became the first cancer treatment site in north-central Wisconsin to offer the TomoTherapy Hi-ART System of image-guided intensity modulated radiation therapy (IMRT). Also added a new medical oncologist/hematologist, Ron J. Kirschling, MD, FACP, to its medical team.

**UW CANCER CENTER, ASPIRUS WAUSAU HOSPITAL, WAUSAU**

Undertook a joint venture with UW Cancer Center Riverview Hospital in Wisconsin Rapids to offer area patients unique opportunities for coordinated radiation therapy care. Was a major sponsor of the annual Be a Friend 4 Life event, raising awareness about the benefits of early breast cancer screening.

**UW CANCER CENTER, AFFINITY HEALTH SYSTEM**

Affinity’s Appleton facility held its first cancer survivor’s day picnic in May for survivors from the communities surrounding both UW Cancer Center-Affinity Health System sites.

**HOLY FAMILY MEMORIAL, MANITOWOC**

With help from many community supporters created a Heritage Garden to provide a unique setting for patients, family, staff and visitors. Introduced Intensity-Modulated Radiation Therapy (IMRT), an advanced form of high-precision radiotherapy that uses computer controlled x-rays to deliver precise radiation doses. Recognized by the Commission on Cancer of the American College of Surgeons for the quality of its comprehensive, multidisciplinary patient care.

**UW CANCER CENTER, JOHNSON CREEK**

Ended a successful first year with multiple awards recognizing its patient-centered design. The new facility is a partnership among Fort HealthCare, Watertown Area Health Services and UW Health.

**FHN LEONARD C. FERGUSON CANCER CENTER, FREEPORT, IL**

Received the American Cancer Society’s “President’s Award for Mission Delivery—Education in the Community” for “Plant It Pink—Hope Blooms for Breast Cancer,” an event to increase community awareness of the importance of early detection of breast cancer by selling 25,000 pink tulip bulbs.

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The University of Wisconsin Paul P. Carbone 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.

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Michael & Mary Bohn
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Cancer Center staff and volunteers manned their own water station at the 2006 Mad City Marathon in support of runners Jody Schwerdtfeger Rough and Darren Forthyes. Jody ran in memory of her mother and Darren is a cancer survivor himself. Both ran to raise money for the UWCCC.

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We have made every effort to list all $100 and above gifts received between July 1, 2005 through June 30, 2006. If your gift was inadvertently omitted, or if there is an error on our part, we apologize. If you have any questions, please call (608) 263-1677.

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Best Buy Company, Inc.
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Bishops Bay Country Club
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Madison Top Company
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WISC TV-3
Wisconsin Cancer Council
Wisconsin Women’s Health Foundation

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 July 1, 2005 to June 30, 2006.

Maureen Adamski
Mary Ann Allen
Kenneth Allison
Shirley Amberg
Naomi Ammerman
Aaron Anchor
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Joan Davenport
Susan Davis

Pictured above are Winnecone Elementary School staff who, for the past three years, have held a “Denim Day” fundraiser for breast cancer research. Just over $2,000 has been raised in total.
Members of the statewide VFW Ladies Auxiliary present a $16,560 check to Ashley McGuire of the Cancer Center. This donation represents proceeds from multiple fundraisers held throughout the year.

IN MEMORY OF

Afons Dehning
Kenneth Delvies
Freda Diefenthaler
Clayce Dierschke
Anthony DiSalvo
Carolyn Dodge
Jean Dolan
Deborah Donaldson
Alma Doty
Grady Drake
Mary Drejeriah
Marla Drielings
Jean Duncanson
Ralph Dykstra
Tim Eagle
Loren Eckert
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Ray Elben
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Robert Erickson
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Walter Fumuso
Eldon Freiburger
James Frehner
Martin Freedman
James Frank
William Fox
James Frank
Martin Freedman
James Frohner
Eldon Freburger
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Stanley Fulwiler
Walter Fumuso
Joseph Gambino
Robert Gard
Robert Gasser
Gerald Gausmann

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Eugenia Gerken
Doris Gerdt
Reza Ghandehari
Stanley Gibson
Rose Glatbach
William Goldberg
Sherry Goldstein
David Gorski
Judith Gothard
Janet Gould
Jack Gracey
William Granger
Wesley Grant
Frederick Graves
Ruth Green
Patricia Griesbach
John Grkavac
Valentina Grkavac
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Peggy Haen
Dana Haefeman
Jim Haggard
David Hague
Viliam Hallman
Susan Hall
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Roger Quamme
John Quick III
Carrance Rabas
Damielle Radkje
Albert Ravid
IN HONOR OF

Honor gifts are given in recognition of a loved one who is living. A minimum gift of $100 has been made in honor of the individuals listed from July 1, 2005 to June 30, 2006.

Colleen Adams
Eva Anderson
Abby Armstrong
Timothy Bierman
Carla Blum
Tara Breelin
Beverly Brown
George Bryan
Nancy Burdick
Nathan Brynam
Marlene Cable
Torrey Calkins
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Robert Neudendorf
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Barbara Schaefer
Albert Schams
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Judy Schuster
Nancy Schwartzfliether
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James Stewart
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Robert Wegence
Bill Weinert
James Weiss
Tom & Susan Welch
Peggy Wiederholm
Carleen Wild
George Wilding
David Williams &
Carol Jefferson
Mary Wolf
Jody & Sue Walters
Michael & Rowena Young
Catherine Zedick
Steve Zelinski
Lucille Zimmerman
Andy Zucker
Rogwe Zwickey
CANCER CENTER

FINANCIAL INFORMATION

OPERATING RESULTS

<table>
<thead>
<tr>
<th>SOURCES OF SUPPORT</th>
<th>FISCAL 2006</th>
<th>FISCAL 2005</th>
<th>FISCAL 2004</th>
<th>FISCAL 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and awards</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Core grant from NCI</td>
<td>$5,950,249</td>
<td>$5,012,413</td>
<td>$5,081,743</td>
<td>$4,982,378</td>
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<td>Other federal awards</td>
<td>97,831,063</td>
<td>93,915,646</td>
<td>74,007,463</td>
<td>57,104,445</td>
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<tr>
<td>Industry and other</td>
<td>15,932,403</td>
<td>17,858,051</td>
<td>12,709,340</td>
<td>7,819,247</td>
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<tr>
<td>Contributions</td>
<td>119,713,715</td>
<td>116,786,110</td>
<td>91,798,546</td>
<td>69,906,070</td>
</tr>
<tr>
<td>Total</td>
<td>128,500,805</td>
<td>124,427,952</td>
<td>98,314,230</td>
<td>74,954,474</td>
</tr>
</tbody>
</table>

| University of Wisconsin                   |             |             |             |             |
| School of Medicine and Public Health      | 852,141     | 920,271     | 1,000,820   | 967,617     |
| At other                                  | 46,000      | 60,830      | 47,825      | 148,434     |
|                                          | 899,141     | 981,101     | 1,048,645   | 1,116,051   |
| Fees for research support services        | 1,479,850   | 1,321,496   | 955,921     | 459,530     |
| Investment earnings                       | 984,357     | 739,070     | 804,204     | 1,044,284   |
| Total Support                             | 128,500,805 | 124,427,952 | 98,314,230  | 74,954,474  |

| EXPENDITURES                               |             |             |             |             |
| Salaries and benefits                      | 61,801,409  | 58,326,534  | 47,791,234  | 37,467,901  |
| Equipment                                 | 2,662,573   | 2,022,249   | 1,613,682   | 1,290,836   |
| Services and supplies                      | 11,422,570  | 11,166,212  | 10,041,091  | 6,769,779   |
| Travel                                    | 1,525,488   | 1,649,753   | 1,254,724   | 867,290     |
| Other expenses                            | 21,362,185  | 18,705,380  | 13,058,466  | 10,365,935  |
| Overhead support to UW-Madison             | 29,945,866  | 27,857,459  | 23,479,837  | 16,976,709  |
| Total Expenditures                        | 128,720,091 | 119,727,587 | 97,239,034  | 73,738,450  |

During fiscal 2006 total support increased to $128.5 million or an increase of 3.3%. Support from contributions totaled just over $5.4 million or an increase of 18% during the year. Since fiscal 2003 contributions have grown 123%.

Total expenditures in fiscal 2006 reached $128.7 million. As in prior years, salaries and benefits represented the largest component of expenditures at 48% of total expenditures.
EXPENSES BY MEMBER DEPARTMENT
During the year ending June 30, 2006, 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 campus. The two largest departments as measured by expenditures were the Department of Medicine and the McArdle Laboratory for Cancer Research.

UWCCC MEMBER SUPPORT
As of July 1, 2006 Cancer Center member annual external research and training support totaled $140.3 million, a decline of just under 1%. This small decrease reflects the tight federal budget and the trend for longer intervals between funding of NIH grants and automatic budget decreases in funded NIH grants.

UWCCC PROGRAMS
This chart presents the level of external support for the Cancer Center's program areas for the fiscal year starting July 1, 2006. In addition to the program areas, the Cancer Center receives external support for its Core Grant and funding for cancer-research facilities.
Contributions

A COMMITMENT TO THE FUTURE

Your gift to the UW Paul P. Carbone 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 Carbone Cancer Center (UWCCC):

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 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 Paul P. Carbone Comprehensive Cancer Center and innovative research. Please call (608) 263-1677 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 Paul P. Carbone 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 www.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 Cancer Center. 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 Paul P. Carbone Comprehensive Cancer Center, please contact:

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(608) 263-1677
ajohnson@uwccc.wisc.edu

"WE MAKE A LIVING BY WHAT WE GET, BUT WE MAKE A LIFE BY WHAT WE GIVE." –WINSTON CHURCHILL
UW Health is a patient-focused, three-pronged academic health system supported by:

- University of Wisconsin Hospital and Clinics, a 471-bed facility that ranks among the finest hospitals in the United States.
- University of Wisconsin School of Medicine and Public Health, the UW-Madison campus home of the faculty members who do research, teach and provide patient care.
- University of Wisconsin Medical Foundation, the academic group practice that supports the clinical faculty of the UW School of Medicine and Public Health, including more than 1,000 physicians who practice at 50 locations.

The University of Wisconsin School of Medicine and Public Health is recognized as an international leader in educating physicians, investigating the causes of disease, finding innovative solutions to medical problems and translating research into compassionate patient care.

The UW Paul P. Carbone Comprehensive Cancer Center is one of only 38 comprehensive cancer centers designated by the National Cancer Institute, the lead federal agency for cancer research.

cancer.wisc.edu