

Wilding steps down as director; Bailey to serve as interim



George Wilding, MD



Howard Bailey, MD

After successfully serving 12 years as UW Carbone Cancer Center (UWCCC) director, George Wilding, MD, has decided to step down in September 2013, so he can refocus his academic activities as Anderson Professor of Medicine within the UW Department of Medicine.

"I am proud and honored to have had the privilege of leading the UWCCC for so many years," said Wilding. "The more than 2,400 faculty and staff have led the way in cutting-edge advancements in research and clinical care, resulting in improved treatment standards for many patients with many forms of cancer."

Dr. Wilding has been a UWCCC member since joining the UW faculty in 1988, in which he immediately became Chief of Oncology at the VA Hospital. He has been fortunate to have 25 plus years of sustained federal peer-reviewed funding for his laboratory and clinical research. His lab focuses on the role of androgen induced oxidative stress and prostate carcinogenesis, with funding from the NCI, Department of Defense, Prostate Cancer Foundation and industry. Nationally, he will continue to serve on the NCI Board of Scientific Counselors.

"During George's tenure as director, the UWCCC has experienced enormous growth in all of its missions. It enjoys a well-deserved outstanding national reputation for excellence, as evidenced by the recent successful renewal of its National Cancer Institute (NCI) core grant," according to Dean Robert Golden of the UW Medical School of Medicine and Public Health.

He was instrumental in moving the UWCCC toward emphasizing multidisciplinary and trans-disciplinary interactions, focusing on the translation of basic research findings to clinical testing and application.

Approximately \$250 million has been raised to dramatically increase UWCCC clinical and research facilities, including the establishment of the Wisconsin Institutes for Medical Research (WIMR). In a few months, the McArdle Laboratory/Department of Oncology faculty will move into the WIMR, both physically and organizationally fulfilling the first Cancer Center director Harold Rusch's vision of an integrated comprehensive cancer center.

Dr. Wilding has spearheaded the recruitment of 30 tenure track faculty with research space and start-up funds and seen the growth of a vigorous outreach network around Southern Wisconsin. He has also been instrumental in developing ongoing relationships with more than a dozen cancer centers in Asia.

Howard Bailey, MD, has been named interim UWCCC director, effective September 1, 2013. Dr. Bailey, a professor of medicine, is a medical oncologist who specializes in gynecologic oncology and cancer prevention. He graduated from the University of North Dakota Medical School and received his Internal Medicine training at Kalamazoo, Michigan. He underwent fellowship training in Medical Oncology as well as Cancer Research at the University of Wisconsin. He has been an active cancer clinician and researcher since becoming a faculty member of the University of Wisconsin School of Medicine and Public Health in 1994. He has led the development of three different state- and nation-wide clinical research networks to expand the access of "cutting edge" research for patients. Two years ago he was appointed to the national committee which reviews all NCI-designated Cancer Centers.

"Dr. Bailey is a wonderful choice to be named the interim director," said Wilding. "We have worked closely for several years, and Howard is a strong leader in clinical research and truly focused on patient outcomes."

In the fall, a national search will begin to find a permanent director.

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Family Caregiver Distress: What Do We Need to Know and How Can We Help?
Betty J. Kramer, PhD, MSSW, UW-Madison

Childhood Cancer and the Family: The Importance of Stress and Family Burden
Kristin Litzelman, PhD, National Cancer Institute

Forgiveness as a Protection of Emotional Health in Cancer Patients and Their Families
Robert Enright, PhD, UW-Madison

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KIDS WITH COURAGE REUNION A Celebration of Life

When Jon Elenius was diagnosed with lymphosarcoma, or cancer of the lymph glands, he was given a prognosis of six months to one year to live. That was more than 41 years ago, when Elenius was a nine-year-old boy growing up in Waupun, Wisconsin.

"My parents told me that I had tumors, but they did not say the word 'cancer,' he recalls. "I learned that I had cancer from a kid on the playground."

Elenius more than beat the steep odds he was given in 1972. Today, at age 51, he is a successful attorney in Chicago who is incredibly grateful to be alive. He is also looking forward to this fall's "Kids With Courage" reunion of childhood cancer survivors that will be held September 29 in Wisconsin Dells. More than 1,000 survivors, siblings, parents, grandparents and other family members are expected to attend this incredible celebration of life and recent medical advances in treating childhood cancer.

Launched in 1993, Kids With Courage is a day-long event attended by current and former pediatric cancer patients at the UW's American Family Children's Hospital. Supermodel Cindy Crawford, who lost a little brother, Jeffrey, to leukemia in the 1970s, plays a prominent role at each "Kids With Courage" reunion, which is hosted by the UW Division of Pediatric Hematology, Oncology and Bone Marrow Transplant; American Family Children's Hospital and the UW Carbone Cancer Center.

One of six emcees for the 2013 Kids With Courage event, Elenius is also one of the longest living pediatric cancer survivors treated at the University of Wisconsin Children's Hospital or its successor, American Family Children's Hospital.

"There is nothing special about me versus some of the kids I remember who did not make it," Elenius says. "I just know that I had great medical care, good luck and loving parents - both of whom, at ages 80 and 81, will be joining me at Kids With Courage in



Jon Elenius, childhood cancer survivor, is proud to be one of six emcees for the 2013 Kids With Courage event.

September. I can't wait." More information about Kids With Courage is available at uwhealthkids.org/kidswithcourage.



uwhealth.org/cancer

Summer 2013



Molecular Imaging: Changing the way we evaluate treatment

Glenn Liu, MD and Robert Jeraj, PhD are collaborating on a national project to improve scanning techniques to improve the process of determining which drugs are helpful to patients.

Prostate cancer is the second leading cause of cancer death in men in the United States. It will claim almost 30,000 lives this year alone.

"When prostate cancer metastasizes or spreads," explains UW Carbone Cancer (UWCCC) physician Glenn Liu, MD, "it often moves to the bone."

Healing bone and progressing (cancerous) bone look the same," adds Liu, associate professor of Hematology/Oncology at UW School of Medicine and Public Health. "In these cases, the process for determining whether a treatment works is lengthy."

Consequently, it can take months to tell whether a particular therapy is effective, and even then doctors have a lot of guess work. Liu and his colleague Robert Jeraj, PhD, are in the midst of a national project to both improve scanning techniques and speed up the process of determining which drugs are helpful to a patient.

Collaborating with doctors and scientists at Memorial Sloan Kettering and the National Cancer Institute, Jeraj and Liu are leading a UWCCC team at the forefront of this effort.

"Prostate cancer in the bone is extremely heterogeneous," notes Jeraj, who serves as leader of the Imaging and Radiation Sciences program and director of Translational Imaging Research at the UWCCC. "In any one particular patient, five lesions might shrink from a therapy, but five others could stay the same, and five others could grow. Additionally, since metrics

such as lesion size or tumor activity can differ from one another, we can get conflicting signals from the data."

To account for the variability in response, the team is using a combined PET/CT scanner to perform a full body scan of patients currently in treatment for prostate cancer bone metastases. This high-tech scanner combines the functional and molecular aspects of cells with the 3D imagery of a CT scan. While this technology has been around for about a decade, the development of a process to test the effectiveness of a particular treatment is new. "The PET/CT imagery provides spatial information necessary to perform quantitative imaging," says Liu. "Now the challenge is to analyze the imaging data to obtain the right information about the tumor, in order to assess the total treatment response."

"With the number of metastatic lesions that can number in the hundreds, this is a tremendous task that can only be accomplished with innovative image analysis," adds Jeraj.

Liu and Jeraj are examining the timing of when to run a patient through the scan after injection of a "radiotracer" into study participants. The team is using a specific molecular imaging agent called Sodium Fluoride (NaF) that is tagged with radioactive F-18. NaF physically highlights in PET/CT scans differences in bone activity that occur in the body. F-18 deteriorates within a few hours of the production, but the team hopes to pinpoint the exact moment when it is most useful and most accurate.

Not every treatment center has access to the same kind of equipment we do as a leading comprehensive cancer center," adds Jeraj. "It's our job to come up with a way for everyone to perform these scans, regardless of expertise. That is why we have proposed to extend the capacity to perform advanced molecular imaging throughout Wisconsin through the new statewide Wisconsin Oncology Network of Imaging Excellence initiative." Taking advantage of the UWCCC's 18 partner sites across Wisconsin, this new initiative has the support of state leaders and is expected to be launched within a year.

Presently, the team takes up to three weeks to evaluate each scan to make sure results don't vary, but down the road, the whole process will be automated. "Once we know what we're looking for, we can have a computer look for the changes in bone structures," says Liu, "taking subjectivity out of the equation."

Down the road, this can make the drug development process much more efficient.

"Right now we have more drugs in the pipeline than can be tested clinically," says Liu. "Successful completion of this project will aid all phases of drug development and eventually give clinicians a tool to confidently determine if whether a patient will benefit from a particular drug within a short period of time, minimizing exposure to ineffective medications."

The promise of a safe, fast way to scan the entire body could help lower the current number of 30,000 cancer deaths in men from this disease every year, but the opportunity to translate this to their cancers excites the partners on the seventh floor of the Wisconsin Institutes for Medical Research, the UWCCC's state-of-the-art multidisciplinary research facility.

"We have radiologists, medical physicists, clinicians, program managers, and most of all patients willing to move outside their comfort zones and learn together in support of this project," adds Jeraj. "With everyone under the same roof here at the cancer center, we can each bring unique talents to the table."

It's these unique talents that both Jeraj and Liu believe will allow this research to translate to improving tests for effectiveness of treatment in cancers elsewhere in the body.

"Response in bone lesions are the hardest to evaluate clinically, which is why we are focusing our efforts on this problem," says Liu.

"But once we figure this part out, the rest will come easily," smiles Jeraj.



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I just found out someone I know has cancer. How can I help?

Realize you are not alone in asking this question. We are not necessarily well prepared for such situations. While it can be challenging to find something to say or do, here are a few key guidelines to keep in mind.

BE AWARE OF THE NATURE OF THE RELATIONSHIP.

The person you know may be a dear friend or loved one. They might be a neighbor or coworker. They might be an acquaintance. Consider the level of comfort the person with cancer may have in receiving the help. Try putting yourself in their shoes to determine what would make them most comfortable. For example, the person may be more comfortable having you clean their house if you are a close family member and may be more comfortable having you provide rides if you are a co-worker.

THERE ARE DIFFERENT TYPES OF SUPPORT TO GIVE.

Recognize that the cancer experience affects a person both physically and emotionally. Types of support can be divided into two basic categories: emotional and instrumental. The first type addresses a person's feelings and includes talking, praying, spending time together. The second type, instrumental support, includes cooking, cleaning, driving, shopping, caring for kids or pets, shoveling snow or mowing grass. Maybe you could organize the person's needs and match the need to the helper. There are websites and resources available, such as sharethecare.org or Lotsahelpinghands.com. What skills do you have and what are you in the best position to offer?

NEEDS CAN CHANGE OVER TIME. Is the person you know with cancer newly diagnosed? In early stages of treatment? transitioning from active treatment? a long term survivor? The needs of a person with cancer can change over time. For example, a newly diagnosed person might need meals prepared for family, while a person in active treatment might want company while having chemotherapy. Consider what phase of treatment the individual is going through as you make plans to help.

FOLLOW THE PERSON'S LEAD. The person with cancer may or may not want to share their feelings about or details of their treatment experiences. Not only might this vary from individual to individual, the same person likely has times that they want to discuss cancer and times they do not want to talk about it. They may want to talk about themselves, but they may be just as likely to want to hear about you. Listen to what they're saying. Watch

for changes in expressions. Ask what they want to talk about today. If someone does choose to share personal details with you, remember to be respectful of their privacy.

BE FLEXIBLE. One of the hallmarks of the cancer experience is unpredictability. Oftentimes, reactions to treatment can vary day to day or even hour to hour. Naturally this can be challenging for both the person with cancer and those offering to help. Be flexible in your expectations and realize that the person you care about might experience something unexpected and need to change plans on short notice. Be willing and prepared to make changes in accordance with their changing needs.

DON'T TAKE IT PERSONALLY. Recognize that the person you care about might be making major decisions, coping with uncertainty, feeling physically ill. You may feel that the person is acting differently or treating you differently. The cancer experience is a process of change and requires increased self focus. Keep in mind that the changes in someone being treated for cancer are more than likely due to the many challenges they are experiencing and not specific to you, so try not to take it personally.

GET THE SUPPORT YOU NEED. While the diagnosis and treatment are happening to the person with cancer, there can be a rippling effect on others involved. The person struggling with cancer may be someone you usually rely on who cannot presently be available. Or you may find you are making comparisons to the person's situation and forgetting about your own needs. If you've ever flown on an airplane, you've heard the flight attendant explain the importance of putting on your oxygen mask before assisting others. Always remember to take care of yourself while you are caring for others.



Lisa McGuffey, PhD, is a Senior Clinical Health Psychologist in the UW Carbone Cancer Center Health Psychology Program. Her role there includes the delivery of psychological services to oncology patients in all phases of treatment in individual, couples and group settings. Her clinical interests include adjustment to illness, as well as finding meaning, personal growth and mind-body aspects of health and wellness.



Members of the UW Carbone Cancer Center's Translational Science BioCore-BioBank include: Kitti Fish, Jodi Knecht, Arenda Nolan and Everlyne Nkadori (front) and Dave Yang, Bill Schelman and Ric Lloyd (back).

Banking on the future of cancer research

Today, our understanding of the biology of cancer is so great and expanding so quickly that it's almost impossible to keep up with all the new discoveries.

One of the most widely recognized roadblocks to progress in cancer research is the lack of standardized, high-quality biospecimens. Biospecimens may be defined as small amounts of tissue, blood or other types of samples. The National Cancer Institute (NCI) developed the NCI Best Practices for Biospecimen Resources based on extensive research and expert input into the state of NCI-funded biospecimen resources and the quality of biospecimens used in cancer research.

At the UW Carbone Cancer Center (UWCCC), there exists a very specialized program which adheres to these best practices and whose mission is to facilitate cancer-related research. They are accomplishing their goals and serving the needs of our researchers at UW with the help of thousands of patients who have generously donated their tissue samples for the program. Known as the Translational Science BioCore-BioBank (TSB-BioBank), the program is headed by its Director, Ricardo Lloyd, MD, PhD, a professor in the Department of Pathology and Laboratory Medicine, and two co-directors, David Yang, MD, assistant professor in the Department of Pathology and Laboratory Medicine and William Schelman, MD, assistant professor of hematology-oncology in the Department of Medicine. Day-to-day operations are led by Jodi Knecht, BS, TSB-BioBank program manager, along with a dedicated team, who are steadfastly collecting biospecimens.

BIOSPECIMENS ARE A VALUABLE RESOURCE FOR RESEARCHERS WHO STUDY CANCER.

Patients who donate their tissue samples at the time of a cancer surgery can help advance cancer research at the UWCCC. Currently, the UWCCC has more than 5,000 patients that have provided their informed consent to sharing biospecimens.

WHAT IS INFORMED CONSENT?

Informed consent is a form that is provided to patients to obtain their written authorization in order to collect their tissue samples and relevant clinical data from their medical records.

Donating one's tissue samples can be empowering for the patient. It's a way to leave a "mark," their own unique example of their disease or cancer diagnosis which may potentially help others in the future.

HOW ARE THE SAMPLES USED?

Both basic and translational research depend on tissue samples: investigators can identify genetic mutations and abnormal cell proteins and gather valuable new information about the pathways involved in cancer development. Our researchers use these samples from participants to study how genes, lifestyle and our environment may lead to cancer.

Here are two examples of how samples are used:

- Lee Wilke, MD, associate professor in the Department of Surgery and director of the UW Health Breast Center, in collaboration with the lab of Wei Xu, PhD, associate professor in the Department of Oncology, is interested in the expression of CARM1 in breast cancer samples. The purpose of this project is to determine whether CARM1 levels are higher or lower in breast cancer compared with healthy breast tissue.

- W. John Kao, PhD, FBSE, Vilas Distinguished Achievement Professor of Pharmacy, Surgery and Biomedical Engineering, uses the TSB-BioBank to obtain human pancreatic tissue so his lab can image the organization of collagen around cancer cells. This helps shed light on the mechanisms behind how pancreatic cancer spreads to other parts of the body. Additionally, organizational patterns of collagen may provide a new biomarker for predicting patient prognosis. His research group also uses the TSB-BioBank to obtain fresh, viable pancreatic tissue from which they isolate cells that make up the tumor.

WHY PARTICIPATE IN THIS PROGRAM?

The more people that donate their tissue samples, the greater the chances are that we will make a new discovery. It is imperative to have access to tissue samples to do many types of research. According to Brad Kahl, MD, associate professor of hematology-oncology in the Department of Medicine and director of the UW Lymphoma Service, "Obtaining human tumor samples can be the rate-limiting step in a research study." Transforming discoveries to better cancer prevention, screening and treatments, requires testing of hundreds to thousands of human cancer samples.

Over several years, staff has personally talked to thousands of patients about banking tissue samples for research and most of them have been more than willing to participate. Patients continually say, "Whatever I can do to make a difference" or "If donating my tissue can help others in the future, I'm all for it." It is true that the samples the UWCCC is banking today may hold the secrets to finding the cure for cancer or other diseases tomorrow.

HOW DO I LEARN MORE?

To learn more about tissue donation, please contact:

Jodi Knecht
TSB-BioBank Research
Program Manager
(608) 262-8488 or
jknecht@uwcarbone.wisc.edu

Making a Difference



Photo courtesy of Ryan Koch

UW Carbone Cancer Center's very own Dan Mulkerin, MD, associate professor in the Department of Medicine, bicycled into the first annual Pedaling for Pancreas. He joined more than 116 bicyclists on a 10-mile ride on a cool windy Saturday in May at Verona's Hometown USA Community Park. The course took riders on a portion of the Military Ridge Trail and looped around Verona.

More than \$26,000 was raised and will benefit a specific UWCCC research initiative, which seeks to improve the utility of circulating tumor cells as it pertains to two lethal and common cancers - pancreatic and prostate cancers.

Planning has already begun for the 2014 Pedaling for Pancreas bike event set for early May 2014. For more details, contact James Listug, jlistug@uwcarbone.wisc.edu or (608) 263-3309.



Madison Chef Tony Miller of Graze and L'Etoile (center) is surrounded by attendees at A Different Slice, held June 3 at the Kalahari Resort, Wisconsin Dells as part of Andy North and Friends. More than 150 attendees joined the James Beard Award Winning chef for a cooking demonstration and farmers' market-themed menu, all benefiting the UW Carbone Cancer Center.

Miller explained his philosophy for participating in this event, "We all lead busy lives, fighting the battles that are worth fighting. Having loved ones who suffer from cancer, I do as much as I can with my cooking. I want my friends and family to feel good from the food I cook, but especially when they are sick. Whether it's for people who come into my restaurants or for someone close to me, preparing something that can actually help with healing makes a huge difference for me. Participating in an event to benefit cancer research seemed like a natural extension of my desire to use my culinary skills to make a positive impact on this community."

To see photos from the Different Slice event, visit the Cancer Center's Facebook page [facebook.com/uwcarbone](https://www.facebook.com/uwcarbone).

MARK YOUR CALENDARS

Carbone's Passion for Fashion
Fashion show to benefit UW Carbone Cancer Center
September 12, 2013, Madison
Contact Janie Winston, (608) 262-1032
uwhealth.org/passion

Carbone's Race for Research
5K Run/Walk to benefit UW Carbone Cancer Center
September 14, 2013, Madison
Contact James Listug, (608) 263-3309
uwhealth.org/race

Maher's Halfway Leprechaun Leap
September 14, 2013, Beaver Dam
Benefit for prostate cancer program
Contact Melissa Maher,
maher@dodgeland.k12.wi.us or (815) 355-3378

Run with Wolves Run/Walk
September 15, 2013, Menomonee Falls
Benefits brain cancer research in memory of Eric Wolfe
Contact: Cara Olson (262) 703-0705 or rolson10@wi.rr.com
Runwithwolves.org

Scramble for a Cure Golf Outing
Benefit for breast cancer program
September 25, 2013, Elkhorn
Contact Bill Rogers, (262) 723-5722

From Munich to Madison: A Beer & Wine Tasting
Benefit for UW Carbone Cancer Center
September 27, 2013, Madison
Contact Janie Winston, (608) 262-1032
uwhealth.org/munich

Sparkle of Hope
Benefit for gynecologic cancer program
October 3, 2013, Madison
Contact Katie Wiliquette, (608) 263-0160
uwhealth.org/sparkle

PINK Partini Party
Benefit for breast cancer program
October 4, 2013
Tanger Outlet Mall, Wisconsin Dells
Contact Janie Winston, (608) 262-1032
uwhealth.org/partini

12th Annual Fall Cancer Conference
Education conference focused on cancer's impact on the family
October 18, 2013, Madison
Contact Katie Wiliquette, (608) 263-0160
uwhealth.org/bond

Funk Out Cancer
Benefit for gastrointestinal cancer program
October 19, 2013, Barrymore Theatre, Madison
More details: funkoutcancer.com

Breast Cancer and the Environment Research Program National Meeting
November 7-8, 2013, Madison
bcarp.org

Please visit uwhealth.org/cancerevents for more details on all events.

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