At the University of Chicago Cancer Research Center, our mission is to understand, cure and prevent each of the scores of diseases we collectively call cancer. We pursue this goal by promoting collaboration among a diverse and dedicated team of outstanding laboratory scientists, caregivers, clinical researchers and trainees. These partnerships help us develop solutions tailored to the complexity of individual cancers and the unique needs of each patient. Our faculty and staff are dedicated to mentoring and inspiring the investigators of tomorrow while providing superior care to the people of today.

Help Us Continue Care and Research

To learn more about cancer research at the University of Chicago and how you can help our researchers pursue promising avenues of investigation that would otherwise remain unexplored, please contact Mary Ellen Connellan, Executive Director, University of Chicago Cancer Research Foundation, at (773) 834-7490.

A donation to the University of Chicago Cancer Research Foundation is an investment in one of the nation’s leading facilities for scientific inquiry and will help people here at home and around the world.

A donation by check may be made to:
The University of Chicago Cancer Research Foundation
5841 South Maryland Avenue, MC 1140
Chicago, IL 60637

All gifts are tax deductible as provided by law.
A Letter from the Director of The University of Chicago Cancer Research Center

This has been a year to remember—a year of success, productivity, and pride. The members and staff of the University of Chicago Cancer Research Center (UCCRC) persevered with the difficult task of preparing our five-year renewal application for the Cancer Center Support Grant (CCSG) and our request for comprehensive designation. The National Cancer Institute (NCI) and our peers from other cancer centers put our operation under intense scrutiny, meticulously evaluating our programs, research, resources, administration, community engagement, organization, and the University of Chicago Medical Center’s (UCMC) commitment to cancer research and care.

Thanks to the dedication and hard work of our members, staff, donors, and the UCMC, we cleared this very high bar with plenty of room to spare. The NCI also designated the UCCRC as a Comprehensive Cancer Center, signifying that we have strong programs in basic, clinical, and population-based components of cancer research and care.

Since it drew on the expertise and talents of everyone involved with the UCCRC, this success embodies the core of our organization: collaboration, cooperation, and comprehensiveness. We succeed as a team by leveraging the innovation that comes from the interaction of numerous perspectives. Our labs, clinics, meeting rooms, and offices are teeming with ideas, and we pursue the best of these insights through collaborative efforts.

What is most exciting about the past year is the potential it has created for the future. The accomplishments of 2008 fill me with optimism and confidence about 2009. We will soon be opening our new research building, the Gwen and Jules Knapp Center for Biomedical Discovery, which will be the tallest building on campus and will house UCCRC laboratories. This new space reflects the UCMC’s growing emphasis on cancer care and research, as will the New Hospital Pavilion, which will be the best possible setting for high-quality cancer care and collaborative clinical research. Construction of this facility will begin next year.

It is not possible in this report to thank each of the team members who made this year’s great progress achievable, or to recognize the numerous discoveries made by our members that are transforming cancer care. I am grateful to our senior leaders, our members, our staff, our Foundation, and our many donors who helped us reach the past year’s objectives. Their invaluable contributions to this enterprise are why our theme of collaboration, cooperation, and comprehensiveness is so appropriate.

With heartfelt gratitude,

Michelle M. Le Beau, PhD
Professor of Medicine
Director, University of Chicago Cancer Research Center
Cancers break the rules that allow cells to cooperate with one another.

By dividing endlessly, or by failing to die properly, these cells can destroy the necessary balance that makes a living individual person. Like bullies who break down cooperative societies, cancers behave in their own best interest until they kill their larger community, the human body.

— Neil Shubin, Your Inner Fish: A Journey into the 3.5 Billion-Year-History of the Human Body

As Neil Shubin, PhD, emphasizes in his description of cancer, the human body is an extraordinary system that works through the interaction and integration of billions of processes in trillions of cells. (The average adult has approximately 10 trillion cells.) Cancer is undemocratic. It subverts these processes, turning the body against itself.

It seems logical, then, that the most effective cancer research is democratic. The best way to battle a “bully” is as a cooperative community that mobilizes all of its resources to confront a threat. The University of Chicago Cancer Research Center (UCCRC) is such a community. It pursues its mission as a team of physicians and physician-scientists, laboratory scientists, social scientists, statisticians, computer experts, technologists, nurses, administrators, patients, donors, and many others.

Shirley Mertz Takes her Battle against Cancer to Springfield

Our patients are valuable members of the UCCRC community. They inspire us every day as they stand up to cancer with hopefulness, compassion, and determination. They also act as some of our most effective advocates, raising awareness of individual cancers, offering guidance to other cancer patients, and promoting good health practices, such as regular cancer screening and healthy nutrition.

Shirley Mertz is one such patient. Twelve years after recovering from a double mastectomy, Shirley learned that the cancer had returned. She faced Stage IV breast cancer that had spread (metastasized) to her liver and spine. Doctors predicted that she had one year to live.
Despite facing some incredible odds, the former high school principal was not ready to give up. She switched oncologists, choosing Olufunmilayo (Funmi) Olopade, MBBS, FACP. Dr. Olopade modeled Shirley’s treatment regimen on the biology of the tumor, choosing a combination of chemotherapy drugs that specifically targeted her type of cancer cells. Today, tests indicate that Shirley’s cancer is in remission. She will have to continue treatment for the rest of her life, but is grateful for Dr. Olopade’s foresight and initiative, which have allowed her to achieve full remission twice.

Since her recovery, Shirley has dedicated herself to increasing awareness of metastatic breast cancer, providing guidance and support for patients, and accelerating the search for more effective, life-extending therapies. Shirley became the Midwest coordinator for the national Metastatic Breast Cancer Network. She also convinced Illinois state government to proclaim October 13 as “Metastatic Breast Cancer Awareness Day.” Moreover, Shirley actively supports metastatic breast cancer patients, offering her story of courage and determination to communicate a message of hope and defiance that is bound to resonate with anyone affected by the disease.
Collaboration

Collaboration is fundamental to our success, and we encourage and facilitate the creative interaction of researchers who represent different laboratories, disciplines, and institutions. Our researchers strive to overcome the barriers that pigeonhole researchers in categories such as the physical, biological, and social sciences or laboratory and clinical research. Thus, they nurture innovation inspired by the sharing of different perspectives, expertise, and methodologies.

Geoffrey L. Greene, PhD, a cancer biologist, and Xiao-Min Lin, who has a PhD in physics and an MS in organic chemistry, lead one such collaboration. Greene and Lin are the primary investigators of a study that integrates the biological and physical sciences and provides another of the many links between the U of C and the Argonne National Laboratory (ANL). A direct descendant of the U of C’s Manhattan Project that created the first controlled nuclear chain reaction, the ANL is one of the nation’s leading federally-funded research and development centers. A team assembled and led by the U of C manages the facility for the U.S. Department of Energy.

The two scientists are investigating the potential of nanotechnology to treat breast and prostate cancers. (Nanotechnology explores the development of structures and devices 100 nanometers or smaller in diameter. Created by combining the fundamental building blocks of matter, these tiny devices—a human hair is between 50,000 and 100,000 nanometers thick—have enormous potential to transform medicine and other aspects of our lives.)

The study is an exploration of the use of nanoparticles to target the estrogen and androgen receptors, expressed on the surfaces of some cells. Many breast cancers need the female hormone estrogen to grow. Blocking the estrogen receptor can inhibit the spread of these cancerous cells. Some male hormones (androgens) stimulate the growth of prostate cancer cells. Reducing androgen levels can shrink some prostate cancers or retard their growth. Drs. Greene and Lin are exploring the use of nanoparticles to carry therapeutic materials directly to the surface or nuclei of the target cells. A nanoparticle could transport an anti-cancer drug to the cancer cells or deliver a substance that would allow radiologists and radiation oncologists to visualize and target tumor cells. This target would enable oncologists to irradiate cancer cells with extraordinary precision, enhancing the treatment effectiveness, sparing adjacent healthy cells, and reducing or eliminating damaging side effects.

The Center for Nanoscale Materials at Argonne National Laboratory (photo courtesy of Argonne National Laboratory).
Scorpion Venom, Arsenic, and Good Health

One of the complex challenges of cancer research is developing therapies that kill cancer cells without harming normal ones. Our researchers have implemented a Comprehensive approach to analyze a broad set of substances to find the most effective ingredients for cancer drugs. They often find useful therapies in unusual places.

Steve Chmura, MD, and his colleagues are testing a synthetic form of a molecule from the Giant Yellow Israeli scorpion's venom to treat a type of brain cancer called glioma. Glioma cells attract the molecule, which is able to pass through the blood-brain barrier that protects the brain from harmful substances. The molecule then carries radioactive iodine directly to the abnormal cells and kills them.

Richard Larson, MD, and his colleagues participated in a CALGB clinical trial, investigating an arsenic-based drug. The study gave the drug to patients with acute promyelocytic leukemia, after standard treatment-induced remission. The percentage of adult patients who remained alive and in remission (free of relapse of their leukemia) three years after diagnosis was 77 percent on the treatment arm that included arsenic trioxide compared to 59 percent on the standard treatment arm.

Comprehensiveness

The UCCRC stresses Cooperation and Collaboration, because of the difficulties involved in addressing a disease that is both diverse and complex. There are thousands of types of cancer, and it is highly unlikely that researchers will ever find a miracle drug that cures all of them. Moreover, there are numerous factors (e.g. genetic makeup, ethnicity, lifestyle, and environment) that influence the impact of a malignancy on a particular person. There also is great diversity in how individuals respond to treatment. The same drug may cure one patient, have no impact on another, and make a third deathly ill. Consequently, cancer research is a challenge that demands Comprehensiveness.

At the UCCRC, we have made a concerted and strategic effort to ensure Comprehensiveness. Under the direction of Michelle M. Le Beau, PhD, we developed and implemented an ambitious strategic plan that called for the integration and growth of the basic, translational, clinical, and population research programs. We launched the extensive expansion and reorganization of our Cancer Risk and Prevention Program to make certain that we covered the entire range of cancer research. We transformed the UCCRC’s structure, creating new leadership positions, and recruited outstanding individuals to fill them. Habibul Ahsan, MD, MMedSc, has become the Associate Director for Population Research; Yves Lussier, MD, is Associate Director for Biomedical Informatics; Rick Kittles, PhD, joined the UCCRC as the Associate Director for Diversity and Community Outreach; and Julie Auger, BA, is the Associate Director for Core Facilities. These recruitments strengthened population and prevention research efforts and community outreach; they also created a more solid platform upon which to build new core facilities and to make existing ones more robust, effective, and user-friendly.

The success of this massive, collaborative endeavor became apparent when the National Cancer Institute (NCI) designated the UCCRC as a Comprehensive Cancer Center. The UCCRC is one of only 41 Comprehensive Cancer Centers in the nation and one of two in Illinois. By awarding this designation, the NCI affirmed that we had demonstrated “depth and breadth of research activities in each of three major areas: basic, clinical, and population-based research, with substantial transdisciplinary research that bridges these scientific areas.” The honor also indicated that we had proven our proficiency in “professional and public education and dissemination of clinical and public health advances into the community.”

The designation followed the approval of our five-year competing renewal application for the Cancer Center Support Grant (CCSG). The NCI evaluates designated cancer centers every five years to ensure that they are meeting their objectives, investing significant resources, and advancing cancer research. It is a meticulous review that culminates in a rigorous, on-site evaluation by approximately 30 top researchers. We performed extremely well in the evaluation, earning our highest score in our 35-year history.
Cancer prevention has enormous potential to reduce cancer incidence and mortality. Eliminating bad health habits, such as alcohol consumption, smoking, physical inactivity, and poor dietary choices, could reduce cancer deaths by as much as 75 percent. Consequently, the UCCRC has developed a full range of cancer prevention programs, enhanced our outreach efforts, and expanded our programs in cancer epidemiology and control.

Psychologist Andrea King, PhD, manages the Clinical Addictions Research Laboratory (CARL), which investigates factors that lead to substance abuse. King is developing more effective interventions in the treatment of substance use disorders, particularly tobacco dependence. According to the NCI, smoking is responsible for 87 percent of lung cancer deaths and for most cancers of the larynx, oral cavity, pharynx, esophagus, and bladder. To deal with this menace, Dr. King is leading the Chicago STOP Smoking Research Project (C-STOP). Her team is examining the effectiveness of a study drug in combination with nicotine patches and behavioral counseling. This is just one of the smoking cessation programs and studies underway at the UCCRC.

Andrea King, PhD (r), who manages the Clinical Addictions Research Laboratory (CARL), discusses nicotine addiction at a public meeting. Lung cancer survivor Shirley M. Howard (l) also spoke.

The Cancer Care Continuum

We demonstrated the inclusiveness of our research program and our strength in each of the cancer care continuum’s four stages: prevention, diagnosis, treatment, and survivorship. UCCRC researchers investigate new ways to prevent cancer, and they work in the community to encourage participation in cancer screening and help people adopt healthy lifestyles. They develop new diagnostic methodologies and technologies to detect malignancies before they become difficult to treat. They improve cancer treatment by creating new therapies and procedures that moderate cancer’s harm, reduce mortality, and enhance quality-of-life. Finally, they explore ways to help survivors manage the impacts of their cancers, and deal with long-term effects of the disease.

Community Involvement and Cancer Prevention

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Our prevention efforts also include innovative risk assessment approaches. By identifying individuals at high risk for cancer, we can help them understand what they can do to reduce their odds of developing cancer. We follow these people closely to be sure to detect cancers early if they do arise. Much of this work is done by the Cancer Risk Clinic led by Olufunmilayo (Funmi) Olopade, MBBS, FACP, and the Upper Aerodigestive Cancer Risk Clinic led by Ravi Salgia, MD, PhD, and D. Kyle Hogarth, MD. (The clinic focuses on lung and esophageal cancers and mesothelioma.)

Our researchers also are developing sophisticated techniques and advanced technologies to identify people at risk more effectively. Maryellen Giger, PhD, is collaborating with Dr. Olopade to develop computerized medical imaging methods to assess a patient’s risk of developing breast cancer. Dr. Giger’s lab has found that the texture of the breast tissue as it appears on mammograms in women carrying \textit{BRCA1}/\textit{BRCA2} gene mutations is different from the breast tissue in women with a low-risk of developing breast cancer. A person who inherits these mutations is at a higher risk of developing breast and ovarian cancer.

Our Cancer Risk and Prevention Program also focuses on the issue of cancer health disparities. Cancer impacts population groups in different ways. Young African American women, for example, are more susceptible to a particularly aggressive and deadly form of breast cancer. The death rate for African American men diagnosed with prostate cancer is 2.4 times higher than that of white men with the same disease. Vietnamese women are five times more likely to contract cervical cancer than white women. For Latinas, the incidence rate of cervical cancer is double that of Whites.

Karen Kim, MD, has an active outreach program that focuses on cancer awareness and prevention in Chicago’s Asian-American Community. She also holds leadership positions in organizations—the Asian Health Coalition of Illinois and the Asian Cancer Prevention Organization—that promote health, cancer prevention, and the provision of culturally-appropriate healthcare in the Asian-American community.

A study led by William Dale, MD, PhD, found that a majority of African-American men radically underestimate the threat of prostate cancer even when a blood test or other diagnostic procedure indicates that they have an increased risk. At the time of prostate biopsy, 55 percent of these men said it was “impossible”
they had cancer; this compares with only 20 percent of whites who say this. Men who feel that they do not have prostate cancer, particularly when they are actually at higher risk than their white counterparts, are less likely to seek early diagnostic testing and treatment. This could be one reason why African American men are often diagnosed late in development of their prostate cancer, and why their mortality rate is significantly higher than their white counterparts. This work was presented at the American Society of Clinical Oncology annual meeting in a Clinical Science Symposium.

As Associate Director for Diversity and Community Outreach, Rick Kittles, PhD, leads a very active education program serving the minority communities of the Chicago South Side. His Community Engagement Centering on Solutions (CECOS) program sponsors quarterly forums at the DuSable Museum of African American History, which draw people from throughout local neighborhoods. Local and national cancer experts headline these forums, speaking on topics such as lung cancer, cancer and genetics, and cancer and nutrition. Two very successful forums addressed female and male cancer issues separately. The success of these programs is evident in the size of the audiences and active participation of the people who attend. Passionate statements during question and answer periods drive home the importance of taking cancer seriously. CECOS also makes presentations to churches, schools, and social organizations practically every week. During the summer and early fall, the team staffed a booth at the Bronzeville Farmers’ Market every Sunday to spread the word about the link between poor nutrition and cancer.

Grant Achatz, head chef of Chicago restaurant Alinea and the James Beard Foundation’s Rising Star Chef in America in 2002.

Top Chef’s Star Continues to Rise

It takes perseverance and out-of-the-box thinking to be recognized as one of the best and most innovative chefs in America. Two characteristics that could easily describe Grant Achatz, head chef of Chicago restaurant Alinea and the James Beard Foundation’s Rising Star Chef in America in 2002. At thirty-two, Achatz was at the top of his profession when he learned he had oral cancer and faced the possibility of losing his ability to speak clearly, and his sense of taste. He consulted with a handful of top specialists, each of whom was convinced the surgical removal of 75 percent of his tongue would be the only way to save his life.

When University of Chicago’s Everett E. Vokes, MD, recommended a different approach that combined chemotherapy and radiation to attack the cancerous tumor, Achatz did not hesitate. As one of the most innovative chefs in the nation, he understood that the precise execution of a risky, innovative procedure was the only way to achieve extraordinary results. The University of Chicago team, which included Elizabeth Blair, MD, and Daniel Haraf, MD, was hopeful that Achatz’ custom treatment would eliminate the need for invasive surgery on his tongue.

After several intense months of treatment, Dr. Vokes had the privilege of telling Achatz that his cancer was in full remission. When he received the good news, Achatz released a statement that included the following: “Where other doctors at prominent institutions saw little hope of a normal life, [University of Chicago] doctors saw an opportunity to think differently, preserve my tongue and taste, and maintain a long-term high quality of life.”

Dr. Vokes and his colleagues continue to keep a careful watch on their patient, to make an early diagnosis should the cancer return. They are, however, “incredibly hopeful” about his long-term chances. Meanwhile, Achatz continues to defy all expectations when it comes to expanding the boundaries of the culinary arts, proudly using all five of his senses to push the envelope of great cooking.
The growing emphasis on cancer screening underscores the importance of early detection and the value of more effective and accurate diagnostic techniques. UCCRC researchers are successfully developing new ways to identify nascent tumors and help reduce the number of false negatives, which can put the patient at serious risk, and false positives, which can provoke unnecessary anxiety and expense.

One of the most exciting developments is a new magnetic resonance imaging (MRI) procedure that enables researchers to detect very early breast cancers in mice. The researchers detected tumors less than 300 microns in diameter, the smallest cancers ever detected by MRI. (A micron is one millionth of a meter.) This is the first demonstration of the detection of very early ductal carcinoma in situ (DCIS) in mouse mammary glands. (DCIS is a noninvasive condition when abnormal cells grow in the milk duct of the breast but do not spread to surrounding breast tissue.)

These methods have placed UCCRC investigators in a unique position to study the early events and markers for cancer development, as well as the responses of these cancers to different therapies. This is a very important discovery because it helps resolve the debate about what happens to DCIS and whether or not it should be treated. Currently, the policy is to treat all DCIS cases, because physicians assume that they are likely to become invasive, life threatening cancers. However, many doctors and scientists believe that only a small percentage of DCIS will actually progress to the invasive, dangerous stage. The researchers found that a large percentage of DCIS either regresses completely or remains stable over a long period of time. These results are preliminary, but the investigators are pursuing this line of inquiry, because it has important implications for clinical practice in helping physicians to determine which DCIS cases should be treated and which should not.
Researchers made this breakthrough using the new 9.4 Tesla MRI scanner in the Lynn S. Florsheim Magnetic Resonance Imaging and Spectroscopy Laboratory. The study team included medical physics graduate student Sunny Jansen, BS; Gregory Karczmar, PhD; Gillian Newstead, MD, ChB; Suzanne Conzen, MD; and Thomas Krausz, MD, FRCPATH.

Dr. Giger and graduate student Neha Booshan have found that it is possible to differentiate non-invasive DCIS from invasive ductal carcinoma using dynamic contrast enhanced MRI. Invasive ductal carcinoma is much more serious than DCIS. The ability to distinguish between these two conditions could help physicians develop more effective treatment plans and more definitive prognoses.

One challenge to early detection is the difficulty of reading radiological images accurately. Misinterpretation can lead to tragedy when a cancerous lesion is missed (false negative) or unnecessary anxiety when a benign element is misidentified as a potential cancer (false positive). Many of our researchers are exploring ways to make it easier to decipher radiological images correctly through computer-aided diagnosis (CAD), which gives radiologists a technological assist.

Heber MacMahon, MD, Samuel Armato, III, PhD, and Kunio Doi, PhD, have developed a computerized method to combine and analyze multiple medical images of the chest from the same lung cancer patient in a single image. Called temporal subtraction imaging, this technology makes it easier to identify subtle changes in tissue over time. One of the greatest challenges in CAD technology is distinguishing normal tissue from abnormal tissue.

Kenji Suzuki, PhD, and Abraham H. Dachman, MD, have developed a virtual colonoscopy scheme for detection of polyps in CT colonography (CTC) for early detection of colorectal cancer. Colorectal cancer is the second leading cause of cancer deaths in the United States. Early detection of polyps (precursors of colorectal cancer) can reduce the risk and the incidence of colorectal cancer. CTC is a new test for colorectal cancer with a minimum of patient discomfort and invasiveness. The results of a clinical trial, however, showed that radiologists failed to detect some polyps in CTC because of perceptual errors. CAD for the detection of polyps in CTC has the potential to overcome this difficulty, because CAD provides radiologists with the locations of suspicious polyps.

The team evaluated their CAD scheme with a database that included the polyps "missed" initially by reporting radiologists in a large multicenter clinical trial, in which 15 leading medical institutions nationwide participated.
The CAD scheme detected 71 percent of the polyps “missed” initially by reporting radiologists in the original trial. Therefore, our CAD scheme would assist radiologists to detect “difficult” polyps which radiologists are likely to miss, thus potentially improving radiologists’ sensitivity in their detection of polyps in CTC and reducing the mortality due to colorectal cancer.

Kevin White, PhD, and his colleagues have found a genetic marker that can help physicians predict which breast cancers are more likely to spread and put patients at greater risk for death. The team used a sophisticated systems biology approach, which uses biology, mathematics, engineering and the physical sciences to evaluate data to reveal the connections between an organism’s multiple levels of biological organization. Dr. White is the Director of the Institute for Genomics and System Biology (IGSB), a collaboration of University of Chicago and the Argonne National Laboratory.

The team mapped the numerous sequential genetic events that occur when estrogen binds to the estrogen receptor, activating many other genes. The researchers revealed that a high expression (high level) of a protein (H2A.Z) altered the positioning and activation of various genes in ways that increased the odds of the development of a more aggressive tumor. This discovery could help physicians make more informed decisions about treatment. It also offers a potential target for therapy.

These new diagnostic and prognostic capabilities are helping us detect cancers earlier and design better treatment strategies. Our researchers are also making discoveries that increase and improve the treatment options available to physicians.

A Positive Outlook

It is hard to believe that Ronald Biggs and James Wagner are fighting Stage 4 lung cancer. Their jovial dispositions and upbeat views of the future are unlikely side effects of a difficult struggle. Both of these remarkable men are aware of the peril of their disease. However, they are also aware of what they are capable of accomplishing during an extraordinary time in their lives. They both welcome any opportunity to talk to other cancer patients, listening to their stories, and urging them to stay positive.

After successful lung cancer surgery in 2002, Biggs was hopeful that he was cancer free, but in May 2006, his physician diagnosed that the cancer was back and that it had spread. The prognosis was grim; his doctor thought that he had only six months to live. Biggs came to the UCMC for a second opinion, intent on fighting the disease and determined to participate in as many clinical trials as necessary. Thirty-one months and six protocols later he has become an ardent advocate for the UCMC and a proponent of clinical trials.

While visiting the ruins of Machu Picchu (The Lost City of the Incas), Wagner experienced chest pain that he thought was a heart attack. When he returned home, he discovered it was lung cancer. To maintain his positive attitude, he asked all of his friends to send him jokes. Comic stories poured in, and Wagner became the master of humor for his support group at the UCMC. The meetings always begin with his latest joke. Having discovered an unlikely therapy in laughter, Wagner does not let the cancer slow him down. He still emcees weekly jazz shows at Chicago’s Checkerboard Lounge.

These two men share a hopeful spirit that exemplifies human resiliency. They face the future with unwavering equanimity, and never hesitate to offer support, or share a joke with other patients in need.

Kevin White, PhD, is pursuing research that will help physicians predict which breast cancers will spread and which will not.
Advanced therapies often begin in the laboratory where researchers examine the basic dynamics of the cell and their role in enabling malignant growth. Chemist Chuan He, PhD and his colleagues have identified how two proteins locate and repair damaged genetic material inside cells. The team determined the structural frameworks of a bacterial protein, AlkB, and a corresponding human protein, ABH2. Other scientists had been unsuccessful in uncovering the structures of these proteins and determining how they perform their key roles in repairing DNA. Dr. He and his team used an application from chemistry to succeed where others had failed. They are now using this technique to investigate other protein-DNA complexes.

Researchers have been very interested in these proteins, because of their ability to repair alkylation damage to DNA. Alkylation transfers carbon and hydrogen atoms from one molecule to another; it is especially harmful to rapidly multiplying cells, such as cancer cells. Oncologists use alkylating agents to attack the DNA in cancer cells and prevent them from dividing and multiplying. However, the proteins analyzed by Dr. He’s study can neutralize these therapies by repairing the damage they cause. Now that Dr. He’s team has revealed the structure of these proteins, scientists can pursue ways to interfere with the repair process and increase the effectiveness of already valuable cancer treatments.

Philip Connell, MD, Douglas Bishop, PhD, and Ralph Weichselbaum, MD, are also looking at DNA repair processes, and they have developed an agent (RS-1) that protects healthy cells from the side effects of cancer therapy. The compound increases the activity of RAD51, a protein that plays an important role in certain types of DNA repair. RS-1 could increase cellular resistance to DNA-damaging agents, protecting normal tissue while patients are undergoing chemotherapy and/or radiotherapy.

RS-1 has enormous potential. It could shield the cells of healthy individuals from the effects of exposure to DNA-damaging agents in the environment or provide a more effective technique for gene targeting. The team is also hopeful that this agent (or a second generation version in development) will offer a new potential avenue for enhancing cancer treatments and making cancer care less harmful.

A series of discoveries by students and post-doctoral fellows in Hans Schreiber’s, MD, PhD, laboratory also may help counteract the processes that protect tumors from destruction. Usually the innate or adaptive human immune system is indifferent or may even help cancers to grow. Thus, unaware of the growing danger, the white blood cells may not attack the cancerous cells but may supply blood, and produce substances that make chemotherapy and immunotherapies more difficult.

Dr. Schreiber suspected that the stroma (the layers of non-cancerous cells including white blood cells surrounding the cancer cells in a tumor) might offer a better target. Interactions between stromal and tumor cells is essential
for any cancer to grow, but present treatments that attack the stroma—the “root” of the tumor—are short-lived and do not target cancer-specific molecules. Dr. Schreiber’s team wondered if mutant proteins released from cancer cells could travel to stromal cells, making stroma vulnerable to immunotherapy. The researchers tested the theory by injecting T-cells specifically engineered to recognize the tumor’s antigen. (T-cells are white blood cells that attack cancer and other harmful cells when they recognize an antigen, which is a substance often on the surface of cells that produces a specific immune response.) The T-cells had no impact on the cancerous cells, but they killed the stromal cells, reduced the size of the tumor, and halted its growth for months without recurrence being observed so far. These results are very promising and may signify a new approach that is tumor-specific and circumvents mechanisms that usually make cancers resistant to standard therapies. It also could prove to be a very effective adjuvant treatment, used to complement a primary therapy.

Making therapies more effective was also an objective of a study, led by Eileen Dolan, PhD, which measured the expression of more than 9,000 genes. The study found that genetic differences between races can influence how people of European and African descent fight off infection or react to drugs. Expression levels of five percent of the genes analyzed varied significantly between ethnic groups. The study found that much of this disparity was among genes involved in fundamental cellular processes, which is significant, in part, because many cancer drugs target these processes.

Dr. Dolan and her colleagues focused on genes that regulate how people respond to cancer chemotherapies and other medicines. By understanding why particular individuals and populations experience severe side effects to cancer drugs while others do not, the researchers hope to effectively predict how an individual will respond to a particular therapy. This information would be invaluable in determining the treatment plan, which would do the most good and the least harm.

Targeting particular areas of a tumor is another way to “fine tune” the application of powerful—and potentially harmful—therapies. Discrete areas of tumors respond differently to cancer therapies. Charles Pelizzari, PhD, Howard Halpern, MD, PhD, Hania Al Hallaq, PhD, and Dr. Karczmar are using advanced imaging technologies to identify the regions within a tumor that would be most responsive or most resistant to therapy. More resistant areas can then be treated more aggressively. Called adaptive therapy, this image-guided approach enables physicians to focus therapies, thereby increasing effectiveness, and decreasing the danger of harming healthy tissue.

Precise targeting is even helping physicians treat malignancies that have spread to distant sites and have been resistant to other treatments. Ralph Weichselbaum, MD, Joseph Salama, MD, and their colleagues have tested the use of targeted radiation therapy to control cancer in patients whose disease had spread to five or fewer sites. Initial results indicate that the treatment had controlled all signs of cancer in 21 percent of the patients. These findings are exciting, because they offer hope to patients with few remaining options. In some cases, surgeons have successfully treated such limited cancer spread, producing long-term survival by removing the primary cancer and malignancy in one or two distant sites. However, this approach has limits, because many patients are not fit for surgery or have cancers that are inoperable.

Improvements in cancer diagnosis and treatment are driving growth in the number of cancer survivors. About 12 million cancer survivors are alive in the United States in 2008. (The comparable figure for 1971 was approximately 1 million.) This is great news, but it also presents a challenge: How do we help the survivors who face the long-term impacts of their malignancies—impacts that may not emerge until years after their cancers have gone into remission?
Cancer survivors often face physical, psychological, social, and economic difficulties that do not go away when the last treatment is given. Complex, combination therapies can have persistent toxicities that can result in a variety of physical impairments. Feelings of inadequacy, isolation, and vulnerability can diminish quality of life and disrupt family life. The possibility of a recurrence of the cancer or of the rise of a new one compounds the uncertainty. Unpaid health bills, insurance discrimination, the loss of a job, and the interruption of a career are additional adversities faced by many cancer survivors. As cancer survivors live longer, we are recognizing the importance of survivorship research, follow-up care, and long-term support for cancer patients.

Stacy Lindau, MD, for example, has found that physicians need to do a better job informing patients about future challenges. Her study found that most women were pleased with the quality of their cancer care, but many were dissatisfied with the emotional support and the amount of information provided. Sixty-two percent of women who had undergone major treatment to their reproductive and sexual organs said their physician never discussed the impacts of their treatment on sexuality. Women who had talked to their doctor about sexual impacts were three time less likely to have “complex sexual problems.” Dr. Lindau’s study also revealed that 74 percent of the women in the study believed that physicians should initiate discussions about sex. Dr. Lindau and her colleagues are bringing the benefits of this research directly to patients. Their Program in Integrated Sexual Medicine for Cancer Survivors (PRISMS) is a premier, evidence-generating, and evidence-based, comprehensive program for preventing and treating sexual problems among female patients affected by cancer. It is distinguished by its integration with the clinical continuum of cancer care, its high impact research, and, eventually, its ability to train a multidisciplinary cadre of clinician and research scientists in the field.

One of the UCCRC’s priorities is to expand the comprehensive care of women cancer patients. Under the direction of Gini Fleming, MD, and Diane Yamada, MD, the Women’s Cancer Initiative is developing components of a survivors clinic. Resources will include genetic counseling, a clinical psychologist, a dietician, and counseling for sexual dysfunction. In addition, we provide advanced technologies to limit harmful side effects of treatment. Sarah Temkin, MD, a gynecologic oncologist, specializes in the use of minimally-invasive surgery, such as robotic and laparoscopic procedures, for...
the treatment of gynecologic cancers. These procedures provide greater precision and reduce scarring and recovery time, allowing patients to return to their usual activities faster.

Another strategic initiative is the Childhood Cancer Survivors Center. The number of survivors of childhood cancers is growing rapidly. Before 1970, the combined 5-year survival rate for all childhood cancers was less than 50 percent. Today, the five-year survival rate is 80 percent and the 10-year survival rate is almost 75 percent. There will be 700,000 childhood cancer survivors by the end of the decade. Under the direction of Tara Henderson, MD, MPH, the Center is an integrated program, serving pediatric and adult survivors of childhood cancers using a team-based approach. The Center’s team include a variety of specialists from pediatric oncologists, endocrinologists, and cardiologists to social workers, developmental pediatricians, and nurse practitioners. The Center provides patients and their families with an ally on whom they can count now and in the future. As the patient’s advocate, Center members follow the patient after treatment, screening for future risks, informing the family and the primary physician, and providing the security of a place to turn if future problems develop. The clinic’s patients are also helping us expand our knowledge about minimizing the impacts of childhood cancer treatments and understanding long-term risks.

A Community of Resources

The UCCRC has maintained a strong commitment to serving the ongoing psychological and information needs of our patients. In collaboration with the American Cancer Society (ACS), we expanded our Cancer Resource Center, which provides counseling, information and other services. We recently launched a partnership with Gilda’s Club, a support community for cancer patients and their families. Every Wednesday, Gilda’s Club staff members provide a wide variety of services including support groups, healing arts and movement workshops (e.g. yoga, tai chi, and art classes), and educational programs. These services are in addition to the many support groups and other services provided by the UCCRC and the University of Chicago Medical Center (UCMC).

Gilda’s Club is a valued new member of the UCCRC community that continues to grow as we seek out new ways to help our patients and their families tackle the “bully” that is cancer. Since its formation in 1972, this community has continued to evolve and expand, paralleling the unrelenting acceleration of the pace of discovery in cancer research.

With the comprehensive designation and the implementation of our long-range strategic plan, the past year has been a high point in our history. This progress has been achieved through enthusiastic commitment to Cooperation, Collaboration, and Comprehensiveness and the pursuit of research in every phase of the “Continuum of Cancer Care.”
The Cancer Committee reports annually on the past year’s activities of the Cancer Program and reviews the activities of the Cancer Registry, which is responsible for the collection, analysis, and dissemination of cancer-related data. This information is vital to both cancer care and research. Every year, the Registry also summarizes data about a particular cancer type. This year, we are focusing on lung cancer, which is the leading cause of U.S. cancer deaths.

The University of Chicago Cancer Committee, chaired by surgical oncologist Dr. Mark McKee, provides leadership for our American College of Surgeons (ACoS) Approved Cancer Program. This multidisciplinary team of physicians and health care specialists provides oversight for a wide range of oncology services available to our patients and community as well as for the Cancer Registry, which abstracts and maintains oncology data. The Cancer Committee also collaborates with the University of Chicago Medical Center’s departments, sections, and the UCCRC in support of cancer prevention programs, early detection and screening, outreach programs, and institutional oncology conferences. The UCCRC and the Committee work closely together to integrate clinical and research efforts, to expedite the translation of basic scientific discoveries to the clinic, and to serve patient needs.

In 2007, over 3,400 patients chose to have their cancers treated by the medical professionals at UCMC. In fact, since 1998, there has been a 60 percent increase in the number of cancer patients treated (from 2,125 patients in 1998 to 3,408 in 2007). Prostate, breast, and lung are the three cancers most frequently diagnosed at UCMC, a trend consistent with national figures.

The cancer program was reviewed by ACoS in June 2008. The program received commendations in clinical management, clinical trial accrual, prevention and early detection, patient quality improvements and quality of data submissions. With so many tangible accomplishments to report, we reflect on 2008 with pride. Every new discovery brings opportunities for improved cancer care and for a better tomorrow.

The Annual Report of the Cancer Committee

2007 Cancer Registry Activities & Accomplishments

- Entered 3,490 cases into the cancer registry database
- Completed 3 National Cancer Database Breast Cancer e-Quip Studies comparing cancer treatment documentation and compliance with national standards of care
- Participated in the ACoS/AJCC “Impact of Neoadjuvant Therapy, Staging Breast and Rectal Cancer Cases Study”
- Created an intranet web page to increase Cancer Registry visibility and encourage data requests for use in research projects, resulting in 43 requests for data
- Submitted data to the Illinois State Cancer Registry and National Cancer Database (NCDB)
Focusing on Lung Cancer

It is estimated by the American Cancer Society that more than 215,000 Americans will be diagnosed with lung cancer in 2008. It is the most common cancer in the nation and was the third most frequently treated cancer at UCMC in 2007. Though lung cancer is the leading cause of cancer deaths among men and women, federal funding for research initiatives is insufficient. To address this devastating disease, additional time, effort, and resources are needed.

The two major types of lung cancer are non-small cell (the most common form) and small cell. Although anyone can develop lung cancer, cigarette smoking is the main cause. It is considered the most preventable cause of premature death in our society. According to the Centers for Disease Control and Prevention (CDC), 46.2 million US adults were current smokers in 2001 (the most recent year for which numbers are available). This is 22.8 percent of all adults (25.2 percent of men, 20.7 percent of women) - nearly 1 in every 4 people. Through our various community outreach programs, we tackle this issue by providing education that stresses the importance of living a healthy lifestyle, encourages smoking cessation, and promotes regular cancer screenings.

Early detection of lung cancer results in better outcomes. UCMC research to find effective lung cancer screening methods has proven successful for many of our patients. At the UCMC, our High-Risk Upper Aerodigestive Cancer Clinic serves patients at high risk for developing lung, throat, esophageal and other upper aerodigestive tract cancers. Advanced technologies such as low-dose helical computed tomography are used at UCMC, which can reveal small but suspicious lung nodules. Other sophisticated tools such as autofluorescence bronchoscopy and the Superdimension Electromagnetic Navigation System help us to provide a more precise diagnosis and, in some cases, can help patients avoid surgery altogether.

At UCMC, 290 patients were treated for a lung malignancy in 2007. This is a 77 percent increase compared to 1998. Fifty-seven percent of our lung cancer patients were females and forty-three percent were males. The majority (89 percent) were new diagnoses, whereas the others came to us with hope that they could be cured after initial therapy given elsewhere was unsuccessful. Sadly, the
majority of people are unaware that they have lung cancer until it has progressed to advanced stages. Of the patients treated at UCMC in 2007, 70 percent had locally advanced lung cancer (Stage III or IV), whereas only thirty percent had localized Stage I or II disease.

The treatments for lung cancer are as numerous and individualized as the people affected by the disease. Surgery is usually the best therapy for patients with the earliest stages of lung cancer that do not have other health factors that may prohibit this treatment. It can also be used in conjunction with radiation treatment and/or chemotherapy to offer better and longer remissions. For some patients, radiation may be used to help destroy a tumor. For patients with advanced lung cancer, the role of radiation may be to reduce symptoms and improve quality of life.

Treatment analysis of our newly-diagnosed lung cancer patients in 2007 revealed that multimodality therapy was common. Thirty-one percent received chemotherapy in combination with radiation; 20 percent received chemotherapy only; 18 percent had surgical resection alone; 12 percent underwent surgical resection and received chemotherapy and/or radiation; 11 percent had radiation therapy only; 7 percent received no treatment due to poor health conditions; stage of disease and/or patient choice and 1 percent had radiation combined with a biologic response modifying agent (BRM). These results indicate that despite continued advances in surgical and diagnostic technologies, the best treatments require an experienced and collaborative team of specialists to find a customized solution for each of our patients.

At the UCMC, innovative lung cancer treatment planning and sophisticated therapy improvements have
been at the forefront of our strategic plan for 2008. Minimally-invasive surgical techniques are effective for removing some cancerous tumors and lymph nodes. This minimizes unnecessary tissue damage, pain and scarring for our patients. For patients who undergo radiation therapy, we offer respiratory gating and four-dimensional planning to better target the lung tumor and spare healthy tissue. Intensely Modulated radiotherapy (IMRT), a highly precise form of three-dimensional conformal radiotherapy, in which our radiation specialists “shape” the radiation to the treatment area is effective for hard-to-treat cancers not only in the lung, but also of the head and neck, rectum, pancreas, and other areas. For some patients, interstitial brachytherapy radiation therapy may be used. This therapy provides local irradiation therapy to the lung via the planting of radioactive seeds. For patients who undergo chemotherapy, doctors have more medicines to choose from to destroy cancer cells. New approaches for combining treatments are proving more effective against lung tumors and are also gentler on the body, since they cause fewer side effects.

With the treatments currently available, the five-year overall survival rate remains low. At UCMC, the survival rate for invasive small cell carcinoma treated from 1998 to 2002 (78 patients) was 9 percent, and the survival rate for invasive non-small cell carcinoma treated from 1998 to 2002 (652 patients) was 19 percent. The stage distribution of lung cancer patients at UCMC was very similar to that of patients nationwide. The survival of patients with local or regional disease (Stage I-III) compared favorably to National Cancer Database (NCDB) statistics.

Despite the strides we have made in lung cancer diagnosis and treatment, there is far to go. In our mission to provide better care and decrease the incidence, pain, and mortality from this disease, research and clinical trials must be continued to improve screening methods, provide better cancer prevention education, advance the field in cellular genetics, and assess the efficacy of new chemotherapy drugs and vaccines.

With your support, through increased public awareness, research funding and initiatives, we can continue our mission to better prevent, detect and treat lung cancer. It is hope, optimism and the commitment from our dedicated researchers, physicians, patients and friends like you that make a difference!
The Honor Role of Donors for Fiscal Year 2007-2008

Scientific advancement requires extensive and continuing investment in research. Given the complex nature of cancer, groundbreaking progress often entails a tremendous amount of interdisciplinary collaboration, especially in developing risk assessment measures, treatment options, and prevention techniques. In our quest to accelerate progress in controlling this disease, we are thankful to our dedicated partners—individuals, corporations, and foundations—that offer unwavering commitment to our programs.

We recognize and celebrate the generous gifts of our donors, who enable us to set a new standard in the fight against cancer. With the help of contributors and friends in the local, national and international communities, the University of Chicago Cancer Research Center is in a better position to successfully achieve notable victories in this important effort.

We thank the following contributors for their support. We simply could not do our work without their help.

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Every attempt has been made to ensure accuracy and completeness of this list.
If an error has been made, please contact the Foundation Office at 773.702.6566.
The University of Chicago Cancer Research Foundation (UCCRF) contributed to the construction of the Gwen and Jules Knapp Center for Biomedical Discovery. Construction of the Center is almost complete, and it will open in 2009. The Center will be the new home of the UCRC.
A Message from the President and the Executive Director of the University of Chicago Cancer Research Foundation

It has been a wrenching year for the economy, but this has not inhibited the generosity of our supporters. The University of Chicago Cancer Research Foundation (UCCRF) and its Boards and Auxiliaries are among our most steadfast allies. They have been instrumental in the evolution of the UCCRC and the implementation of the strategic plan that has enabled it to achieve its designation as a Comprehensive Cancer Center. We congratulate Dr. Michelle Le Beau and the UCCRC members and staff for this achievement, and we are pleased that the Foundation could help make this accomplishment possible.

Key to the UCCRC's success has been the large investment in resources for cancer research and care. The Foundation has helped accelerate the expansion of research facilities, especially through its remarkably successful capital campaign. The Board of Trustees has already passed the $5 million mark and is quickly approaching its $5.5 million goal, years before the campaign's deadline. The UCCRF Women's Board has already achieved its goal of $1.5 million.

The Foundation has also grown in 2008. The Associates Board doubled its membership and increased its fundraising activities with its “No Tie Ball.” The Auxiliary Board hosted the successful “Creating Magic” event, raising $121,000 to support three UCCRC researchers. In total, the Auxiliary Board provided $150,000 to advance the scientific work of Suzanne Conzen, MD; Alessandro Fichera, MD, and Edwin Posadas, MD.

The Women’s Board's Grand Auction has once again continued its tradition of success. It has become one of Chicago’s most celebrated social events, and its popularity has driven the Board’s fundraising to extraordinary heights. The Board’s profitable partnership with the Merchandise Mart Design Center provided additional support with its DreamHome Premiere Party event.

We are also thankful for the many organizations that complement the efforts of our boards and auxiliaries. Groups of all kinds—from an equestrian organization (Riding for a Cure) to a motorcycle club (Renegade Riders)—have come together to contribute their services to fuel the pace of discovery. PowerLinks, the Junior Cancer League, and the organizers of the Windy City Classic are some of the many groups that make contributions, large and small, to build the platform of giving that underlies the UCCRC.

We are fortunate to have so many friends who understand our mission and share our commitment to cancer research. Their support has continued to grow despite the problematic economic conditions. They recognize that research funding is becoming scarcer as private and public funds become even more constrained. We are thankful that their commitment has not wavered in the face of these challenges.

With sincere thanks,

Ruth Ann Gillis McGuinnis
President
The University of Chicago
Cancer Research Foundation

Mary Ellen Connellan
Executive Director
The University of Chicago
Cancer Research Foundation
University of Chicago Cancer Research Foundation

In addition to the University of Chicago’s team of doctors and researchers, there are dedicated volunteers whose unheralded passion and commitment to cancer research must be recognized. Through their generous gifts of time, expertise, and money, and their ongoing efforts to raise awareness, our volunteers take us closer to the day when we can bring cancer under control.

We recognize the valuable work of these individuals in the boards and auxiliaries of the University of Chicago Cancer Research Foundation (UCCRF). Their generous human spirit inspires us to work more diligently in our efforts to help create healthier communities.

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Auxiliary Board members Nancy Napalo, Cathy Pratt, Terri Kingdom, Ginger Stambaugh, Jan Gaines, Maggie Flanagan, and Annette Hickman.

Liz Williams, (left to right) Diana Hall, Lorril Haynes, and Mary Ellen Connellan at the Auxiliary Board’s “Creating Magic” benefit.

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Shirley Bennett  
Barbara Bridges  
Margaret Jacoby  
Becky Kelleng  
Joan Lancaster  
Betty Ann Manganaro  
Mary Marnell  
Linda McCann  
Andrea Montross  
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Jan Peterson  
Mary Helen Ray  
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Patti Tyska  
Mary Clare White

Liz Williams, (left to right) Diana Hall, Lorril Haynes, and Mary Ellen Connellan at the Auxiliary Board’s “Creating Magic” benefit.

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Barbara Grant  
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Susan Loughran  
Lettye Mahoney

Laura Favoino, Lisa Cacchione, Maureen Faydash, and Maggie Byrne at the Associates Board “No Tie” Ball.

Honorary Members

Holly Cortes  
Sadie Everett  
Jim Foster  
Angela Levy

Alison Heerde, (left to right) Scott Stelzer, Erica Lindberg, and Carol Best celebrate at the Associates Board “Underground Event.”

Beginning Balance $3,898,475

July 1, 2007 - June 30, 2008

Income

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>UCCRF Contributions</td>
<td>616,706</td>
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<tr>
<td>UCCRF Capital Campaign</td>
<td>387,490</td>
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<td>Boards/Auxiliaries</td>
<td>1,637,457</td>
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<td>Women's Board Campaign</td>
<td>193,733</td>
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<td>Endowment Income</td>
<td>415,352</td>
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<td><strong>Total</strong></td>
<td><strong>$3,250,738</strong></td>
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Expenses

Operating*

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<tr>
<td>Personnel</td>
<td>271,344</td>
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<td>Services</td>
<td>355,556</td>
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<tr>
<td>Supplies</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$635,740</strong></td>
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Allocations

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Research &amp; Faculty Support</td>
<td>1,409,537</td>
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<tr>
<td>Women's Board</td>
<td>650,000</td>
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<tr>
<td>Auxiliary Board</td>
<td>150,000</td>
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<tr>
<td>Associates Board</td>
<td>25,000</td>
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<tr>
<td>Junior Cancer League</td>
<td>16,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$2,250,537</strong></td>
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</tbody>
</table>

Ending Balance* $4,262,936

*Ending balance includes $2.94 million in contributions received in FY07 and FY08 towards the Trustees and Women's Board Campaigns, which will be allocated at a later date.
A Message from the UCCRC Director
Shirley Mertz Takes Her Battle against Cancer to Springfield
Cooperation, Collaboration, and Comprehensiveness
Scorpion Venom, Arsenic, and Good Health
The Cancer Care Continuum
Top Chef’s Star Continues to Rise
Diagnosing Cancer More Effectively
A Positive Outlook
Expanding and Enhancing the Arsenal of Cancer Treatments
Meeting the Needs of Survivors
A Community of Resources
The Annual Report of the Cancer Committee
Focusing on Lung Cancer
The Honor Roll of Donors for Fiscal Year 2007-2008
A Message from the President and the Executive Director of the University of Chicago Cancer Research Foundation

At the University of Chicago Cancer Research Center, our mission is to understand, cure and prevent each of the scores of diseases we collectively call cancer. We pursue this goal by promoting collaboration among a diverse and dedicated team of outstanding laboratory scientists, caregivers, clinical researchers and trainees. These partnerships help us develop solutions tailored to the complexity of individual cancers and the unique needs of each patient. Our faculty and staff are dedicated to mentoring and inspiring the investigators of tomorrow while providing superior care to the people of today.

Help Us Continue Care and Research
To learn more about cancer research at the University of Chicago and how you can help our researchers pursue promising avenues of investigation that would otherwise remain unexplored, please contact Mary Ellen Connellan, Executive Director, University of Chicago Cancer Research Foundation, at (773) 834-7490.

A donation to the University of Chicago Cancer Research Foundation is an investment in one of the nation’s leading facilities for scientific inquiry and will help people here at home and around the world.

Donations by check may be made to:
The University of Chicago Cancer Research Foundation
5841 South Maryland Avenue, MC 1140
Chicago, IL 60637

All gifts are tax deductible as provided by law.