Dear Friends and Colleagues,

As Co-Director of the Lung Cancer Program at the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center, I am pleased to send this biannual newsletter to discuss our Multidisciplinary Lung Cancer team.

The cornerstones of our Multidisciplinary Lung Cancer team are our weekly Multidisciplinary Lung Cancer Clinic on Wednesday afternoons and Thoracic Oncology Clinical Conference (TOCC) at noon on Fridays. Both the Clinic and Conference bring together lung cancer specialists from medical, surgical and radiation oncology as well as pathology in order to offer patients a comprehensive diagnostic and treatment plan through an interdisciplinary approach.

Having come to UWCCC from Memorial Sloan-Kettering Cancer Center and the University of Pittsburgh, my current research focuses on minimally invasive thoracic surgical strategies such as thoracoscopic (VATS) lobectomies, sub-lobar resections and intra-operative brachytherapy in the treatment of lung cancer in both high-risk patients and the elderly. We participate in several cooperative group trials that address these important clinical circumstances. In 2006 I performed the first robotic thoracoscopic thymectomy for myasthenia gravis and currently I resect many smaller mediastinal tumors thoracoscopically (VATS) robotically. In 2007 we initiated the endobronchial ultrasound (EBUS) program at UWCCC for diagnosis and staging of lung cancer. EBUS is a new, minimally invasive, FDA-approved device that enables us to assess and sample mediastinal lymph nodes with a fine needle with a high degree of accuracy. EBUS has now virtually replaced the need for mediastinoscopy (which requires an incision) in patients with lung cancer at UWCCC. Since September, 2007 I have performed ~60 EBUS exams at UWCCC.

I invite you to review the material in this newsletter. We plan to bring you regular updates on the latest advances in the field, as well as on our featured lung cancer research protocols. I look forward to collaborating with you and our regional partners in our efforts to bring patients innovative lung cancer treatment. My hope is that these types of research activities can lead to a better tomorrow for our mutual patients.

Sincerely,

Tracey L. Weigel, MD
Co-Director, UW Multidisciplinary Lung Cancer Team
Chief, Section of Thoracic Surgery
Normal somatic cells grown in culture reach the end of their replicative capacity after a limited number of doublings and enter a senescent phase. For cancer to develop, a rare, immortal cell occasionally arises by a process that is invariably accompanied by the preservation of telomere length. In most cases this “immortalization” step is due to the reactivation of telomerase, which enables cancer cells to maintain their telomere length above a critically short threshold and thereby avoid apoptosis and acquire indefinite replicative and proliferative capacity.

Approximately 90% of biopsies from a broad range of human cancers have been found to express telomerase activity and a correlation between increasing telomerase activity from early to late tumors has been observed. In contrast, telomerase expression is not detectable in cells of most normal adult tissues. These data suggest that telomerase may be a potentially important target for anticancer therapy.

In pre-clinical models, GRN163L has been shown to inhibit telomerase in tumor cells and to compromise cancer cell viability and growth.

**Study Design**
Patients receive a standard chemotherapy regimen of paclitaxel and carboplatin in combination with GRN163L. GRN163L is given on day eight of each 21-day cycle. The goal of this trial is to determine the safety and maximum tolerated dose of this regimen.

**Phase I Study of Erlotinib and Sunitinib in NSCLC**

Receptor tyrosine kinases (TKs) are transmembrane proteins that regulate cell growth and survival. Examples of TKs include epidermal growth factor receptors (EGFR), platelet derived growth factor receptor (PDGFR), and vascular endothelial growth factor receptor (VEGFR). PDGFR and VEGFR are also involved in tumor angiogenesis.

Erlotinib is an orally administered reversible EGFR inhibitor that suppresses phosphorylation of TK associated with EGFR. Erlotinib has demonstrated limited responses as a single agent in platinum refractory NSCLC. Sunitinib is an orally administered TK inhibitor, which inhibits VEGFR as well as PDGFR, and has demonstrated activity in Phase I NSCLC studies. Preclinical evidence suggests that by simultaneously inhibiting both VEGF (sunitinib) and EGFR (erlotinib) pathways, the combination may yield additive anti-tumor effects in NSCLC patients.

**Study Design**
This study is only taking place at the UW Carbone Comprehensive Cancer Center. Erlotinib and sunitinib are taken continuously throughout each 21-day cycle. The primary objective is to determine the safety and maximum tolerated dose in this regimen.
Chemotherapy Protocols

**Non-Small Cell Lung Cancer (NSCLC)**

- Phase I Study of Erlotinib and Sunitinib in NSCLC.

- A Phase II/III Randomized, Double-Blind Study of Paclitaxel plus Carboplatin in Combination with Vorniostat (MK-0683) or Placebo in Patients with Stage IIIIB (with pleural effusion) or Stage IV NSCLC.

- A Phase I Sequential Cohort. Dose Escalation Trial to Determine Safety, Tolerability, and Maximum Tolerated dose of Weekly Administration of GRN163L in Combination with Paclitaxel and Carboplatin in Patients with Advanced or Metastatic NSCLC.

- A Phase I/II Study of Oral MKC-1 Administered Twice Daily for 14 Consecutive Days Every Three Weeks in Combination with Pemetrexed.

- A Combined Phase I and II Study Investigating the Combination of RAD001 and Erlotinib in Patients with Advanced NSCLC Previously Treated Only with Chemotherapy.

- A Phase III Randomized Trial of Lobectomy Versus Sublobar Resection for Small (< 2 cm) Peripheral NSCLC.

- A Phase II Study of Cetuximab for the Treatment of Patients with Advanced Bronchioalveolar Carcinoma (BAC) or Adenocarcinoma with BAC Features.

- A Phase III Randomized Trial of Adjuvant Chemotherapy with or without Bevacizumab for Patients with Completely Resected Stage IB (≤ 4 cm) – IIA NSCLC

- A Randomized Phase III Study of Sublobar Resection Versus Sublobar Resection plus Brachytherapy in High Risk Patients with NSCLC, 3 cm or Smaller.

Radiation Protocols

- The Use of Helical Tomotherapy to Achieve Dose-per-fraction Escalation in Lung Cancer.

- Phase I Study of Image Guided Stereotactic Body Radiotherapy for Small Lung Malignancies.

- Phase III Trial Comparing Whole Brain Radiation and Stereotactic Radiosurgery Alone versus with Temozolomide or Gefitinib in Patients with NSCLC and One to Three Brain Metastases.

- An Open-label, Multi-Center, Phase II Study to Evaluate the Activity of Patupilone (EPO906), in the Treatment of Recurrent or Progressive Brain Metastases in Patients with NSCLC.

- Phase I Trial of Helical Tomotherapy Simultaneous Boost (SIB) Treatment for Patients with Brain Metastases.

- Phase III Randomized Trial of the Role of Whole Brain Radiation Therapy in Addition to Radiosurgery in Patients with One to Three Cerebral Metastases.

Other Protocols


- Molecular Epidemiology Case-Series Study of NSCLC in Smoking and Non-Smoking Women and Men.

- Molecular Markers for NSCLC Susceptibility.

- Preoperative Oncogeriatric Assessment for Thoracic Malignancies (TOGA)

For more information about referring patients to the UW Paul P. Carbone Comprehensive Cancer Center, please contact Cancer Connect at (800) 622-8922 or (608) 262-5223.

**UW Opens Palliative Care Unit**

UW Hospital and Clinics opened a new, 10-bed, specialty palliative care unit (PCU) in October 2007. The PCU builds on the work of the Palliative Care Consult Service by providing a higher level of team-driven, intensive symptom management. The PCU is staffed by board-certified palliative medicine specialists, nurses with expertise in symptom management, a dedicated social worker, and chaplain – all trained in palliative care. The unit is prepared to utilize high-level communication, medications, and cutting-edge technology to achieve symptom relief. “For those who go home, as well as those who never go home, it’s the quality of the days and weeks that are left that concerns the palliative care team,” says Kate Ford-Roberts, a palliative care advanced practice nurse. “Our focus is to help make each day as meaningful and symptom-free as possible. Sometimes the caring is as important as the care.”
Together
WE CAN SAVE LIVES
Learn More About UW Multidisciplinary Lung Cancer Team

SAVE THE DATE:

July 12, 2008:
Cancer Crusaders Golf Outing
Spring Creek Golf Course in Whitewater, WI
Call (920) 723-6470
for more information

July 14, 2008:
Hope Breaths Golf Outing
Old Hickory Golf Club in Beaver Dam, WI
Call (608) 219-0080
or email missie.bradley@gmail.com
for more information

August 11, 2008:
Drive for Hope Golf Outing
Bishops Bay Country Club in Middleton, WI
Call (800) 252-2664
or email driveforhope@cues.org
for more information

September 27, 2008:
Free to Breathe Run/Walk
Olin Park Madison, WI
Visit www.FreeToBreathe.org
for more information

October 24, 2008:
7th Annual Symposium: Advances in Multidisciplinary Cancer Care
Madison, WI
Call (608) 263-0160
for more information

November 8, 2008:
McArdle Symposium on Cancer: The Initiation Promotion Paradigm
Madison, WI
Call (608) 262-8651
for more information

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LungCancer LINK

Did You Know?

• Lung cancer is the leading cause of cancer death in the United States.

• Lung cancer symptoms include a persistent cough, coughing up blood, changes in breathing, repeated bouts of pneumonia or bronchitis, chest or rib pain, fatigue, lethargy, loss of appetite, and weight loss.

• The UW Paul P. Carbone Comprehensive Cancer Center is one of 39 NCI-designated comprehensive cancer centers in the country.

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Craig Robida
UW Carbone Cancer Center
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