

Making a Difference



The UW Carbone Cancer Center and the UW Marching Band joined forces to beat cancer this past fall. For a donation to the UWCCC, people could have the name of a loved one placed on the sash a band member wore during the November 9 home game of the Wisconsin Badgers football team. 163 sashes were purchased, raising more than \$44,000 for the UW Carbone Cancer Center.

The uniform of each band member is worn with pride, but it's more than just a uniform. "It's unadorned," said band director Mike Leckrone, "and it signifies what we are as a group." Members' uniforms were adorned for the first time with this fundraising event.



Carbone's third annual Race for Research, 5k run/walk through the UW campus and along the shores of beautiful Lake Mendota raised \$66,000 with 521 participants in September.

It isn't too early to mark your calendar for our fourth annual Race for Research, scheduled for Saturday, September 13, 2014. Participants can choose between a 5k timed run, 5k walk or a shorter 1-mile route for families with small children. To learn more, contact James Listug, jalistug@uwcarbone.wisc.edu or (608) 263-3309.

YES! I want to make a difference by giving to the University of Wisconsin Carbone Cancer Center.

Donor's name(s) _____
Street _____
City _____ State _____ Zip _____

I/We wish to make a donation of \$ _____

In memory of (optional) _____
In honor of (optional) _____

Please send acknowledgment card to: (optional)

Name _____
Street _____
City _____ State _____ Zip _____

Check enclosed. Please make checks payable to **UW Carbone Cancer Center**.
 Please charge my gift to my: Visa Mastercard

Cardholder's name (please print) _____
Credit card number _____ Exp. date _____
Cardholder's signature _____ Date _____

Mail this form to:
UW Carbone Cancer Center
600 Highland Avenue, K4/658
Madison, WI 53792-6164

You can also donate online by visiting uwhealth.org/cancerdonation
Please call (608) 263-0160 with questions.

Advances

- **Advances is published semi-annually by the University of Wisconsin Carbone Cancer Center (UWCCC), a National Cancer Institute-designated comprehensive cancer center.**
- **For patient services at the UWCCC, please contact Cancer Connect, (800) 622-8922 or (608) 262-5223 or e-mail cancerconnect@uwcarbone.wisc.edu**

Please help us update our mailing list. If you have moved, or do not wish to receive this publication in the future, please return this form to:

Craig Robida
UW Carbone Cancer Center
600 Highland Avenue, K4/626
Madison, WI 53792-6164

- I am moving. Here is my new address:
- Please remove me from the mailing list.
- I am receiving more than one copy and I'm returning these labels so I can be removed from the mailing list.

Contact Craig at crrobida@uwcarbone.wisc.edu or (608) 263-4982 to have your name removed from our mailing list.

NCI Wisconsin's only comprehensive cancer center as designated by the National Cancer Institute **UWHealth**

Connect with us on Social Media

The UW Carbone Cancer Center is on social media! Connect with us to learn more about our groundbreaking research, prevention information and remarkable patient stories:



facebook.com/uwcarbone



twitter.com/uwcarbone



instagram.com/uwcarbone



gplus.to/uwcarbone

Advances

University of Wisconsin Carbone Cancer Center

uwhealth.org/cancer

Winter 2014



Bob Steele, Willie B. Johnson, Percy Brown Sr. and Carolyn Rumph stand together with Erin Bailey, Dane County African American Cancer Outreach Project Education and Outreach associate (center), as symbols of the African American community setting out to raise awareness of cancer prevention throughout Dane County.

Strollin' Colon coming week of February 17

The UW Carbone Cancer Center, in collaboration with UW Digestive Health Center and Gilda's Club Madison, will be hosting the Strollin' Colon, a free interactive exhibit the week of February 17.

The Strollin' Colon is a pink inflatable that is 12 feet long, 10 feet high and 10 feet wide. As visitors walk through the three-dimensional exhibit, they will see everything on a large scale: giant polyps, ulcerative colitis, Crohn's disease and different stages of colon cancer.

Visitors will have a chance to chat with physicians from the UW Carbone Cancer Center and the UW Digestive Health Center and to enjoy give-aways and life-saving information.

Locations hosting the exhibit include:

- Monday, February 17** - Gordon Commons on UW-Madison campus, Madison
- Tuesday, February 18** - Verona Public Library, Verona
- Wednesday, February 19** - Boys and Girls Club of Dane County (Allied Drive location), Madison
- Thursday, February 20** - Hilldale Mall, Madison
- Friday, February 21** - HyVee West, Madison
- Saturday, February 22** - East Towne Mall, Madison

Groups of any kind are welcome to attend. For complete details, including hours of operation, please visit uwhealth.org/strollincolon or contact Katie Williquette, (608) 263-0160 or kwilliquette@uwcarbone.wisc.edu.



Reducing Disparities: Lessons Learned in Lowering Cancer Rates

Cancer rates in the state are on the decline, but for some Wisconsinites, the story is different. In Dane County, for example, African Americans are 30 percent more likely to be diagnosed with cancer than whites, and 56 percent more likely to die of the disease. Between 2006 and 2010, 74 fewer African Americans in Dane County would have died if their cancer rates had been equal to those of whites during the same period.

As an African American woman who grew up in Madison, Erin Bailey, Cancer Health Disparities Initiative (CHDI) Outreach and Education associate, knows first-hand that cancer isn't just a statistic. When her mother, Janice Zwetler, was diagnosed with breast cancer in 2003, Bailey wanted answers. Her search led to the local chapter of The Witness Project, an organization devoted to spreading awareness of breast and cervical cancer prevention to African American women in the Madison area.

It wasn't long before Bailey put her passion for finding answers to work by planning "Hatter's Teas," for The Witness Project. The annual event honors an African American church tradition of wearing hats, but adds an educational component focused on cancer prevention.

When Bailey joined the CHDI in 2012, the team began the Dane County African American Cancer Outreach Project, an investigation into cancer incidence and mortality among African Americans in the area. Erin and the CHDI team quickly decided to engage members of the African American community in the planning.

Seeking a model to help initiate change, Bailey studied CHDI's outreach program in Adams County, called Cancer Clear and Simple, an effort to reduce smoking, help people eat better and increase screening rates for diseases like breast and colon cancers.

Early results are promising – Cancer Clean and Simple participants have shown an increased knowledge of cancer-related knowledge and have improved healthy behaviors. The success of the Adams County program convinced Bailey to convene a Community Advisory Board to adapt the materials for the Dane County project.

"Pooling the expertise of these health care advocates, survivors and others invested in healthy outcomes not only serves the purpose of reaching African Americans in Dane County," she explains, "it also strengthens the network of community leaders fighting for this cause. It provides a model for reducing cancer disparities everywhere."

Bailey's plan included fostering grass-roots awareness. One way she's done this is by purposefully strengthening ties between members of community groups such as The Witness Project, Mt. Zion Baptist Church, 100 Black Men of Madison, the Foundation for Black Women's Wellness and the Wisconsin Well Woman Program through the Dane County African American Cancer Outreach Project. Bringing people together serves the dual purpose of creating a forum to deliver the message of Cancer Clear and Simple and harnessing the connections these groups have with one another to spur further outreach.

Bailey has already seen payoff. One member of the board is Carolyn Rumph, a colon cancer survivor and retired dietician. Providing monthly information on healthy eating habits to the congregation at the predominantly African American Mt. Zion Baptist Church, Rumph sees outreach as essential. "We need to get information out to the African American population by incorporating it into their daily lives," she says. Each month Rumph provides information, including healthy recipes, at Mt. Zion, and shares information at periodic meetings at the church and in the community.

Bob Steele is also familiar with the impact cancer can have. African American men are almost twice as likely to be diagnosed with prostate cancer than the general population. It struck Steele in early 2012. "Prostate cancer wasn't on my radar until it happened to me," he says, "but now is my chance to educate others about it."

The retired Oscar Mayer chief legal counsel was recently tapped to lead two groups working side-by-side to spread awareness of prostate cancer in the African American community. The Prostate Cancer Initiative started as a support group of the Dane County African American Cancer Outreach Project, and has grown into a full-blown outreach project. "Our goals are to enhance the knowledge base about this disease," says Steele, "and to use it as a call to action to keep people healthy."

Simultaneously, Steele has become the ambassador of the 100 Black Men of Madison's Prostate Cancer Awareness Walk. The group, whose mission includes making a positive difference in the lives of area youth, recently decided to make prostate cancer screening a priority. They brought families together with the first annual walk held this past September. UWCCC member Tracy Downs, MD, associate professor of surgery, talked with participants.

"The links between us are stronger than ever," says Bailey, pointing to the energy behind turning cancer statistics into better realities around Dane County and across the state. Serving as the conduit to the public through the Dane County African American Cancer Outreach Project is an exercise in community-building, one with a purpose that Bailey says Dane County is ready to tackle.

Meanwhile, Bailey immerses herself in the most updated publications on cancer and cancer disparities, a vocation that grew out of a search for information for herself and her mother, who died in 2008. "Now, when someone asks a question about cancer, I want to have the answer," she says. "And if I don't, I'm not satisfied until I find it."

"We've seen Cancer Clear and Simple have an effect in Adams County, and now we're doing our best to apply those techniques to reduce the disparity of cancer deaths in Dane County,"

Improving Care for Lung Cancer Patients through Personalized Treatment

Clinical studies at the UW Carbone Cancer Center require a team of individuals who are passionate about the research they pursue and the cause for which they fight. The Lung Cancer Disease-Oriented Working Group (DOWG) is one of 17 research groups designed to improve patient care through collaboration. It includes a team of doctors, nurses and research assistants who enroll patients in studies – all in an effort to beat the number one cause of cancer-related deaths in Wisconsin.

Ticiana Leal, MD, one member of the team, says her passion for treating lung cancer is fueled by the relationships formed with patients.

"Every patient I treat is unique," says Leal. "When it comes to this disease, it always requires a personalized approach. Since no two types of lung cancer are exactly the same; developing new ways to treat the disease is complex."

While it can be effective in destroying cancerous cells, traditional chemotherapy can also impact healthy cells, which may lead to undesirable side effects.

One focus of Leal's research is using immunotherapy to treat lung cancer. This new approach differs from traditional chemotherapy by stimulating the body's immune response to recognize the cancer and therefore attack the cancerous cells. Leal and the DOWG team are examining several novel treatments involving antibodies that block immune check points, which allow the body's immune system to recognize and destroy cancer cells.

"While these treatments are still experimental, earlier studies have shown promising results and may potentially cause fewer side effects," says Leal.

The Lung Cancer DOWG is also in the midst of launching a study in another frontier of care: developing molecular markers to individualize lung cancer treatment.



Ticiana Leal, MD

In the upcoming weeks, the team envisions enrolling patients in a project entitled "Molecular Markers to Individualize Treatment Options." Using a gene sequencer, this study will test patients for potential mutations in their genetic makeup, then match patients with clinical trials testing the efficacy of drugs directed at each specific mutation.

You Were Just Diagnosed With Cancer And Need An Operation: *What Do You Do?*

You just found out you have cancer, and your doctor told you that you need an operation. Your doctor refers you to a surgeon, but you wonder, what are the important questions to ask?

- Who is the best person to operate on me?
- How can I ensure I am achieving the best results?
- How will surgery impact the other therapies I may need for my cancer treatment, such as chemotherapy and/or radiation?
- After I have the surgery, will my life go back to normal?

Here is a plan that will help you proceed:

1. Meet with your surgeon AND cancer treatment team, which may include a medical oncologist and a radiation oncologist – these providers are called your ‘multidisciplinary team.’

- Make sure a family member or other support person accompanies you to the visit. It is important to have someone with you to help you remember the content of this important conversation.
- Write down your questions before you attend the visit.

2. Ask specific questions

- What are the risks and benefits of this procedure?
- What alternatives do I have to this surgical treatment?
- How will this procedure affect my long term function?

When scheduling your surgical visit, ask whether your visit will be alone or with a larger cancer treatment team. For many patients with cancer, the order in which you receive treatment (chemotherapy, radiation or surgery) is extremely important. Therefore, it is important that you be seen in a multidisciplinary setting. This may mean that you will see a team of physicians (medical oncologist, radiation oncologist and/or a surgeon specializing in cancer treatment, who may be a surgical oncologist, gynecologic oncologist, urological oncologist or a neurosurgeon specializing in cancer) during your initial visit. Ideally, this will be done in one clinic setting, but can be done by having visits to individual clinics.

Understand the hospital structure. If this is a cancer center, ask if it has a federal recognition such as NCI (National Cancer Institute) designation or if it is accredited by other organizing bodies such as the American College of Surgeons Commission on Cancer. For these hospitals, specific processes have been set in place to assure that cancer patients receive the highest level of coordinated care.

Understand the hospital volume for your cancer. More than a decade’s worth of data has shown us that for complex cancer operations (pancreatectomy, esophagectomy, among others) there are improved results for patients who receive care in a high volume hospital. This is because of the multiple teams of providers often involved in taking care of you, including physicians from intensive care, anesthesiology, cardiology, infectious diseases, radiology, gastroenterology and a very experienced and compassionate nursing staff. Increased hospital volume is not only linked to improved long-term cancer outcomes, but also increases the chances of surviving surgery. This clearly attests to the need to have an experienced, well trained, specialized team of providers care for you during and after your surgery.

It is always okay to get a second opinion. This allows you to make the best decision for you, based on your relationship with your doctor and all the factors outlined.

Finally, get advice from friends, family members and your own primary care doctor—include them in the conversation. They may have had loved ones or previous patients who have dealt with cancer and can give you valuable advice about their experience.

The outcome of your surgery is dependent not only upon the skill and experience of your surgeon, but also on the care you will receive from multiple providers and where you are being treated — high volume, accredited cancer hospitals provide remarkably improved outcomes.



Sharon Weber, MD

Dr. Weber trained at Memorial Sloan-Kettering Cancer Center, with dual fellowships in surgical oncology and hepatobiliary. She specializes in benign and malignant disorders of the liver, pancreas and bile duct, in addition to gastric cancer, melanoma and sarcoma. Dr. Weber is actively involved in minimally-invasive approaches to cancer treatment, including both laparoscopic pancreas and liver surgery. She is currently Chief, Surgical Oncology, Director for Surgical Oncology, UW Carbone Cancer Center, Vice Chair, General Surgery and Professor, University of Wisconsin Department of Surgery.

Updates in Clinical Trials

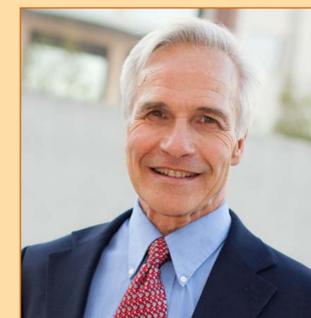


What are clinical trials?

Clinical trials are research studies conducted to find better ways to prevent, diagnose and treat cancer. Clinical trials involve people who volunteer to participate.

Patients at the UW Carbone Cancer Center are often among the first in the world to have access to promising new treatments through clinical trials. The UW Carbone Cancer Center typically has more than 250 clinical trials available for participation at any one time.

As more people participate in clinical trials at the UW Carbone Cancer Center, cancer researchers can more rapidly answer critical questions that will lead to better treatment and prevention options.



Paul Sondel, MD, PhD

“Immunotherapy has been more than 85 years in the making,” says Sondel. “Now it is becoming standard therapy for certain childhood cancers and for some cancers affecting adults.”

Sondel says several new directions for immunotherapy research have developed. They include new white blood cell activators that have been created and will be studied, genetically-engineered antibodies, and infusions of tumor-reactive white blood cells. Similar methods of immunotherapy are being investigated for other forms of cancer.

DeSantes and his team are currently running a clinical trial at UW to study the use of natural killer (NK) cells. Natural killer cells are white blood cells that don’t require activation and are preprogrammed to recognize their targets. In the trial, NK cells are taken from donors and infused into cancer patients as part of a bone marrow transplant regimen.

Other UWCCC pediatric cancer researchers are also pursuing lab approaches directed towards future advances. Christian Capitini, MD, is investigating how to direct the immune cells in a bone marrow transplant against the tumor in a “graft-versus-tumor” reaction. The research in mice uses approaches that could soon move to clinical trials. Mario Otto, MD, PhD is studying how antibodies similar to MAB14.18 might be able to deliver nanoparticles to cancers to maximize immune-directed tumor attack.

Immunotherapy: a Promising New Weapon in the Childhood Cancer Treatment Arsenal

A new warrior has emerged in the war against pediatric cancer. Immunotherapy, which prompts the immune system to fight cancer, is the newest treatment. By developing unique therapies for children with cancer, American Family Children’s Hospital and the UW Carbone Cancer Center (UWCCC) have become two of the key battlegrounds.

For the past 70 years, surgery, chemotherapy and radiation have been the mainstays of cancer treatment. All three have improved cancer survival rates. But despite having saved the lives of many children, these therapies are not always effective and can carry life-long, serious side effects and quality of life issues. Immunotherapy offers great promise for improvement in these areas.

“Immunotherapy is not without side effects,” says Paul Sondel, MD, PhD, head of pediatric hematology/oncology at American Family Children’s Hospital. “But unlike chemotherapy which affects normal as well as abnormal cells, immunotherapy is designed to target only cancer cells.”

The primary goal of immunotherapy is to stimulate or enhance the natural immune system to prevent or fight cancer. Scientists are studying several ways to manipulate the immune system, including infusion of antibodies, infusion of activated or genetically-modified white blood cells (such as T cells or natural killer cells) and use of cell-signaling/activating drugs.

The human papillomavirus (HPV) vaccine is an example of immunotherapy that has recently come into standard clinical use as an effective immunotherapeutic means to prevent cervical cancer. Other methods, focused more on treating existing cancers, are being developed or are in clinical trials that are offered only at specialized centers like American Family Children’s Hospital.

Sondel and other researchers, including his colleague Ken DeSantes, MD, head of the bone marrow transplant program at American Family Children’s Hospital and clinical director of hematology/oncology, lead interdisciplinary teams that work with the Children’s Oncology Group (COG), a network of more than 250 children’s hospitals, cancer centers and universities that collaborate on pediatric cancer research.

As they have for the past four decades, UWCCC researchers are playing a significant role in the most recent COG pediatric cancer therapy innovations. The COG collaboration developed a new form of immunotherapy for neuroblastoma, a cancer of the nervous system outside of the brain and spinal cord. Neuroblastoma is the second most common solid tumor form of childhood cancer. Until 2009, children with a high risk of forming this disease had a survival rate of only 40 percent, or about one-half that of all childhood cancers. A recent COG study has improved those numbers.

The COG research collaboration, led by Dr. Alice Yu of the University of California-San Diego, developed a combination of three separate drugs based on separate lab and clinical studies being investigated by Yu in California and Sondel in Wisconsin. The protocol combines MAB 14.18, an antibody that seeks out cancer cells, with Interleukin-2 (IL-2), a white blood cell activator investigated by Sondel’s team, and GM-CSF, a second activator was being studied by Dr. Yu’s team. The goal is to activate several types of white blood cells to attack the cancer cells that have MAB 14.18 on them.

In 2001, COG researchers, including Sondel, began a nine-year clinical trial that enrolled 226 children with high-risk neuroblastoma who responded to initial therapy. The children were randomly assigned to receive isotretinoin, a chemotherapy drug, or a combination of isotretinoin, the MAB14.18 antibody and the immune-boosting drugs. The trial showed strong positive results; the children receiving the immunotherapy did better than those that didn’t. The children who were on the standard therapy were given the option to switch to immunotherapy.

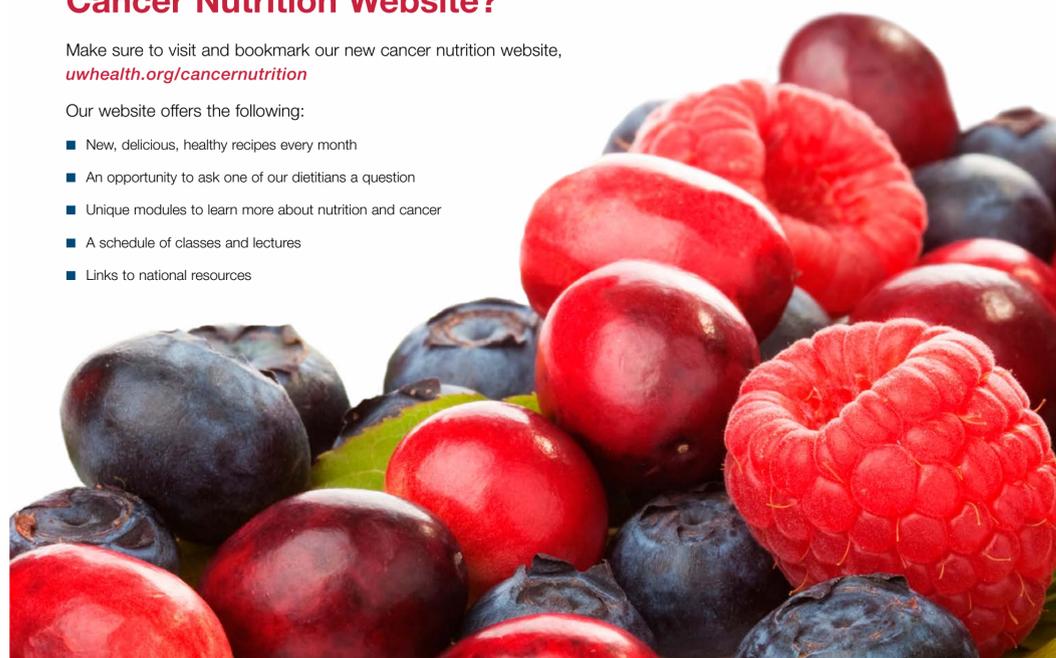
The clinical trial findings, published in the September 30, 2010 edition of *New England Journal of Medicine*, showed the percentage of children who survived two years without disease progression increased from 46 percent to 66 percent because of the immunotherapy. The U.S. Food and Drug Administration is considering approval for use of the antibody as part of a standard treatment for children with neuroblastoma.

Have You Visited Our New Cancer Nutrition Website?

Make sure to visit and bookmark our new cancer nutrition website, uwhealth.org/cancernutrition

Our website offers the following:

- New, delicious, healthy recipes every month
- An opportunity to ask one of our dietitians a question
- Unique modules to learn more about nutrition and cancer
- A schedule of classes and lectures
- Links to national resources



MARK YOUR CALENDARS

Curl vs. Cancer

February 15-16, 2014
Madison Curling Club, McFarland
Contact Jennifer Krug, (608) 842-0160
madisoncurlingclub.com

Strollin’ Colon

February 17-22, 2014
Various locations throughout Madison
Contact Katie Williquette, (608) 263-0160 or kwilliquette@uwcarbone.wisc.edu
uwhealth.org/strollincolon

Bowlin’ for Colons

March 2, 2014
Contact Katie Williquette, (608) 263-0160 or kwilliquette@uwcarbone.wisc.edu
uwhealth.org/bowling

The Charity Jamboree

March 7-8, 2014 – Live music on three stages, at three local establishments: Come Back Inn, Essen Haus and Up North Bar, Madison.
charityjamboree.com

6th Annual Pardeeville High School Student Council Run/Walk

May 3, 2013
Pardeeville High School, Pardeeville
Contact Chris Lynch, (608) 429-2153, Ext. 245 or lyncch@pasdwi.org
PHSRunWalk.com

Carbone’s Pedaling for Pancreas

May 10, 2014 – Verona Hometown USA Park
Contact James Listug, jalistug@uwcarbone.wisc.edu
uwhealth.org/pedaling

Aly’s Honky Tonk Hustle

May 17, 2014
Contact Ariel Arneson, (608) 572-0282
alshonkytonkhustle.com

Concert for a Cure for Cancer

May 17, 2014 – Pacelli High School, Stevens Point
Contact Amy Formella, amymusic@charter.net

The Feature at PGA West

May 28, 2014 – PGA West, La Quinta, CA
Contact Ty Trbovich, trbo@earthlink.net

Andy North and Friends

June 1-2, 2014 – Kalahari Resort and Trappers Turn, Wisconsin Dells
Contact Janie Winston, (608) 262-1032 or Amy Manecke, (608) 262-6967
andynorthandfriends.com

Ride for Research

June 6-8, 2014 – Wabeno
Contact John Newton, Bigwoods200@hotmail.com

Tomorrow’s Hope Walk Fest

July 18-19, 2014
Jefferson County Fairgrounds, Jefferson WI
Contact Barb Endl, bendl@charter.net
Tomorrowshope.org

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

For more information about these and other clinical trials at the UW Carbone Cancer Center, contact Cancer Connect, (800) 622-8922 or (608) 262-5223 in the Madison area.

A complete listing of clinical trials at the UWCCC is also available on our website, uwhealth.org/cancertrials