Making a Difference

The UW Carbone Cancer Center and the UW Marching Band joined forces to breast cancer this past fall. For a donation to the UWCCC, people could have their names painted onto a band member's jersey during the November 6 home game of the Wisconsin Badgers football team. 1,000 jerseys were purchased, raising more than $4,000 for the UW Carbone Cancer Center.

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

Advances

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For patient services at the UWCCC, please contact CancerConnect, (608) 262-4802 or (800) 262-3232 or email cancerconnect@uwcarbone.wisc.edu.

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Strollin’ Colon coming week of February 17

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

The Strollin’ Colon is a foot 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 pylorus, 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-away and fun-filling information.

Locations hosting the exhibit include:

Monday, February 17 – Gordon Commons on UW-Madison campus, Madison
Tuesday, February 18 – University Library, Verona
Wednesday, February 19 – Boys and Girls Club of Dane County (Allied Drive, Madison)
Thursday, February 20 – Highbias Mall, Madison
Friday, February 21 – Hy-Vee West, Madison
Saturday, February 22 – East Town YMCA, Madison

Groupe of any age and welcome to attend. For complete details, including hours of operation, please visit uwhealth.org/strollincolon or contact Katie Willequette, (608) 263-0160 or kwillequette@uwcarbone.wisc.edu.

Improving Care for Lung Cancer Patients through Personalized Treatment

C

ical 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 (LDOWG) is one of 17 research groups designed to improve patient care through collaboration. It includes a team of doctors, nurses and researchers 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 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 cancer 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. The new approach offers from traditional chemotherapy by stimulating the body’s immune response to recognize the cancer and therefore attack the cancerous cells. Leal and the LDOWG team are examining several novel treatments involving antibodies that block immune response 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 model of launching a study in another frontier of care: developing molecular markers to individualize lung cancer treatment.

In the upcoming weeks, the team evaluates patients. A model of detecting mutations in a protein entitled “Molecular Markers to Individually Target Treatment,” using a gene sequencer, the study will test patients for potential mutations in their genetic makeup, then match patients with clinical trial testing the efficacy of drugs directed at each specific mutation.

Reducing Disparities: Lessons Learned in Lowering Cancer Rates

Cancer rates in the state are on the decline, but for some Wisconsinans, 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 American African woman who grew up in Madison, Eimi Bailey, Cancer Disparities Initiative (CDHI) Outreach and Education associate, knows first-hand that cancer isn’t just a statistic. When her mother, Jerice Zwettler, was diagnosed with breast cancer in 2005, Bailey wanted answers. Her search led to the local chapter of The Wellness Project, an organization dedicated to improving health and survival rates of breast and cervical cancer prevention to African American women in the Madison area.

It wasn’t until Bailey put her passion for finding answers to work by planning “Heather’s Table,” for The Wellness Project. The annual event honors an African American breast cancer survivor with stories of how she overcame obstacles.

Bailey’s plan included hosting grass-roots awareness. One way she’s done this is by purposefully strengthening ties between members of community leaders fighting for this cause. It provides a model for reducing cancer disparities everywhere.

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Bailey has already seen payoff. One member of the board is Carolyn Rupini, a colon cancer survivor and retired dietitian. Providing monthly information on healthy eating habits to the congregation at the predominantly African American Mt. Zion Baptist Church, Rupini views 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 Rupini provides information, including healthy recipes, at Mt. Zion, and shares information at periodic meetings at the church and in the community.

Boo 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 it’s my chance to educate others about it.”

The retired Oscar Mayer chief legal counsel was recently tapped to lead the group 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 goal is 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 Prostate Cancer Awareness Walk. The group, whose mission includes making proactive cancer screening a priority. They brought together 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 work of the Vaccine and Immunology Institute, which may help to reduce the disparity of cancer deaths among African Americans in the future, please return this form to:

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We’ll see Cancer Clear and Simple have an effect in Dane County, and now we’re doing our part to apply the techniques to reduce the disparity of cancer deaths in Dane County.”
You have Visited Our New Cancer Nutrition Website!

Visit our new site for more details on all events.

ImmunoTherapy: A Promising New Weapon in the Childhood Cancer Treatment Arsenal

As they have for the past four decades, the UW Children’s Cancer Research Group has been a leader in the field of cancer immunotherapy. This type of therapy harnesses the patient’s own immune system to fight cancer. It is based on the idea that the body’s immune system can be trained to recognize and attack cancer cells.

There are two main types of immunotherapy: adoptive cell therapy and checkpoint inhibitors. Adoptive cell therapy involves removing the patient’s immune cells, activating them in the laboratory, and then reintroducing them back into the patient. Checkpoint inhibitors work by blocking the signals that cancer cells use to evade the immune system.

In recent years, there has been a surge of interest in using immune checkpoint inhibitors to treat cancer. These drugs target molecules on the surface of cancer cells that are responsible for shutting off the immune response. By blocking these molecules, the immune system can be activated to attack the cancer cells.

One of the most promising checkpoint inhibitors is pembrolizumab (Keytruda), which targets a protein called PD-1. When PD-1 is blocked, the immune system is able to better recognize and destroy cancer cells.

However, not all patients respond to pembrolizumab. This is where adoptive cell therapy comes in. Researchers are using adoptive cell therapy to treat patients who have not responded to checkpoint inhibitors.

The goal of adoptive cell therapy is to transfer the patient’s own immune cells back into their body in a modified form. These modified cells are designed to be more effective at识别 and destroying cancer cells.

One approach is to genetically engineer the immune cells to express new receptors that help them recognize cancer cells. These receptors are often found on other parts of the body that are not involved in cancer, such as lung or kidney tissue.

In other cases, researchers are using a technique called chimeric antigen receptor (CAR) therapy. This involves removing the patient’s immune cells and creating a new receptor that is specifically designed to target cancer cells.

The hope is that these modified immune cells will be able to recognize and destroy cancer cells even when other treatments have failed.

For more information about these and other clinical trials at the UW Carbone Cancer Center, please visit uwhealth.org/cancertrials.

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 one of the world’s leaders in clinical trials. The UW Carbone Cancer Center is committed to improving the quality of life for patients with all types of cancers.

The center offers a wide range of clinical trials, from early stage research to advanced treatments. These trials include studies for all types of cancer, including breast, lung, colon, and prostate.

As more people participate in clinical trials, the better we can learn about the effects of different treatments. This helps researchers develop new drugs and therapies that can help more people with cancer.

Breast Cancer

Although triple-negative breast cancers represent only approximately 15% of all breast cancers, this subtype of breast cancer is associated with worse prognosis and does not benefit from specific targeted therapies. Thus, chemotherapeutic combinations are often given to patients with other types of breast cancer. However, recent studies have shown that these therapies may also be effective for triple-negative breast cancer.

A new study has found that the combination of chemotherapy and hormone therapy may be more effective than chemotherapy alone for patients with triple-negative breast cancer. The study, which included 100 patients with stage IIIB or IV breast cancer, found that the combination of chemotherapy and hormone therapy was associated with a higher rate of complete response than chemotherapy alone.

This study suggests that a combination of chemotherapy and hormone therapy may be an effective treatment for patients with triple-negative breast cancer. Further research is needed to confirm these findings and determine the best treatment for these patients.

Gynecologic Oncology

Living with cancer is not easy. That is why researchers at the UW Carbone Cancer Center are committed to improving the quality of life for patients with all types of cancers.

The center offers a range of clinical trials, from early stage research to advanced treatments. These trials include studies for all types of cancers, including breast, lung, colon, and prostate.

Breast cancer is the most common type of cancer among women, and it is the leading cause of cancer death among women. Therefore, there is a great need for new treatments that can help more women with breast cancer.

Recent studies have shown that there may be new treatments available for patients with breast cancer. For example, a new type of immunotherapy called pembrolizumab has been shown to be effective in treating patients with breast cancer.

Overall, these new treatments offer hope for patients with breast cancer. However, more research is needed to determine the best treatment for each patient and to ensure that these new treatments are safe and effective.

For more information about these and other clinical trials at the UW Carbone Cancer Center, please visit uwhealth.org/cancertrials.