

Obesity Problem Grows in Chicago's Asian Community

UCHICAGO CANCER researchers have spotted a troubling health trend in Chicago's Asian community, and they are taking steps to counteract it. New research shows nearly one out of every two Asians in Chicago is either obese or overweight. Over time, obesity can lead to diabetes, heart disease and stroke, and is a risk factor for cancer.



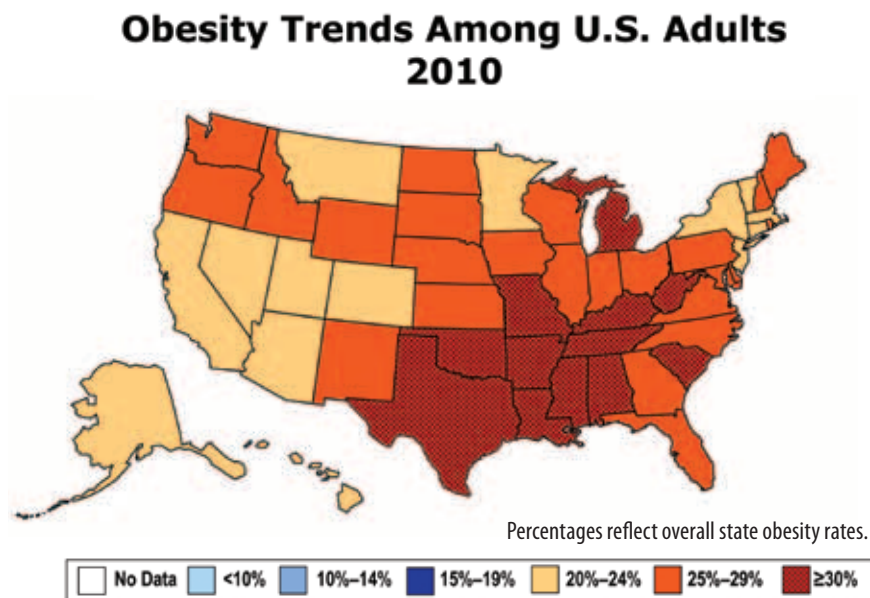
Karen E. Kim, MD, MS
Photo by David Christopher

"Asian Americans are the only group to have cancer as the #1 cause of death," explained Karen E. Kim, MD, MS, associate professor of medicine and director of the UCCCC Office of Community Engagement and Cancer Disparities (OCECD). "Losing weight and quitting smoking can reduce your risk for cancer. I want to help people make behavioral changes so they can live healthier lives."

Changing Perceptions

The OCECD is working with the Asian Health Coalition to try to understand the cultural and geographical reasons behind this growing weight problem. One reason, they found, is that food deserts exist in Chinatown. There is minimal access to stores that sell affordable fresh fruits, vegetables, and other healthy foods. Food deserts are also common in many South Side communities where obesity rates, especially among black women, are higher than in any other racial or ethnic group in the nation.

The belief among Asians that weight correlates with wealth and status is also contributing to the growing obesity problem. "The cultural perception is that if you are overweight, you are well-fed, suc-



Source: Behavioral Risk Factor Surveillance System, CDC.

Our finding is that Asians in Chicago don't think obesity is a problem.

—Karen E. Kim, MD, MS

cessful, and healthy," said Dr. Kim. "Our job is to open a dialog with the community, get them to start thinking about the consequences of obesity, and then motivate them to make changes. First, they have to believe that there is a problem. Right now, our finding is that Asians in Chicago don't think obesity is a problem."

Obesity Rates in Illinois

The Centers for Disease Control and Prevention recently released a state-by-state list of obesity prevalence in the United

States. Illinois ranked #34 with an obesity rate of 28.2%. Colorado had the lowest obesity rate (21.0%) while Mississippi had the highest rate (34.0%). Although Cook County had an overall obesity rate (24.9%) that was lower than the state average, Dr. Kim and her research collaborators will publish data in the near future showing that the obesity rate among Asians in Chinatown is significantly higher than the reported average, and that the obesity rate among Asian youth is the fastest growing rate of any group in the nation.

"If you look at junk food consumption, Asians are some of the highest consumers because junk food is expensive and it shows that you've acculturated yourself," said Dr. Kim.

The OCECD will use a grant from the National Institutes of Health to help create awareness about obesity and to create a strategic plan that aims to reduce body

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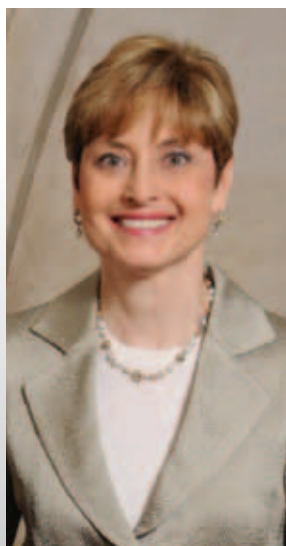
Two Honors Mark Quality, Innovation in UChicago Cancer Program

The University of Chicago (UChicago) cancer program gained ground in the 2011-2012 *U.S. News & World Report* annual Best Hospitals survey. The #14 ranking is one position higher than the previous survey and maintains UChicago's position as the #1 ranked cancer program in Illinois. The rankings are based on a mathematical formula that takes into account expected mortality, actual mortality, technology, patient services, patient volume, and a few other factors.

The cancer program also received a 3-year accreditation with commendation from the American College of Surgeons Commission on Cancer. The rating, the highest overall, commended the Cancer Program in seven key areas:

- Outcomes analysis
- Quality of National Cancer Data Base (NCDB) data submission
- College of American Pathologists (CAP) guidelines
- Clinical trial accrual
- Prevention and early detection
- Cancer education for registry staff
- Cancer-related quality improvements

"We are honored to receive such a high rating," said UCCCC Director Michelle Le Beau, PhD. "For our patients, this means they can expect to receive quality, comprehensive care that includes a multidisciplinary team approach, a complete range of state-of-the-art services and treatments, and access to early detection programs, cancer education, and support services."



Michelle M. Le Beau, PhD

FROM THE DIRECTOR

When the National Cancer Act was signed 40 years ago and the nation turned its focus to understanding cancer, research had merely scratched the surface of cancer's complexities.

In this issue of *Pathways to Discovery*, we bring you stories that demonstrate how much progress has been made since 1971 in many areas of cancer research, including prevention, detection, treatment, and survivorship.

Progress, however, often comes with a price tag. Each year, as expensive new drugs, devices, and procedures are developed, the cost of cancer rises exponentially. Recognizing this as an important problem facing the U.S., The Uni-

versity of Chicago has harnessed its expertise in economics to establish a new, collaborative program that studies the economic impact of cancer.

We have made great progress over the years in the standard of care we can offer our patients. With more treatments available than ever before, patients can expect to see benefits from the latest research. We tell the story of a young mother who experienced UChicago's innovative care when her doctors

removed her cancer and a previous breast implant and then reconstructed her breast during the same surgery.

We have also come a long way in understanding cancer disparities. In this issue, we report on an initiative that the Office of Community Engagement and Cancer Disparities is undertaking to address an alarming trend toward obesity in Chicago's Asian community. Over time, obesity can lead to diabetes, heart disease, and stroke, and increases the risk of cancer.

Sharing knowledge and expertise with colleagues abroad has added more depth to our own pool

of cancer knowledge. Recently, UChicago had a unique opportunity to host oncologists from many different countries to show them the latest developments in comprehensive cancer care and learn how they handle various situations in their own countries.

Enjoy the issue,

Michelle M. Le Beau, PhD
Director, The University of Chicago Comprehensive Cancer Center
Arthur and Marian Edelstein Professor of Medicine

Anniversary Helps to Refresh Importance of Cancer Research

THERE IS NO question that cancer research today is light years ahead of cancer research from 40 years ago. But, could researchers have accomplished what they did without the help of the National Cancer Act (NCA)?

“I don’t believe we would have,” said UCCCC Director Michelle Le Beau, PhD, Arthur and Marian Edelman Professor of Medicine. “The National Cancer Act really focused the nation’s attention on cancer and provided the resources needed to make a difference.”

The UCCCC and organizations including the American Association for Cancer Research (AACR) are celebrating the 40th anniversary of the NCA, signed into law on December 23, 1971. The Act gave the National Cancer Institute (NCI) unique autonomy and budget authority within the National Institutes of Health (NIH).

“It really instilled a confidence in the scientific community that the government was willing to do whatever it took to eradicate cancer or to pursue avenues of research that would result in better prevention, better diagnosis, and better treatment of cancer,” said Jon Retzlaff, MPA, MBA, managing director of science policy and government affairs at the AACR.

Pioneering UChicago cancer researcher Janet Rowley, MD, DSc, said she agrees, “The NCA helped my research because it substantially increased funding for investigator-initiated projects focused on cancer.” Shortly after the NCA went into effect, Dr. Rowley made the seminal discovery that confirmed a genetic basis for cancer. She found that leukemia was caused by a translocation of two chromosomes. In 1974, she applied for and received her first NIH/NCI grant to continue her pioneering research that would eventually lead to the first personalized therapy for cancer and better treatment outcomes.

“The morbidity from cancer, comparing 1971 to 2005, is like night and day,” said former NCI Director Vincent DeVita, MD, in a 2005 interview.

Changes at UChicago

When The University of Chicago was awarded its first Cancer Center Support Grant in 1973, it was one of the first in the nation. The grant provided important funding for core facilities, which allow scientists to utilize state-of-the-art technology and share expertise with other faculty.

“Our funding also allowed us to have pilot projects



Janet Rowley, MD, DSc, made a seminal breakthrough in her UChicago lab in 1972. She discovered that a translocation of two chromosomes causes leukemia. This breakthrough was the first to confirm a genetic basis for cancer and paved the way for today’s targeted therapeutics, such as imatinib (Gleevec®).

Photo courtesy of The University of Chicago

and provided incentives for collaborative research,” said Dr. Le Beau, whose research focuses on hematologic malignancies, specifically leukemia. “In my laboratory, we were very self-sufficient in terms of microscopy, but we didn’t have flow cytometry. Because of the Cancer Center Support Grant, I was able to use flow cytometry technology and develop collaborative projects with investigators outside of hematology/oncology.”

Moving forward, Dr. Le Beau said cancer research will become more computational and require a much more diversified, global team of experts capable of understanding cellular processes at a much finer level. “Cancer is so complex,” she said. “Once we identify all of the pieces, we will have a better understanding of how you can put those pieces together or what happens when you adjust one piece.”

Dr. Rowley concurred: “In 5 years, I expect more col-

laborations with physicists and chemists. Research and diagnosis will be much more precise. I hope that we will have identified a number of recurring mutations in most cancers, and that we will have developed a number of effective therapies that specifically target those mutations.”

Importance of Funding Cancer Research

The AACR is encouraging the entire cancer community—researchers and patients—to openly support continued and even increased government spending on cancer research.

The American Cancer Society predicts there will be 1.6 million new cancer diagnoses this year with more than a half-million cancer deaths. A study published in 2006 in the *Journal of Political Economy* reported that by reducing cancer deaths by just 1%, there would be a savings of \$500 billion—that is nearly 2.5 times what the U.S. spent on cancer in 2006.

Retzlaff said the NCA is also responsible for economic development. “The biotech industry was created because of the resources put into NIH and NCI. From a global competition point of view, the U.S. has been a leader in this industry. The only way to continue that is to ensure that sustainable resources are provided to NIH and NCI.”

The NIH is preparing to launch the National Center for Advancing Translational Sciences (NCATS) this fall. NCATS will bring together expertise in the public and private sectors and will help speed the process for developing, testing, and implementing new ways to diagnose and treat disease.

“Opportunities to advance the discipline of translational science have never been better,” wrote NIH Director Francis Collins, MD, PhD, in the July 2011 issue of *Science Translational Medicine*. “We must move forward now. Science and society cannot afford to do otherwise.”

Editor’s Note: In the next issue of *Pathways*, we will take a look at the clinical impact of the NCA.

40 Years of Cancer Progress

In late September, the American Association for Cancer Research (AACR) unveiled a cancer progress report that outlines research successes since 1971 and presents future opportunities. To view a copy of the report, go to the AACR website at aacr.org. To see a list of major cancer events and discoveries at UChicago, see our interactive timeline at cancer.uchicago.edu/about/timeline.shtml.

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Continued from Previous Page



A recent OCECD wellness event in the Asian community offered glaucoma screenings, a cancer screening survey, and flu shots.

Photo by David Christopher

mass index (BMI) in Asians in Chicago within the next 2 years. BMI is a measure of fat based on height, weight, and body frame. Part of the process will include identifying specific strengths and challenges within a community, so that those areas can be addressed. In addition to the Asian Health Coalition, the OCECD will work with the Consortium to Lower Obesity in Chicago Children (CLOCC) and other community outreach groups at The University of Chicago.

Open Cancer Clinical Trials

Patient enrollment is under way for more than 350 clinical trials at The University of Chicago Comprehensive Cancer Center.

Our new clinical trials include:

- Randomized phase II study of AZD6244 MEK-inhibitor with erlotinib in KRAS wild type advanced **non-small cell lung cancer (NSCLC)** and a randomized phase II study of AZD6244 with erlotinib in mutant KRAS advanced NSCLC—Everett Vokes, MD, principal investigator.
- Phase I study of vorinostat in combination with 13-cis-retinoic acid in patients with refractory/recurrent **neuroblastoma**—Susan Cohn, MD, principal investigator.
- Phase III randomized trial of the effect of metformin versus placebo on recurrence and survival in early stage **breast cancer**—Olwen Hahn, MD, principal investigator.
- Phase II study incorporating sorafenib into the therapy of patients ≥ 60 years of age with FLT3 mutated **acute myeloid leukemia**—Wendy Stock, MD, principal investigator.

To learn more about these or any other UCCCC clinical trial, call toll-free 1-855-702-8222 for adult clinical trials or 1-773-702-6808 for pediatric clinical trials, or go to cancer.uchicago.edu and click on Search Clinical Trials in the blue box.



Pathways to DISCOVERY

At the Forefront of Discovery

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Weighing Costs of Cancer Leads to Novel UChicago Collaboration

CANCER CARRIES A hefty price tag, costing an estimated \$270 billion a year in the United States alone. Yet there is no ceiling in sight, as expensive new drugs, devices, and procedures hit the market with accelerating frequency. As the economic impact of cancer grows, understanding the effects of the disease will require more than clinical and biological expertise.

To achieve a richer understanding of the costs of cancer, The University of Chicago has established the Program in the Economics of Cancer. Led by economist Ya-Chen Tina Shih, PhD, the first-of-its-kind program will look at cancer and its treatment in the real world, where patients have varying priorities and healthcare dollars are finite. By uniting cancer researchers with experts from the social sciences, Dr. Shih's group aims to weigh the costs and benefits of these new technologies so that patients receive the best, most logical care, rather than just the latest, often-pricey option on the market.

"What we would like to do is provide an environment that enables oncologists to study those questions without having to learn everything themselves," Dr. Shih said. "They can team up with economists or people in operations research or health services research, and can work on issues together. Similarly, people with no medical training who are interested in exploring those questions can find their clinical collaborators here."

Analyzing Cancer's Costs

To calculate the cost of cancer, one must go beyond money spent on drugs, procedures, doctor's appointments, and devices. Other contributors are the indirect cost of missing work due to illness, side effects or surgery, permanent loss due to death, and a patient's quality of life under different treatments.

Performing a cost-effective analysis can help determine if a new treatment is a significant enough improvement over the current standard of care to justify coverage by insurance



Ya-Chen Tina Shih, PhD
Photo by Shahzad Ahsan

companies; however, current clinical trials often do not incorporate the measures needed to conduct such an analysis.

Dr. Shih hopes that the Program in the Economics of Cancer, funded in part by a grant from The University of Chicago Cancer Research Foundation Women's Board, will help cancer researchers design clinical trials with economic questions in mind. Such trials would allow researchers to gather information about costs *before* the potential release of new technologies that may provide very small benefits relative to substantial costs.

"You don't at the conclusion of a trial say 'let's add a cost-effectiveness analysis to that.' By then, it's way too late," Dr. Shih said. "The idea is to get more people interested in collecting these data at early time points, so that when they really want to answer

a question, they have the data to answer it."

Looking at new treatments through an economic lens can help predict the impact of the technology after the clinical trial.

"We serve underserved populations, so our physicians

have an interest in knowing the impact of newer technologies and if there are access issues where cost may be a barrier to receiving good care," Shih said. "Those are the types of information produced from our research that might be helpful to them."

"The burden of cancer and cost of cancer care are among the most important challenges facing the U.S.,"

said David Meltzer, MD, PhD, associate professor of medicine and chief of the Section of Hospital Medicine. "The University of Chicago's strength in economics and cancer and its rich tradition of interdisciplinary research make it an ideal place for the development of this program."

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David Meltzer, MD, PhD

ONE IN THREE American adults uses some form of complementary and alternative medicine (CAM)—according to the 2007 National Health Interview Survey—yet most fail to mention this during conversations with their doctor.

While healthy people may look to CAM to improve their health, others, including cancer patients, sometimes choose CAM to treat an illness or to help cope with the side effects of treatment.

Herbal medicine is one of the most commonly used forms of CAM, with many patients regularly taking supplements such as ginseng, St. John's wort, ginkgo, echinacea, valerian root, and grape seed extract.

"Patients are enthusiastic about the use of herbal supplements even though we don't know how effective or dangerous they are," said Chun-Su Yuan, MD, PhD, Cyrus Tang Professor of Anesthesia & Critical Care. He added that despite their widespread use, herbal supplements do not need FDA approval before they are marketed, and most have not undergone rigorous scientific research to determine their benefits and risks.

The Tang Center for Herbal Medicine Research at The University of Chicago

Cancer Patients Urged to Tell Their Physicians about Herbal Medicine Use

Ginkgo biloba seeds in a Chinese herbal shop.
Photo by Jeannette Lambert

was established in 2000 to study the efficacy and safety of herbs that have long been used in East Asia and are now becoming more popular in the United States as remedies for various illnesses or as enhancements to general health.

Dr. Yuan, who directs the Tang Center, said some herbs with antioxidant properties, such as ginseng and green tea, are being investigated for their potential use in the treatment of side effects from chemotherapy and radiation therapy, as well as for their anticancer properties. He has been working with Tong-Chuan He, MD,

PhD, associate professor of surgery, and Wei Du, PhD, professor in The Ben May Department for Cancer Research, to study anti-colon cancer effects of American ginseng and notoginseng, which are widely used but little-studied herbal therapies for a variety of ailments.

While many herbs show promise for medicinal benefit, Dr. Yuan cautioned that evidence-based research about herbal medicine is still in its infancy.

Natural vs. Safe

A prevailing misconception is that any product that is natural is harmless; however, herbs are made of complex chemical compounds and work like drugs to produce changes in the body that are not yet fully understood. Herbal supplements may also trigger harmful interactions with other medications. For example, Dr. Yuan and colleagues published research in 2004 in the *Annals of Internal Medicine* that showed American ginseng reduces the anticoagulant effect of warfarin, a drug commonly used to prevent blood clots.

Dr. Yuan was a co-author of another study, published in 2001 in *The Journal of the American Medical Association*, that found

A LITTLE MORE WITH...

Ya-Chen Tina Shih, PhD

Associate Professor of Medicine

If you were not an economist, what would your profession be?

Probably a veterinarian who is also a Chow Chow breeder.

What do you do for relaxation?

I read good novels, take long walks with my husband and our Chow, and shop online.

Where have you been that you feel everyone should go?

Taipei, Taiwan. It has wonderful people, great food, excellent public transportation, and a lot of cultural activities. It is also my home town.

If you could visit any research lab in the world, where would it be and why?

As an economist, we don't really have a "lab." I'd like to visit the National Institute for Health and Clinical Excellence in the U.K. It is known for its ability to incorporate economic aspects into the coverage decision of new treatments. I am curious about the decision-making process there.

Who is the person you most admire?

I admire those who manage to find the time, courage, and energy to want to make a difference in the world after having been through some life-shattering events themselves. I see this quality in many cancer survivors.

What was the last book you read?

Bridge of Sighs by Richard Russo. He has this amazing ability to tell a story that is sweet, funny, and sad at the same time. In fact, I think one of his books, *Straight Man*, is a must-read for people in academia.

What is the most daring thing you have ever done?

Elephant riding in Thailand. I really did not enjoy it. Throughout the entire ride, I was worried about falling off and being trampled by the elephant!

If you had one piece of advice for someone considering your field, what would it be?

Keep an open mind about what other disciplines can bring to your research. The beauty of multidisciplinary collaboration is not only that it enriches your own research, but it also makes research a lot more fun because there are always new things to learn.

Patients are enthusiastic about the use of herbal supplements even though we don't know how effective or dangerous they are.

Chun-Su Yuan, MD, PhD

several common herbs—such as echinacea, ephedra, garlic, ginkgo, ginseng, kava, St. John's wort, and valerian—may have a negative impact on patients before, during, and after surgery. The complications included heart attack, excessive bleeding, and problems with anesthesia.

The increasing popularity of herbal medicine and its potential to interfere with other medications or surgery make it essential for doctors to include herbal supplement use as part of the conversation with their patients.

"Oncology patients are taking herbal medicine whether they tell their physicians or not," Dr. Yuan said. "Now, more than ever, it is important for physicians to have a working knowledge of herbal medicine and a familiarity with the potential benefits and adverse effects."

Bhutanese Surgical Oncologist Finds Mentor at UChicago

CANCER IS PREVALENT in every corner of the world, bringing together healthcare professionals on a global scale to share information about this devastating disease. The UCCCC recently participated in a program that fosters such collaboration among oncologists from various countries. The International Development and Education Award (IDEA) program matches award recipients with volunteers from oncology programs in the United States and Canada who serve as mentors for professional development and continuing education.

“Our mission is to partner with others who may not have access to some of the information or technology we have and help them enhance care in their own country,” said Mitchell Posner, MD, Thomas D. Jones Professor of Surgery, who spent June 7–10 hosting Tashi Wangdi, MBBS, MS, a surgical oncologist at the National Referral Hospital in Thimphu, Bhutan.

In the small Asian nation of Bhutan, stomach cancer is one of the most common cancers; yet, cancer care is at a basic level, with limited resources and technology. Dr. Wangdi cited this lack of adequate care as the reason he chose to pursue oncology. He compared cancer patients to orphans who were often shuffled from one place to another, without anyone stepping forward to care for them. Because the treatment for stomach cancer often involves surgery, Dr. Posner acknowledged Dr. Wangdi’s potential to substantially improve patient outcomes.

An Eye-Opening Experience

While at UChicago, Dr. Wangdi shadowed Dr. Posner, a highly regarded gastrointestinal (GI) cancer expert, to learn about the GI oncology program. As part of his educational experience, he attended surgical conferences, saw patients in the outpatient clinic, observed procedures in the operating room, met with faculty, and dined with the surgical oncology fellows. Dr. Wangdi called the experience “eye-opening” because, for the first time, he was able to see the multidisciplinary approach used in comprehensive cancer care.

Of the many observations Dr. Wangdi made, he said he was most struck by how Dr. Posner treated and com-



Tashi Wangdi, MBBS, MS (left), a Bhutanese surgical oncologist, gains cancer care knowledge and career development from his mentor, Mitchell Posner, MD, Thomas D. Jones Professor of Surgery.



Marjorie Carson, MSN, MBA, OCN, CRNI, clinical director for IV therapy, shows a group of international visitors around the infusion therapy suite, where cancer patients receive their chemotherapy.

municated with his patients. “Professionalism is something that can take you far, and that’s something I saw here that really impressed me,” Dr. Wangdi said. “I would like to imbibe some of this into me and perhaps I can be a leading example in my country.”

A Global Approach to Cancer Care

The IDEA program, developed by the American Society of Clinical Oncology (ASCO), afforded Dr. Wangdi and more than 20 other IDEA award recipients from around the world to attend ASCO’s annual meeting, held June 3–7 at McCormick Place in Chicago. The group was also invited to spend a day at UChicago, where they met with UCCCC researchers and toured several clinical and research facilities. They also had an opportunity to learn about current oncology topics at UChicago during a lunch seminar.

I may not be able to take back everything I saw, but there are certain things I may be able to incorporate into my country.

Tashi Wangdi, MBBS, MS

“I think it’s a great program. What ASCO has done is a real example of how to exchange information with our partners from around the globe,” Dr. Posner said. “The world is very small and I think that it is part of our DNA to try to enhance patient care—wherever it may be.”

As for Dr. Wangdi, he was excited to bring the experience he gained in Chicago back to his patients in Bhutan.

“I may not be able to take back everything I saw, but there are certain things I may be able to incorporate into my country,” Dr. Wangdi said. “It’s a small step toward achieving good cancer care for my people.”



Panel discussion included (from left): Rashmi Chugh, MD, medical director of the DuPage County Public Health system, Kathy Ritger, MD, from the Chicago Department of Public Health, Mike Demetria, MD, from Cook County Stroger Hospital, Damon Arnold, MD, medical director of the Illinois Public Health Department, Stuart Fong, MD, from San Francisco Hep B Free, and Karen E. Kim, MD, MS, director of the UCCCC Office of Community Engagement and Cancer Disparities. (not pictured) Martha Saly, executive director of the National Viral Hepatitis Roundtable.

Health Advocates Step Up Fight Against Viral Hepatitis



Illinois State Senator Kwame Raoul

The UCCCC was among the hosts of a Viral Hepatitis Leadership Breakfast that kicked off Illinois Health Awareness Weekend in July. At least one in 12 Asian Americans has chronic hepatitis B (HBV), while blacks account for one in five cases of hepatitis C (HCV) infections. Hepatitis is often called a silent killer



Congressman Danny Davis (D-Ill.)

because it has no symptoms. Left untreated, hepatitis can lead to liver cancer. Health advocates are stepping up efforts for screening and preventive vaccines.



(from left) Jason Krawetz, Matt Rosenberg, Zachary Bulwa, and Shane Massel
Photo courtesy of The Cure It On The Court Foundation

Basketball Tournament Supports Pediatric Cancer Research at Comer

Now in its fourth year, the North Shore 3-on-3 Summer Showdown raised nearly \$5,000 to benefit pediatric cancer care and research at Comer Children’s Hospital at the University of Chicago. The charity basketball tournament was held July 17 in Deerfield, Ill., and brought together more than 100 athletes to play for the cause. Zachary Bulwa, a graduate of Glenbrook North High School and the University of Illinois, decided to combine his passions for basketball and medicine after shadowing physicians and scientists at UChicago. He started the tournament in 2008 and last year established The Cure It On The Court Foundation.



MEMBER NEWS & NOTES

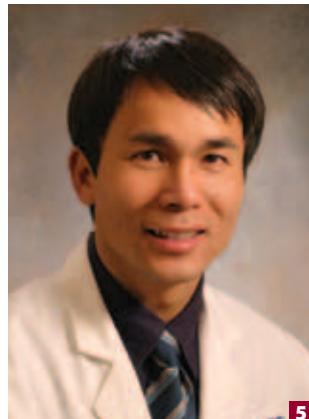
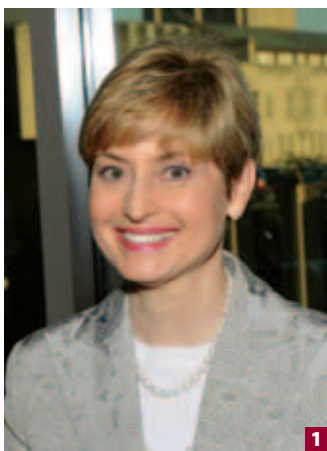
1 UCCCC Director **Michelle M. Le Beau, PhD**, Arthur and Marian Edelstein Professor of Medicine, has been elected as vice president/president-elect of the Association of American Cancer Institutes (AACI), an organization that unites 94 cancer research centers to educate policy leaders and the public about the important role cancer centers play in reducing the burden of cancer in their communities. Dr. Le Beau will be the association's first female president and will serve 2 years each as AACI's vice president/president-elect, president, and immediate past-president.

2 **Janet Rowley, MD, DSc**, Blum-Riese Distinguished Service Professor of Medicine, Molecular Genetics & Cell Biology, and Human Genetics, was recently honored three times for her revolutionary work in human genetics and cancer research. In May, Yale University presented her with an honorary Doctor of Medical Sciences degree. In June, The University of Chicago Alumni Association granted her the 2011 Alumni Medal, an honor that recognizes achievement of an exceptional nature in any field. And, in July, she was chosen for the Ernest Beutler Lecture and Prize to be presented at the American Society of Hematology annual meeting in December.

3 **Sonali Smith, MD**, associate professor of medicine, was appointed director of the Lymphoma Program in the Section of Hematology/Oncology. As a UChicago faculty member since 2001 and associate director of the Lymphoma Program since 2006, Dr. Smith's productive career in lymphoma clinical care and research has led her to become a national leader in the field. She was also recently elected for a 5-year term on The Lymphoma Research Foundation (LRF) Scientific Advisory Board (SAB). The SAB, comprising the world's leading lymphoma researchers and oncologists, is responsible for supporting the most innovative and promising lymphoma research projects.

4 **Olufunmilayo Olopade, MBBS**, Walter L. Palmer Distinguished Service Professor of Medicine & Human Genetics, associate dean for global health, and director of the Center for Clinical Cancer Genetics, was elected to the American Philosophical Society for her contributions to medicine, in particular, breast cancer research. Her research focuses on interactions between genetics and environment in the onset of breast cancer, especially the genetic basis of breast cancer in young women of African ancestry in the U.S. and West Africa, and on the prevention and early detection of breast and ovarian cancer in women at high risk.

5 Gabrielle's Angel Foundation for Cancer Research honored **Vu Nguyen, MD**, assistant professor of medicine, as one of the "crème de la crème" of the nation's junior investigators. Dr. Nguyen was among 17 recipients of a 3-year medical research award. The foundation funds basic and clinical medical research in both conventional and integrative disciplines that focus on prevention, treatment, and quality-of-life issues of leukemia, lymphoma, and related cancers.



Photos courtesy of The University of Chicago and The University of Chicago Medical Center

IN MEMORIAM:

James B. Nachman, MD, 1948–2011



The UCCCC mourned the loss of a pediatric cancer specialist who everyone knew simply as "Doc Nach." James B. Nachman, MD, professor of pediatrics, passed away in June from a heart attack while on a rafting trip in the Grand Canyon. As chair of several Children's Oncology Group national study committees, Dr. Nachman was an authority on childhood cancers—especially leukemia and lymphoma. He helped develop a treatment regimen known as "augmented post-induction therapy" for acute lymphoblastic leukemia (ALL) and led the 1998 clinical trial that demonstrated substantially improved survival for ALL patients who had a slow response to initial therapy. He worked on understanding which Hodgkin lymphoma patients were at greatest risk for therapy-related second cancers and used that knowledge to adjust their initial therapy. He was also a key player among UChicago specialists in the treatment of bone and soft tissue sarcoma in children.



6 **Susan Cohn, MD**, professor of pediatrics, was awarded funding from the St. Baldrick's Foundation to help develop tools to streamline and enhance data from more than 11,500 children with neuroblastoma. The improved database will facilitate studies for the International Neu-

roblastoma Risk Group. St. Baldrick's Foundation distributed more than \$21 million to fund childhood cancer research this fiscal year.

Hyundai Provides Hope for Pediatric Leukemia Patients

SURROUNDED BY six young cancer survivors, Jill de Jong, MD, PhD, accepted a check for \$50,000 from Hyundai Hope on Wheels for her work in leukemia research. Dr. de Jong is a 2011 Hyundai Scholar. The check presentation was in July at UChicago's Knapp Center for Biomedical Discovery. Following the event, the kids had the opportunity to put their handprints on the Hyundai Hope on Wheels car.



(Children from left) Oliver Canales, Coleson Arends, Jameson Rush, Madison Booker, Rocco Debergh, and Octavio Carrillo. (Adults from left) Rebecca Canales, Dr. de Jong, assistant professor of pediatrics, Brian O'Malley, Hyundai general manager, Kevin Robinson, sales manager at Gregory Hyundai, and John Cunningham, MBBCh, MSc, professor of pediatrics and chief of the Section of Pediatric Hematology/Oncology. Photos by Bruce Powell



RESEARCH HIGHLIGHTS

The following represent some of the research accomplishments by UCCCC members published May–August 2011.

Genetic Variations Predict Second Cancers for Pediatric Hodgkin Lymphoma Patients

Researchers can now predict which patients with Hodgkin lymphoma are most likely to develop second cancers resulting from radiation therapy years after treatment. **Kenan Onel, MD, PhD**, associate professor of pediatrics, and colleagues analyzed the genomes of more than 300 Hodgkin lymphoma survivors who had been treated with radiation during childhood, half of whom (158) developed second cancers. The researchers found that two genetic variants were significantly associated with increased cancer risk.

“This finding means we can better identify children who are most susceptible to radiation-induced cancers before treatment begins and modify their care to prevent this serious long-term complication,” said Dr. Onel in a press release. Additional UChicago researchers on the study included **Andrew D. Skol, PhD**, assistant professor of medicine, **Olufunmilayo Olopade, MBBS**, Walter L. Palmer Distinguished Service Professor of Medicine & Human Genetics, and **R. Stephanie Huang, PhD**, instructor of medicine.

(Best et al., *Nat Med* 17:941-943, 2011)

Second Round of Treatment Helpful for Select Head and Neck Cancer Patients

A UChicago study has identified which patients with recurrent or a second primary head and neck cancer would benefit from chemotherapy combined with radiation therapy (CRT). Researchers found that although the combined treatment can offer the chance of a long-term cure, those previously treated with CRT had a poorer survival rate; therefore, the treatment should be limited to carefully selected patients.

UCCCC members involved with the study included **Daniel Haraf, MD, MS**, professor of radiation and cellular oncology, **Ezra Cohen, MD**, associate professor of medicine, **Tanguy Seiwert, MD**, assistant professor of medicine, **Kerstin Stenson, MD**, professor of surgery, **Elizabeth Blair, MD**, associate professor of surgery, **Louis Portugal, MD**, associate professor of surgery, **Victoria Villalflor, MD**, assistant professor of medicine, and **Everett Vokes, MD**, John E. Ulmann Professor of Medicine.

(Choe et al., *Cancer* published online ahead of print, June 2011)

Tumor Suppressor May Prevent Skin Cancer

A gene known to suppress tumors may hold the key to preventing skin cancer, the most common type of cancer in the U.S. A research team, led by **Yu-Ying He, PhD**, assistant professor of medicine, found that the *PTEN* gene was essential for repairing DNA damage caused by ultraviolet B

(UVB) radiation, a known risk factor for skin cancer. The researchers observed that laboratory mice with lower levels of *PTEN* had a higher risk for UVB-induced skin cancers.

Dr. He said in a press release: “This was an unexpected finding and definitely provides a new approach for chemoprevention strategies. It’s possible that if we can increase *PTEN* activity through nutritional supplements or some sort of pharmaceutical intervention, we may be able to prevent this common cancer.”

(Ming et al., *Cancer Res* 71:5287-5295, 2011)

Beta-Blockers May Improve Relapse-Free Survival for Triple-Negative Breast Cancer

Drugs usually used to treat hypertension and heart disease may improve survival in patients with triple-negative breast cancer, a particularly aggressive subtype of breast cancer that is prone to relapse. **Suzanne Conzen, MD**, professor of medicine, and colleagues conducted a retrospective analysis of data from more than 1,000 breast cancer patients and found that women who took beta blockers during their cancer treatment experienced a longer relapse-free period of survival than those who did not take beta blockers. The results were most striking for the triple-negative subtype.

“Beta blocker use seems to be particularly affecting those estrogen receptor negative tumor cells that are left behind after chemotherapy and surgery, those cancer cells that grow back after the initial therapy and return as a recurrence,” Dr. Conzen said in an article on UChicago’s “Science Life” blog. “It suggests that the beta-adrenergic pathway has something important to do with triple-negative tumor growth and the stress responsiveness of the tumor cells themselves.”

(Melham-Bertrandt et al., *J Clin Oncol* 29:2645-2652, 2011)

Chemotherapy Drug Shows Promise in Resistant Ovarian Cancer

A novel chemotherapy drug demonstrated effectiveness against a difficult-to-treat type of ovarian cancer, according to recently released clinical data from a multicenter phase II trial. **Gini Fleming, MD**, professor of medicine, was among researchers who administered ENMD-2076 to ovarian cancer patients whose disease resisted treatment with a platinum-based chemotherapy regimen. Six sites, including The University of Chicago Medical Center participated in the trial. ENMD-2076 selectively targets and inhibits activity that is believed to contribute to tumor growth. Study results showed no further tumor growth for 6 months in 19% of the patients evaluated. The data were presented at the American



Kenan Onel, MD, PhD, associate professor of pediatrics, and his research team found two genetic variations that can predict which patients with Hodgkin lymphoma are most likely to develop radiation therapy-induced second cancers years after treatment.

Photo by Bruce Powell

Society of Clinical Oncology Annual Meeting held in June.

(Matulonis et al., *J Clin Oncol* 29:ASCO Annual Meeting Proceedings 5021, 2011)

Drug Appears to Help Patients with Rare Lung Cancer

An early phase clinical trial indicates a new treatment option may help patients with bronchioloalveolar carcinoma (BAC), a rare type of non-small cell lung cancer that is less sensitive to traditional chemotherapy.

Ravi Salgia, MD, PhD, professor of medicine, and **Everett Vokes, MD**, John E. Ulmann Professor of Medicine, were among the authors of the phase II study that used bortezomib, a drug that stops large complexes called proteasomes from breaking down proteins, to treat patients with advanced BAC. They found that bortezomib is well-tolerated and is associated with modest anticancer activity, even in patients whose cancer progressed while on a prior form of chemotherapy. Recent data suggest that the incidence of BAC is increasing, notably in younger, non-smoking women.

(Ramalingam et al., *J Thorac Oncol* published ahead of print, June 2011)

Chemo Drug Tested on Rare Thyroid Cancer

Preliminary results are encouraging for an anticancer drug that was used to treat patients with medullary thyroid carcinoma (MTC), which makes up only 4% of all thyroid cancers and does not respond well to conventional chemotherapy. A phase I study of XL 184 (cabozantinib), a drug that targets multiple pathways that influence the development and growth of MTC, showed significant antitumor effects in a large percentage of patients. **Ezra Cohen, MD**, associate professor of medicine, **Mark Ratain, MD**, Leon O. Jacobson Professor of Medicine, and **Ravi Salgia, MD, PhD**, professor of medicine, were among the study authors who reported the findings and noted that a randomized phase III trial is under way.

(Kurzrock et al., *J Clin Onc* 29:2660-2666, 2011)

Cancer Researchers Connect with Their Supporters

MEMBERS OF THE University of Chicago Cancer Research Foundation (UCCRF) Auxiliary Board toured the Knapp Center for Biomedical Discovery in May and presented checks to three physicians whose cancer research they’ve supported for the past 3 years.

(from left) Auxiliary Board President Laurie Foster, Sam Volchenboum, MD, PhD, MS, whose support is for neuroblastoma research, Tara Henderson, MD, MPH, whose support is for childhood cancer survivorship research, UCCCC Director Michelle Le Beau, PhD, and Ernst Lengyel, MD, PhD, whose support is for ovarian cancer research.

Photo courtesy of the UCCRF



Just the Stats

The Cancer Resource Center (CRC) is a partnership between the UCCCC and the American Cancer Society to assist cancer patients and their families through counseling, access to information, support groups, and other services.

With the help of private donations, in FY 2010-2011 the CRC provided:

2,958
patient
consultations

214
discounted
hotel rooms

92
wigs

\$37,000
transportation/
parking assistance

Young Mother Grateful for Innovative Breast Care at UChicago

Kim Jewett was just 31 years old when she began to experience regular fatigue, frequent migraines, and a dull pain in her left breast. Cancer ran in her family. Her grandmother had breast cancer, her mother had brain cancer, and her aunt had colon cancer.

Jewett, who had breast implants for nearly a decade, performed a self-exam and found a mass under her left armpit near her breast. She had to persuade her obstetrician/gynecologist to order a mammogram. “She was hesitant at first because I was so young. She thought it was just a fibroadenoma,” said Jewett.

Jewett finally had the mammogram, and the radiologist marked the lump as suspicious. She had an immediate ultrasound and then a biopsy.

This normally very energetic, west suburban mother of two received a telephone call on the Friday before Memorial Day in 2008. It was the general surgeon who performed her biopsy. Jewett was told she had breast cancer and that she should consider a double mastectomy. “I was stunned. A double mastectomy seemed so aggressive,” explained Jewett. “Of course, I got right on the internet to do some research.”

Jewett said she was really impressed with The University of Chicago, not only because it is the #1 ranked cancer center in Illinois, but also because each physician’s biography, contact information, and photo were readily accessible online, along with video segments. She e-mailed Nora Jaskowiak, MD, because of her extensive experience in the surgical management of breast cancer, and David H. Song, MD, MBA, because of his international reputation in plastic and reconstructive surgery.

“Both doctors responded within minutes and said they would make time to see me Tuesday morning,” said Jewett. “It immediately eased my fears to know that after the holiday weekend was over, these prestigious doctors were going to review my situation with me.”

After performing additional diagnostic exams, Dr.



(from left) Kalli Bogard, Kim Jewett, Michael Jewett, and Tyler Jewett.

Photo courtesy of Kim Jewett



The multidisciplinary breast cancer team meets weekly to discuss individual cases. (from left) Nora Jaskowiak, MD, Rita Nanda, MD, and David Song, MD, MBA.

Photo by David Christopher

Jaskowiak, associate professor of surgery and surgical director of the UChicago Breast Center, found a second cancerous nodule—this one in Jewett’s lymph nodes.

Dr. Jaskowiak said Jewett’s breast implants may have made it easier for her to feel that original lump. “Research shows that breast implants may make mammograms less sensitive while making physical exams more sensitive because the implants provide a platform on which you can better feel the breast tissue,” she said.

UChicago’s multidisciplinary breast cancer team hosts weekly meetings to discuss individual cases. After hearing their treatment recommendation, Jewett chose to have a modified radical mastectomy with reconstruction followed by 5 months of chemotherapy. A year later, she had her other breast removed prophylactically.

The surgery was tricky because of the original implants, but both Drs. Jaskowiak and Song used innovative techniques to remove the cancer and then reconstruct her breasts. “We’ve led clinical trials on things like acellular dermal matrices, which are internal supporting structures for the implants,” explained Dr. Song, vice chair of surgery and chief of the Section of Plastic and

Reconstructive Surgery. “When I performed Kim’s surgery, it was on the newer end of the spectrum. Now it is the standard of care.”

Jewett initially balked at the idea of reconstruction. “When a woman is diagnosed with breast cancer, her initial response is ‘Take it off and get rid of all of it,’” said Dr. Song. “Because we are catching cancer earlier than ever before, the chances are very high that a patient will one day resume a normal life. I think ahead for them when things like body image, sexuality, and clothing will be important again. It’s much easier to reconstruct the breast at the initial surgery than it would be 5 years or 10 years later.”

The Women’s Health and Cancer Rights Act of 1998 requires most group insurance plans that cover mastectomies to also cover breast reconstruction.

Jewett said she’s really glad she listened to Dr. Song’s advice. “The end result was amazing,” she said. “If I had not gone to The University of Chicago, I don’t know where I would be today.”

FOCUS ON CORE FACILITIES

New Core Helps Cancer Researchers Study Patient Populations



(from left) Nedra Joseph, PhD, technical director, Melissa Serritella, MPH, study coordinator, and Brenda Copley, research coordinator, work together in the Epidemiology and Research Recruitment Core to help researchers more efficiently conduct studies involving patient populations.

A NEWLY DEVELOPED facility at The University of Chicago is helping researchers more efficiently conduct studies to observe cancer patterns within different patient populations. The knowledge gained from these studies paves the way for improved cancer care, prevention, and survivorship.

The Epidemiology and Research Recruitment Core (ERRC) provides expertise in study design, patient recruitment, and data collection for a range of hospital- and community-based cancer population studies.

“It’s kind of a ‘one-stop shop,’” said Scientific Director Brian Chiu, PhD. “We coordinate systematic and rigorous specimen collection as well as implement processes for large-scale collection of interview data to ascertain individual variables and exposure history. The integration of these multiple dimensions allows investigators to conduct high-quality multidisciplinary population and clinical research studies.”

Research Recruitment Services

The ERRC helps researchers save time and money by identifying eligible patients to participate in epidemiologic, genetic, and behavioral cancer studies offered at UChicago.

“We have the capability to systematically identify and seek consent from eligible patients in the clinics so that an investigator doesn’t have to get the staff and resources to do it,” said Technical Director Nedra Joseph, PhD. “We already have those resources in place.”

Epidemiology Services

The ERRC collaborates with the Translational Research Initiative in the Department of Medicine for blood sample collection and the Human Tissue Resource Center for biological specimen processing and storage, but what Dr. Chiu said “fills in the gaps” are the epidemiologic data that the ERRC collects from patients through standardized questionnaires. Often, this entails the important task of tracking down patients to ensure that questionnaires are completed and returned.

“Non-response and systematic missing data can bias a study, so we train our staff to pay attention to those details in order to provide high-quality data,” said Dr. Chiu.

The questionnaire asks patients for basic demographics—such as background information, lifestyle and health behaviors, and personal and family medical history—to establish baseline data, but if an investigator were interested in focusing on one specific cancer, the ERRC can add pertinent questions and produce a customized questionnaire.

Collected data are entered into a Health Insurance Portability and Accountability Act-compliant database to not only protect patient privacy, but also to allow investigators to link databases for their research.

In the near future, the ERRC plans to coordinate with the UCCCC Office of Community Engagement and Cancer Disparities to identify strategies for recruiting participants for prevention studies and to develop strategies for ongoing communication and education about cancer research.

Women’s Board Honors Volunteers



The University of Chicago Cancer Research Foundation (UCCRF) Women’s Board paid tribute to its many dedicated volunteers during the annual Women’s Board Tea, which was held in June at the Women’s Athletic Club in Chicago. This year’s special honorees included UCCRF Board of Trustees President Ruth Ann Gillis McGuinnis for 25 years of service. Margaret Benjamin, Joan Crouch, Pam McGaan, Jennifer Trethewey, and Laura Werner each received the Marguerite Wolf Award for service. (top, from left) Women’s Board President Lidia Devonshire, Ruth Ann Gillis McGuinnis, Jean Atchison, and Joan Crouch. (above, from left) Women’s Board President Lidia Devonshire and Margaret Benjamin.



Photos courtesy of the UCCRF

April Showers for Cancer Dollars

Kuhlman's Crusaders raised nearly \$60,000 for The University of Chicago Cancer Research Foundation (UCCRF) at a family event in April at Harry Caray's Italian Steakhouse in Lombard. Kuhlman's Crusaders was founded by cancer survivor John Kuhlman, who is also a member of the UCCRF Board of Trustees. It was the group's first fundraising event.



(from left) Kuhlman's Crusaders Founder John Kuhlman and Master of Ceremonies Tim Smithe from the Walter E. Smithe Company.



The family event featured dueling pianos, a candy bar, Wii stations, and gambling tables.

Photos courtesy of Kuhlman's Crusaders



OCECD Director Karen E. Kim, MD, MS, holds up a breast cancer resource guide that was customized for women on Chicago's South Side. The guide, prepared by 12 Chicago Public Schools students, is available online at cancer.uchicago.edu/community/engagement/resources.shtml.

Photos by Shahzad Ahsan

Women Speak Up About Breast Cancer

MORE THAN 200 women, many of them breast cancer survivors, participated in a town hall meeting in June to discuss the facts and myths about breast cancer screening, survivorship, reconstructive surgery, and sexual intimacy after cancer. The event was held at the South Shore Cultural Center. Hosts included the Metropolitan Chicago Breast Cancer Task Force and the UCCCC Office of Community Engagement and Cancer Disparities (OCECD) through its ENRICH'D™ program. ENRICH'D, which stands for Empowering Neighborhood Resources in Combating Health Disparities, is a culturally adapted, patient-centered program funded in part by Exelon. During the event, 53 women signed up for free mammography screenings.

October Event in Chinatown

A similar town hall meeting on breast cancer will be held in the Asian community on October 17. The event will be at the Chinese American Service League (CASL) and will feature information sessions, vendor tables, and motivational talks from breast cancer survivors, including CASL President Bernarda Wong.

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IN THIS ISSUE...



1 Obesity presents a growing problem in the Asian American community.



2 The National Cancer Act turns 40.



3 UChicago initiates a program to understand the economic impact of cancer.



3 Herbal medicine is popular among patients, but its benefits and risks are still unproven.



4 International oncologists visit UChicago for a unique educational experience.



7 A young mother benefits from innovative breast care at UChicago.

Support cancer research through the UCCRF:

cancer.uchicago.edu/donations