The University of Chicago Comprehensive Cancer Center (UCCCC) is committed to exploring and developing innovative ways to prevent and reduce cancer’s devastating effects.

The UCCCC is one of only 40 National Cancer Institute (NCI)-designated Comprehensive Cancer Centers and one of only two in Illinois. The designation means more than just state-of-the-art care and services. It also means a strong, high-quality research base combined with a wide spectrum of prevention, education, information, and dissemination activities that broadly serve our surrounding communities, as well as the Midwest region and the nation.

The UCCCC has earned a reputation for excellence, innovation, and a commitment to addressing cancer from every angle.

The UCCCC added eight new members in fiscal year 2009–2010. They are:

- Bulent Aydogan, PhD
  Assistant Professor of Radiation and Cellular Oncology
  Program 5: Advanced Imaging
- M. Kelly Nicholas, MD, PhD
  Assistant Professor of Neurology
  Program 4: Clinical and Experimental Therapeutics
- Peter Savage, PhD
  Assistant Professor of Pathology
  Program 3: Immunology and Cancer
- Lucia Schuger, MD
  Professor of Pathology
  Program 1: Cell Signaling and Gene Regulation
- Stephen Skapek, MD
  Associate Professor of Pediatrics
  Program 1: Cell Signaling and Gene Regulation
- Russell Szmulewitz, MD
  Instructor of Medicine
  Program 4: Clinical and Experimental Therapeutics
- Donald Vander Griend, PhD
  Assistant Professor of Surgery
  Program 1: Cell Signaling and Gene Regulation
- Samuel Volchenboum, MD, PhD, MS
  Assistant Professor of Pediatrics
  Program 1: Cell Signaling and Gene Regulation

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A Message from the Director

This has been an exciting year for the UCCCC. Our members have once again demonstrated excellence in every aspect of cancer research, prevention, diagnosis, treatment, and survivorship—proving that we are a comprehensive cancer center of distinction.

We hope you will find this fiscal year 2009-2010 overview to be interesting and informative. Our groundbreaking research has truly led to customized care for our patients.

The nation’s biomedical community has applauded our members’ outstanding contributions in many tangible ways. They selected members for major awards, elected them to national academies, and voted them into leadership posts in national associations. We have listed a small sample of these accolades in the sidebar on page 13.

The University of Chicago Cancer Research Foundation (UCCRF) and other generous contributors were essential to our successes, providing valuable funding for resources and facilities and volunteering time to help advance the UCCCC mission to explore and develop innovative ways to prevent and reduce cancer’s devastating effects. A list of donors begins on page 28.

Our contributors supported the preliminary research required to obtain major funding from the government and other institutions. They also support faculty recruitment, equipment technologies, and pilot projects. We can directly link many of our most transformative discoveries to research initiated with philanthropic support.

In this report, we highlight the accomplishments and members of The University of Chicago Head and Neck Cancer Program, whose pioneering concepts are now considered the standard of care. The special section begins on page 19.

As members, staff, and supporters, we can all be proud of the UCCCC’s achievements and look forward to a future of exciting advances in cancer research and care.

It is a great privilege to have this opportunity to thank all of you for your diligence, insight, creativity, and compassion for cancer patients and their families around the world.

With heartfelt gratitude,

Michelle M. Le Beau, PhD
Professor of Medicine
Director, The University of Chicago
Comprehensive Cancer Center
Top-Ranked Cancer Program
The University of Chicago Medical Center is consistently ranked as a top hospital in *U.S. News & World Report*’s annual survey. In 2010, the cancer program at UChicago was the highest ranked cancer program in Illinois and ranked #15 out of nearly 5,000 hospitals evaluated nationwide.

Interdisciplinary Cancer Research Programs
- Cell Signaling and Gene Regulation
- Hematopoiesis and Hematological Malignancies
- Immunology and Cancer
- Clinical and Experimental Therapeutics
- Advanced Imaging
- Cancer Risk and Prevention
The new year represents a significant event for many people. It signifies a new start and an opportunity for new commitments. For The University of Chicago Cancer Research Center, the new year marks the date we officially changed our name to The University of Chicago Comprehensive Cancer Center (UCCCC).

The modification was much more than the substitution of a single word. The new name acknowledges the National Cancer Institute’s (NCI’s) continued recognition of the depth and breadth of the UCCCC’s programs and underscores the center’s capacity and commitment to pursue the abundance of new opportunities in cancer prevention, detection, treatment, and survivorship.

The name change also fits our times—a period in which breakthroughs in genetics, technology, and molecular biology help power a revolution in comprehensive cancer care.

This annual report focuses on how the UCCCC is capitalizing on its groundbreaking research and leveraging these advances to create customized care for all cancer patients. In the past year, UCCCC members introduced innovative combinations of chemotherapy, radiotherapy, and surgical therapies to enhance patient outcomes, used advanced computational techniques to analyze the genetic compositions of individual tumors, and identified molecular targets to make drug therapies more precise and effective. Our researchers investigated innovative ways to halt the spread of cancer to other parts of the body, to help the human immune system seek and destroy cancer cells, and to enable cancer survivors to live longer and preserve quality of life.

Our members also expanded our understanding of how cancer stem cells multiply and mature and the roles of specific proteins in regulating cell death and proliferation. They developed community partnerships that promoted healthy living and cancer prevention, and they determined how environmental, lifestyle, and social factors can make patients more susceptible to particular cancers. They analyzed treatment regimens to maximize effectiveness and reduce harmful physical and psychological impacts. Our members also continued to explore the use of molecular-scale microdiscs to destroy tumors, the recruitment of antibodies and modified viruses to carry anticancer agents directly to individual tumor cells, and the capacity of advanced imaging to detect pre-cancerous lesions less than several hundred microns in diameter.

The prospects of the fast-paced evolution of our understanding of the biological mechanisms underlying cancer and more effective approaches for tackling all aspects of the disease are invigorating. UCCCC members lead the vanguard of the transformation in cancer research. They are At the Forefront of Discovery™, bringing new hope to our nation in which one-out-of-two men and one-out-of-three women will be diagnosed with cancer during his or her lifetime.
Highly Competitive Grants Advance UChicago Cancer Research

Investment in cancer research is vital for a future without malignant disease.

UCCCC members received 71 ARRA grants in FY 2009–2010 and were involved in 700 new and ongoing research projects.

CCTO Expands
The UCCCC’s Cancer Clinical Trials Office (CCTO) provides oversight, quality control, protocol tracking, and management for cancer clinical trials at UChicago. Beginning in fiscal year 2010-2011, CCTO will manage cancer trials from four new units—the Departments of Surgery, Radiation and Cellular Oncology, and Radiology, and the Section of Gynecologic Oncology, in addition to the Department of Medicine.

Philip Connell, MD
M. Eileen Dolan, PhD
Daniel Haraf, MD, MS

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This past fiscal year, the Federal government gave UChicago researchers a huge vote of confidence by awarding them 196 grants through the American Recovery and Reinvestment Act (ARRA).

The nearly $97 million in ARRA funding provided to UChicago will not only accelerate the pace of scientific discovery, but will also enable the University to retain and recruit staff to support research projects.

Federal agencies, such as the National Institutes of Health (NIH), were particularly generous to UCCC members in awarding ARRA funding. Forty-four of our members received 71 grants totaling $28.5 million.

The projects funded through ARRA grants range from developing a fast, inexpensive way to create mouse models to study human genetic diseases, to developing drugs to help the immune system fight cancer, to determining the diagnostic accuracy of handheld oral cancer screening devices, to training African American and Hispanic undergraduates to research and eliminate health disparities in underserved populations.

In addition to ARRA grants, UCCC members were also involved in more than 700 new and ongoing research projects. These projects are supported through grants from NIH and its institutes, including the National Cancer Institute, as well as the American Cancer Society, The University of Chicago Cancer Research Foundation, and the Cancer Research Foundation.

Among the newly funded grant projects in fiscal year 2009–2010 were:

**Rational Generation of Directed Protein-Capture Reagents**
Shohei Koide, PhD, professor of biochemistry and molecular biology, and his team are establishing a faster, easier approach for generating high-performance research reagents, which help discriminate normal cells from diseased cells and tissues. The project is built on an innovative protein-engineering concept, termed Affinity Clamping, that Dr. Koide’s group recently established.

“This innovative and powerful technology will fill a major void in the currently available molecular tools and will have a major impact on virtually all areas of molecular biomedical sciences, diagnosis, and drug development,” said Dr. Koide.

**Replication Study of Breast Cancer Susceptibility Genes in Blacks**
Dezheng Huo, MD, PhD, assistant professor of health studies, and colleagues are translating recent advances in genetics to benefit women who are at risk of developing an aggressive form of breast cancer at a young age. “The study will accurately define genetic risks for women in the African Diaspora, which will lead to better clinical risk assessment and the development of more effective strategies for prevention, early detection, and treatment of breast cancer for all women,” said Dr. Huo.

**Transcriptional Control of Hematopoiesis**
Barbara Kee, PhD, associate professor of pathology, and her research team are determining the molecular mechanisms that control hematopoiesis—the formation of blood cells in the body—with a particular emphasis on the white blood cell system. “Aberrant control of hematopoiesis is the underlying cause of many diseases including immune deficiency, anemia, autoimmunity, and leukemia or lymphoma,” Dr. Kee explained.

**Genetic Determinants Associated with Pemetrexed Response and Toxicity**
M. Eileen Dolan, PhD, professor of medicine, and her colleagues are identifying lung cancer patients at risk for toxicities or lack of response following treatment with the chemotherapeutic agent pemetrexed. “Ultimately, we hope to find predictive markers of pemetrexed response and toxicity,” Dr. Dolan said.
Translating scientific breakthroughs into targeted therapies and state-of-the-art procedures represents a coordinated endeavor among UCCCC clinicians and scientists who are deciphering the biological processes that control cancer development.

Our researchers are transforming their knowledge of genetic alterations and cell signaling pathways into medical advances that improve cancer prevention, diagnosis, treatment, and survivorship.

Cancer is influenced by our genes, environment, and lifestyle. While choosing the right health and dietary behaviors can help reduce cancer risk, UCCCC researchers are working diligently to develop advanced screening procedures to detect precancerous lesions before they even become cancer. Gregory Karczmar, PhD, professor of radiology, has developed a groundbreaking technique using magnetic resonance imaging and spectroscopy (MRIS) to detect ductal carcinoma in situ (DCIS) in mouse mammary glands. Early detection of DCIS, a precursor to invasive breast cancer, will allow clinicians to prevent cancer progression by identifying and treating suspect lesions.

The UCCCC places a high priority on the long-term care of cancer survivors who often face physical and psychological difficulties following their treatment.
UCCCC experts, including Olufunmilayo Olopade, MBBS, FACP, the Walter L. Palmer Professor of Medicine and Human Genetics, associate dean for global health, and director of the Cancer Risk Clinic, are also developing genetic tests to assess an individual’s risk for hereditary cancers, including breast, colon, ovarian, and pancreatic cancers. Once identified, high-risk patients can be monitored closely and screened periodically for early detection of cancers when they are most curable.

Early cancer detection requires advanced imaging technologies that are extremely precise and accurate. The UCCCC is developing new imaging techniques and procedures that enable scientists to see deeper into cells and understand the complex biological processes underlying cancer.

These advances are improving cancer diagnosis. For example, Xiaochuan Pan, PhD, professor of radiology, is developing new diagnostic imaging approaches for computed tomography (CT), a widely used technology that computes multidimensional images from X-ray images taken around the patient. His research will enable the production of higher quality images from less CT data, which increases diagnostic accuracy while subjecting patients to less radiation. These novel advances in CT and other imaging tools allow UCCCC clinicians to detect cancers earlier and monitor treatment responses more closely.

Through basic laboratory discoveries, the UCCCC is designing and delivering the most targeted and customized treatment options for patients. Researchers in the Department of Radiation and Cellular Oncology, including Chairman Ralph Weichselbaum, MD, are identifying the genetic profile of tumors resistant to radiation therapy. With this information, clinicians will soon be able to determine which patients may or may not respond to therapy and devise individualized treatment plans. Similarly, UCCCC researchers are working on the Chicago Cancer Genome Project to develop comprehensive genetic data from 1,000 tumors. By correlating this information with patient outcomes, researchers will be able to predict how cancers behave and translate these discoveries into diagnostic tools and personalized therapies.

The UCCCC also places a high priority on the long-term care of cancer survivors who often face physical and psychological difficulties because of the toxicities of their treatment. The Childhood Cancer Survivors Center follows patients after treatment and screens for future risks to minimize the impact of childhood cancer therapies. The Breast Cancer Survivorship Program helps women deal with the long-term impacts of breast cancer. UCCCC members, through the Program in Integrated Sexual Medicine (PRISM) for Women and Girls with Cancer, combine research, prevention, and treatment with outreach and education for female patients who may be encountering sexual problems. Through these and other efforts, the UCCCC is increasing the quality of life for cancer survivors.
Personalized Medicine Moves Within Reach

Much of today's medicine is reactive, where diagnosis and treatment are administered only after patients become ill.

The UCCCC is pursuing innovative research that is transforming our understanding of cancer and is paving the way for a new era of predictive, personalized medicine.

Personalized medicine, which considers an individual's genetic makeup and the genetic and biological characteristics of their tumor, will enable physicians to identify people who are at greater risk for cancer, determine how patients may respond to various treatments, and guide the development of customized therapies for both cancer prevention and treatment.

Certain genetic variants and abnormalities are known to increase cancer susceptibility. Our researchers are using advanced tools and techniques to identify these genetic changes. The UCCCC's world-renowned leukemia team is using a systems biology approach to unravel the genetic complexities of therapy-related acute myeloid leukemia (t-AML), a particularly cruel and fatal disease caused by cancer treatment itself. Systems biology is an emerging field that focuses on how multiple genes or proteins work together in networks to regulate biological systems as a whole, such as blood development. Led by Michelle M. Le Beau, PhD, professor of medicine and director of the UCCCC, the fight against t-AML represents a multidisciplinary effort that engages the expertise of clinical oncologists, geneticists, biologists, and computer scientists. Their discoveries will allow clinicians to develop personalized therapies and genetic tests to identify patients at risk for t-AML.

UCCCC researchers also perform genome-wide association (GWA) studies to determine cancer risk and predict response to therapy. These studies involve the analysis of genetic variations across the entire human genome to identify alterations that are associated with disease or specific conditions. By identifying factors associated with poor prognosis, researchers will be able to develop more effective therapies that specifically target these genetic alterations.

Similarly, our members excel in the development of personalized medicine by conducting GWA studies to identify genetic variations associated with drug response and adverse therapeutic side effects. Patients may display a wide range in drug responses and side effects because, for example, they may have genetic alterations that affect the expression of enzymes that eliminate specific drugs from their systems. In one study, genetic differences between people of European and African ancestry were attributed to population differences in drug response. These pharmacogenetic studies will allow clinicians to predict how patients respond to chemotherapeutic drugs and ultimately develop personalized treatment plans that maximize drug response and minimize side effects.
At the UCCCC, our researchers are revolutionizing personalized cancer care by developing genetic tests that determine cancer risk, creating new targeted cancer drugs that are being tested in clinical trials, and identifying new genetic markers that predict which patients will most likely to benefit from these drugs.
State-of-the-Art Facilities Improve Patient, Research Experience

The physical landscape changed dramatically on the UChicago campus over the past fiscal year.

Core Facilities
The UCCCC supports core facilities, as research and educational resources, through its NCI Cancer Center Support Grant.

- Biostatistics Core Facility
- Cancer Clinical Trials Office
- Frank W. Fitch Monoclonal Antibody Facility
- Flow Cytometry Facility
- Genomics Core Facility
- Human Immunologic Monitoring Core Facility
- Human Tissue Resource Center
- Integrated Microscopy Facility
- Magnetic Resonance Imaging and Spectroscopy Facility
- Pharmacology Core Facility
- Scientific Image Reconstruction and Analysis Facility
- Transgenic Mouse and Embryonic Stem Cell Facility

The complex study of cellular, genetic, and molecular mechanisms that contribute to cancer requires sophisticated technologies available in our new facilities.
In addition to new signage recognizing the new name of the UCCCC, construction is well underway on the futuristic New Hospital Pavilion. The 10-story, 1.2 million-square-foot facility, scheduled for completion in early 2013, has an innovative and efficient design that will help enhance collaboration and interaction among clinicians while providing a haven for patients and families dealing with complex illnesses, including cancer.

Designed by renowned architect Rafael Viñoly, the seventh floor will feature a Sky Lobby—an elevated public space that includes central reception, family waiting areas, a chapel, gift shop, dining areas, and other public spaces. Its floor-to-ceiling glass walls will provide expansive views of the UChicago campus, as well as Lake Michigan, Washington Park, and the downtown Chicago skyline.

The New Hospital Pavilion spans two city blocks on 57th Street and will connect to Comer Children’s Hospital and the outpatient Duchossois Center for Advanced Medicine (DCAM). A new 24/7 cancer unit opened in July 2009 making it more convenient for patients requiring care. Instead of waiting in the emergency room or in the Infusion Therapy Suite, cancer patients can visit the Oncology Evaluation Unit in Bernard A. Mitchell Hospital to receive treatments, including fluid and electrolyte replacements, lab draws, injections, blood transfusions, and antibiotics. The unit has 12-beds and delivers a hybrid of inpatient and outpatient care. More than 1,000 patient visits were recorded in the Oncology Evaluation Unit in its first year.

Also celebrating its first year in operation was the The Gwen and Jules Knapp Center for Biomedical Discovery (KCBD), which opened in June 2009. The 10-story glass-walled facility provides research space to about 50 UCCCC researchers. It has dedicated core space for the Genomics, Transgenic Mouse/ES Cell, and Integrated Microscopy Facilities. KCBD houses the Flow Cytometry Satellite Facility, Ludwig Center for Metastasis Research, and Institute for Genomics and Systems Biology. It is also the setting for the hematology and oncology research programs for the Departments of Medicine and Pediatrics.

These facilities serve as the backdrop to the superior, groundbreaking research by our internationally recognized teams of investigators. “Efficient implementation of team-based research studies requires contiguous space to house multidisciplinary faculty and staff, as well as integrated dry and wet laboratory space with flexible configurations,” said Habibul Ahsan, MD, MMedSc, associate director for population research for the UCCCC and professor of health studies, medicine, and human genetics. “The well-planned and state-of-the-art environment that KCBD provides to these facilities has already begun to promote interdisciplinary population research on molecular and genetic epidemiology, thus aiding our effort to discover novel genes and gene-environment interactions in cancer risk, prevention, and survival.”

Over the past year, Dr. Ahsan and UChicago research teams have completed a large, genome-wide association study of breast cancer, analyzing DNA samples from 7,000 women from the U.S., Canada, Germany, and Australia. “We used state-of-the-art molecular genomic technologies as well as sophisticated computing and statistical tools to decipher millions of common genomic variations in each of the DNA samples,” he said. As a result, the team has identified novel genomic imprints associated with early onset breast cancer. They are now relying on their new, adjacent wet and dry laboratory spaces to confirm the findings.
Richard Jones, PhD, assistant professor in the Ben May Department for Cancer Research, and his colleagues have developed the micro-western array, a new, proprietary technology that enables researchers to examine hundreds of proteins simultaneously and obtain a comprehensive view of their intricate networks.

This technology may help explain why some tumors develop resistance to current therapies and could open the door to a much greater understanding of other diseases.

UChicago’s Institute for Genomics and Systems Biology (IGSB), under the direction of Kevin White, PhD, the James and Karen Frank Family Professor of Human Genetics and professor of ecology and evolution, is pushing its research boundaries. IGSB researchers are using the latest in gene-sequencing technology and computational analysis to collect and investigate genetic sequences and variations of every gene expressed by 1,000 tumors. They are identifying genetic patterns within tumors that may help predict how cancers behave. Many experts believe such information will increasingly guide treatment.

Charles Pelizzari, PhD, associate professor of radiation and cellular oncology, and his team of medical physicists are investigating the latest in advanced, image-guided radiation equipment and procedures. For example, they are optimizing intensity-modulated radiotherapy (IMRT), which uses computer-generated images to create 3D tumor models. IMRT allows clinicians to alter the radiation dose according to body tissue thickness to ensure that healthy tissues receive only a modest dose or none at all.

As advanced technologies become more intricate, robust, and multifaceted, they also become more costly to purchase and maintain. The UCCCC and the Biological Sciences Division work together to develop centralized centers of expertise and provide researchers access to a comprehensive set of technical resources. The UCCCC supports 12 of the more than 20 shared research facilities serving a variety of scientific disciplines. The newly formed Research Resources Oversight Committee (RROC), chaired by UCCCC Director Michelle M. Le Beau, PhD, works with Jim Schilling, PhD, the new director of the Office of Shared Research Facilities (OSRF), to manage and oversee these facilities.

UChicago frequently upgrades its shared research facilities and resources to provide scientists with state-of-the-art technologies. In the past year, for example, Anne Sperling, PhD, associate professor of medicine, and the scientific director of the Flow Cytometry Facility, acquired a $420,000 Amnis Image Stream Analyzer, supported by NCI American Recovery and Reinvestment Act funds. The advanced technology sorts and analyzes individual cells by guiding particles into a single, fluid stream that passes through a detection system that measures physical and/or chemical characteristics of each particle. The technology is superior to earlier analyzers because of, for example, its enhanced ability to measure genetic abnormalities associated with leukemia, breast cancer, and other cancers.

UCCCC researchers are taking full advantage of technologies like flow cytometry, IMRT, gene-sequencing, advanced computational analyses, and micro-western arrays to expand our scientific knowledge and shorten the time required to translate discoveries into clinical application.

Advanced Technologies
Speed Discovery

The evolution of sophisticated technologies is accelerating the pace of discovery and cancer care at UChicago.
Leading-edge technologies help advance innovative ideas and discoveries that translate into superior patient care.

The UCCCC and the Biological Sciences Division work together to develop centralized centers of expertise and provide researchers access to a comprehensive set of technical resources.

UCCCC Members Earn National Honors
The many distinctions awarded to our UCCCC members this past fiscal year reflect the high regard of their peers. This list provides a small sample of the many honors our members received:

Stephen L. Archer, MD—President-elect of the American Heart Association (AHA) Metro Chicago Board of Directors
Maryellen L. Giger, PhD—Chair of the American Association of Physicists in Medicine (AAPM) Executive Committee and Member of the National Academy of Engineering (NAE)
David Grdina, PhD, MBA—Member of the NASA Space Radiation Standing Review Panel
Geoffrey L. Greene, PhD—Komen Brinker Award for Science Distinction
Hedy Kindler, MD—Asbestos Disease Awareness Organization (ADAO) Selikoff Lifetime Achievement Award
Olufunmilayo I. Olopade, MBBS, FACP—Fellow of the American Academy of Arts and Sciences (AAAS)
Mark J. Ratain, MD—American Association of Pharmaceutical Scientists (AAPS) Research Achievement Award in Clinical Pharmacology and Translational Research
Janet D. Rowley, MD, DSc—National Academy of Sciences (NAS) Jessie Stevenson Kovalenko Medal and American Association for Cancer Research (AACR) Lifetime Achievement in Cancer Research Award
Richard Schilsky, MD—James Ewing Lecture for the Society of Surgical Oncology and Founders Lecture for the Society for Clinical Trials
Kerstin M. Stenson, MD, FACS—Fellow-at-Large of the American Head and Neck Society Council
Wendy Stock, MD—Co-Chair, National Cancer Institute (NCI) Leukemia Steering Committee and member of the American Board of Internal Medicine (ABIM) Hematology Subspecialty Board
Everett Vokes, MD—Member of the American Society of Clinical Oncology (ASCO) Board of Directors
Outreach Programs Help Strengthen Ties with Community

Community outreach, especially to underserved populations, is fundamental to the success of a comprehensive cancer program.

The UCCC Cancer Resource Center, in partnership with the American Cancer Society, assists individuals with cancer and their families by offering information, access to support groups, and other services. Mary Herbert (left) is a certified health education specialist and Kimberly Nelson, LPC (right), is a licensed professional counselor.
For more than 5 years, the UCCCC, in collaboration with The University of Chicago Medical Center (UCMC), has built partnerships with local communities and has diligently sought to understand and meet the needs of its neighbors in Hyde Park and the surrounding communities.

Essential to the UCCCC’s outreach efforts is an innovative program called Community Engagement Centering on Solutions (CECOS)—recently renamed the UCCCC Office of Community Engagement and Cancer Disparities with Karen E. Kim, MD, MS, as its new director—which enhances public awareness about cancer prevention, early cancer detection and control, the role of genetics in cancer, and the importance of participation in clinical trials. Not only does the program educate individual participants, but also provides the skills necessary so that community leaders can continue to disseminate important health information long after the events are completed.

During the 2009–2010 fiscal year, CECOS hosted three public forums—two on cervical cancer and the human papillomavirus (HPV) and one on hepatitis and liver cancer.

The forums on cervical cancer and HPV, called “Our Daughters, Our Duty” were held in November 2009 at Richard J. Daley College, on Chicago’s Southwest Side, and in March 2010 at Kennedy-King College, on Chicago’s South Side. In each case, about 100 people attended and asked questions covering topics from signs and symptoms of cervical cancer to the HPV vaccine.

In May 2010, CECOS hosted “Break the Silence: Let’s Stop Hepatitis and Liver Cancer in our Communities!” at Truman College on Chicago’s North Side. The forum focused on Hepatitis B and C, their connection to liver cancer, and their impacts on the people of Asian and Pacific Islander heritages. The forum also included personal testimony from community health workers and liver cancer patients.

“The education gained from these events is definitely bidirectional, valuable, and lasting,” said Dr. Kim, UChicago associate professor of medicine, who led the hepatitis and liver cancer event. “Sharing stories, teaching, and learning from community members will allow us to go back to the lab and address barriers using the perspective of those whose lives we are determined to improve.”

In the Bronzeville neighborhood, CECOS continued its program at the Bronzeville Farmers Market to promote cancer prevention and healthy eating. CECOS also participated in Pearl Fest, an annual outdoor festival hosted by Little Black Pearl, an organization that aims to empower children through art and entrepreneurship. At the August 2009 event, CECOS provided dozens of men with free prostate screenings through a UCCCC collaboration with Clear Channel Communications, Inc., and the Illinois Department of Public Health.

The UCCCC reached out to the community in many other ways over the past fiscal year, including providing cooks for Real Men Cook–Chicago, planting a garden at the Emmett Louis Till Math & Science Academy on Chicago’s South Side, distributing food to the needy at local food pantries, and raising money for cancer research. The UChicago Walk and Roll team, led by M. Eileen Dolan, PhD, professor of medicine, and Lee Baksas of the UCCCC staff surpassed its fundraising goal of $10,000 by raising $12,500 for the American Cancer Society. The combined total of $17,600 for all six UChicago teams was in the top 10 overall and #1 among participating not-for-profits.

With its new name and Dr. Kim taking over responsibilities as program director, the new UCCCC Office of Community Engagement and Cancer Disparities will increase its reach and positive impact on the community during the coming years.

The UCCCC expanded its outreach via social media this fiscal year. Fans and followers learned about everything from tips to prevent skin cancer, to karaoke night to raise money for cancer research, to the latest news in cancer treatment at UChicago.
At the UCCCC, the Cancer Registry Unit—a major component of our American College of Surgeons-approved program and National Cancer Institute (NCI)-designated Comprehensive Cancer Center—has documented the impact of cancer by gathering detailed information on patients treated at The University of Chicago Medical Center (UCMC) for this disease since the 1920s.

Cancer Registry Manager Cassie Simon, CTR, leads a team of data management specialists to ensure that complete, accurate, and timely abstracting is achieved for each oncology patient diagnosed or treated at the UCMC. Patient demographics, primary site, histology, stage of disease, treatment, and outcomes are collected and recorded in a designated, specifically configured database. Quality control mechanisms support the meaningful evaluation and analysis of these vital statistics that are provided in customized reports for our cancer researchers and administrative staff, as well as state and national cancer surveillance programs.

In the past year, the Cancer Registry successfully completed 63 requests for data, which were used in epidemiologic and health disparity grant proposals, childhood pediatric cancer survivor studies, and cancer program planning initiatives, such as the expansion of our physician resident program and pathology labs, Breast Cancer Consortium, Translational Data Mart (TraM) database, and Cancer Survivors Day, as well as several cutting-edge cancer research studies.

In addition to incidence reporting, the Registry also plays an active role on the Cancer Committee. Chaired by Kevin Roggin, MD, FACS, associate professor of surgery, the committee provides oversight and promotes excellence among our interdisciplinary cancer departments and ensures that the standards for our American College of Surgeons cancer program accreditation are maintained. Recognized by U.S. News & World Report and currently ranked #15 in the nation—the highest ranking of any institution in Illinois—our cancer program remains unwavering in our ongoing commitment to provide high-quality cancer care to our patients and community.

2009 UCMC Cancer Data

Types of Cancer

Table 1 reveals that 3,408 patients were diagnosed and/or treated for cancer at the UCMC in 2009. Of these, 2,847 (83.5%) were new diagnoses and 561 cases (16.5%) were initially treated elsewhere and referred to the UCMC for recurrent or progressive disease. The most frequently seen, by primary subsite, include prostate (619 patients), lung and bronchus (320 patients), breast (351 patients), colorectal (191 patients), and kidney/renal pelvis (158 patients).
Table 1: 2009 UCMC Cancer Cases by Site

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Newly Diagnosed</th>
<th>Recurrent/Progressive Disease</th>
<th>Total</th>
<th>% of Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>128</td>
<td>41</td>
<td>169</td>
<td>5.0%</td>
</tr>
<tr>
<td>Respiratory System*</td>
<td>322</td>
<td>44</td>
<td>366</td>
<td>10.7%</td>
</tr>
<tr>
<td>Digestive System</td>
<td>523</td>
<td>96</td>
<td>619</td>
<td>18.2%</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>36</td>
<td>8</td>
<td>44</td>
<td>1.3%</td>
</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>20</td>
<td>5</td>
<td>25</td>
<td>0.8%</td>
</tr>
<tr>
<td>Soft Tissue (Includes Heart)</td>
<td>41</td>
<td>11</td>
<td>52</td>
<td>1.5%</td>
</tr>
<tr>
<td>Skin (Excludes Basal &amp; Squamous Cell)</td>
<td>56</td>
<td>20</td>
<td>76</td>
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<tr>
<td>Breast</td>
<td>302</td>
<td>49</td>
<td>351</td>
<td>10.3%</td>
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<tr>
<td>Female Genital System</td>
<td>125</td>
<td>46</td>
<td>171</td>
<td>5.0%</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>578</td>
<td>63</td>
<td>641</td>
<td>18.8%</td>
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<td>Urinary System</td>
<td>252</td>
<td>52</td>
<td>304</td>
<td>8.9%</td>
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<tr>
<td>Brain &amp; Other Nervous System</td>
<td>53</td>
<td>8</td>
<td>61</td>
<td>1.8%</td>
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<tr>
<td>Endocrine System</td>
<td>142</td>
<td>24</td>
<td>166</td>
<td>4.9%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>95</td>
<td>38</td>
<td>133</td>
<td>3.9%</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>31</td>
<td>7</td>
<td>38</td>
<td>1.1%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>94</td>
<td>27</td>
<td>121</td>
<td>3.6%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>49</td>
<td>22</td>
<td>71</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td><strong>2,847</strong></td>
<td><strong>561</strong></td>
<td><strong>3,408</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

* Includes larynx. ** Excludes 59 benign brain and endocrine tumors.
Patient Demographics
At the UCMC, a majority of patients (53.3%)—both male and female—are diagnosed with cancer between the ages of 50 and 69 years of age (See Figure 1). Distribution by gender and race (See Figure 2) reveals the ethnically diverse population that we serve. The majority of our cancer population is White (66.0%, 2,250 patients), followed by Black (26.3%, 897), and Hispanic (3.4%, 117 patients).

Patient Geographics
Distribution by residence or county at initial diagnosis (See Diagram 1) reveals that a majority of patients (81%, 2,774 patients) are Illinois residents with the highest frequencies seen in Cook County (65.8%, 1,825 patients), DuPage County (8.6%, 239 patients), Will County (7.0%, 194 patients), Lake County (6.8%, 188 patients), and Kane County (2.2%, 60 patients). The remaining populations (19%, 634 patients) reside outside the State of Illinois, with the highest incidence of non-Illinois residents from the neighboring states of Indiana (75.3%, 478 patients), Michigan (8.0%, 51 patients), and Wisconsin (4.9%, 31 patients). Four patients traveled from other countries—Turkey, Serbia, Saudi Arabia, and Israel.
The University of Chicago Medical Center (UCMC) is an internationally renowned, high-volume referral center for the treatment of head and neck cancer, including cancers of the sinuses, mouth, tongue, tonsils, pharynx, larynx, upper esophagus, thyroid, and salivary glands.

Our research has pioneered concepts that are now considered standards of care, such as concurrent chemotherapy and radiation therapy (chemoradiotherapy), that result in preservation of critical organs and their function, such as speech and swallowing. Studies conducted at the UCMC have shown that chemoradiotherapy provided complete control of locally advanced head and neck cancer for more than 90% of patients and provided a 3-year survival rate of 70%. These rates are twice the survival rates for advanced disease treated with traditional therapy.

The UCMC Head and Neck Program is among the best because our clinical and research teams continue to refine therapies and challenge the norm to obtain the best patient outcomes. Our multidisciplinary tumor board meets exclusively to discuss head and neck cancer cases. Members of the Head and Neck Tumor Board represent many specialties, including medical oncology, endocrinology, radiation oncology, surgery, pathology, neuroradiology, dentistry, social work, nursing, and speech and swallowing therapy.

Our medical oncology team is co-directed by Everett Vokes, MD, who has had a highly visible career in clinical and translational research involving head and neck cancer and the interaction of chemotherapy and radiation, and Ezra Cohen, MD, who is also an expert in head and neck cancer as well as in developing novel cancer therapies. The medical oncology team’s work has shown that intense treatment combining radiation and chemotherapy can bring locally advanced head and neck cancer under control and improve survival. They have also developed targeted therapies designed to minimize side effects and maximize tumor destruction.

**From Research to Practice**

Our research has found that patients with advanced tongue cancers may be spared total glossectomy (removal of the tongue) through innovative chemoradiotherapy techniques (Stenson, et al., *Laryngoscope* 120:93-9, 2010). In addition, we have established techniques that minimize the surgical risk and postoperative effects of neck dissection (removal of lymph nodes for pathologic analysis) after chemoradiotherapy while gaining the most information for prognosis (Langerman, et al., *Arch Otolaryngol Head Neck Surg.* 135:876-880, 2009; *Arch Otolaryngol Head Neck Surg.* 135:1133-1136, 2009).

Our investigators have applied novel molecularly targeted agents to the advanced disease setting. They were the first to combine a new class of drug, epidermal growth factor receptor (EGFR) inhibitors, with chemoradiotherapy and demonstrated that the regimen was well-tolerated with high cure rates in patients with Stage III or IV disease (Cohen, et al., *JCO* 28:3336-3343, 2010). In addition, investigators have identified groups of patients who may respond poorly to EGFR inhibitors and are developing new therapies to treat these individuals.
Early Detection and Prevention

The UCMC Head and Neck Cancer Program is a leader in integrating novel agents for treatment and prevention. Mark Lingen, DDS, PhD, has discovered that blocking angiogenesis (new blood vessel growth) in precancerous lesions can prevent the development of oral cancer. These findings are now being extended to clinical trials for individuals at greatest risk for developing oral cavity cancers.

Dr. Lingen and Elizabeth Blair, MD, are using new technologies, such as autofluorescence, to detect precancerous lesions in the mouth and throat. In our High Risk Oral Cancer Clinic, we offer extensive screenings to patients with suspicious lesions and to those with an elevated risk of a second cancer. Our patients are educated about the signs and symptoms of head and neck cancer, as well as ways to reduce contributing risk factors, such as quitting smoking and reducing alcohol consumption.

Hope for the Most Complex Cases

Patients with recurrent or persistent cancer are the most challenging. For many of these patients, the latest organ-sparing therapies have not been effective. The UCMC offers additional options. Daniel Haraf, MD, MS, is a pioneer in second courses of radiation therapy, something previously considered impossible due to its severe side effects. Our medical oncology team, including Drs. Vokes, Cohen, Tanguy Seiwert, MD, and Victoria Villaflor, MD, help craft treatment strategies for the toughest cases. These treatments include advanced, computer-directed intensity-modulated radiation therapy (IMRT) which delivers radiation to a precise area while sparing surrounding normal tissue.

Our head and neck surgeons, including Kerstin Stenson, MD, Louis Portugal, MD, and Dr. Blair, specialize in the complex removal of tumors while leaving intact critical blood vessels, nerves, and other structures. In some cases, new organs are created using tissue transferred from other parts of the body. The reconstructive plastic surgery team is led by Lawrence Gottlieb, MD.

With our knowledgeable experts, state-of-the-art technologies, and leading-edge research, The University of Chicago is an international leader in head and neck cancer cases, especially those referred by other institutions. Our team is
also recognized for its extraordinary dedication to helping patients maintain the best possible quality of life during and after treatment.

**Head and Neck Cancer Stats**

From 2005 to 2009, the number of newly diagnosed head and neck cancer patients at the UCMC rose 19% from 134 patients in 2005 to 159 patients in 2009. (See Figure 3).

In 2009, 211 patients were seen for head and neck malignancies. Of these, 149 (71%) were male and 62 (29%) female. A total of 159 patients (75%) were newly diagnosed and 52 (25%) were treated at the UCMC for recurrent or progressive disease. In Table 2, American Joint Committee on Cancer (AJCC) Staging is displayed for the newly diagnosed or analytic patients and reveals that 48% (76 patients) were diagnosed in the latest stage (IV) of this disease.

Head and neck cancers account for approximately 3% to 5% of all cancers in the United States, according to the American Cancer Society. Nationally, men age 50 years and older have a higher chance of being diagnosed with a head and neck cancer than women. At the UCMC in 2009, a total of 159 patients were diagnosed with head and neck cancer. Among them were 88 men (55.4%) over the age of 50 years. (See Figure 4).

Figure 5 shows 1- to 5-year survival rates for patients diagnosed with stage IV head and neck cancers. Survival rates are shown for patients treated at the UCMC compared with national survival rates and those of teaching and research hospitals.

### Table 2: 2009 Head & Neck by Site, Gender, Class of Case, and AJCC Stage Group

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Class of Case</th>
<th>Stage Distribution – Analytic Cases Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Analytic</td>
<td>Stage 0</td>
</tr>
<tr>
<td>Tongue</td>
<td>49 (23.2%)</td>
<td>33</td>
<td>16</td>
<td>38</td>
<td>11</td>
</tr>
<tr>
<td>Tonsil</td>
<td>35 (16.6%)</td>
<td>30</td>
<td>5</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Larynx</td>
<td>30 (14.2%)</td>
<td>22</td>
<td>8</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth</td>
<td>29 (13.7%)</td>
<td>16</td>
<td>13</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Salivary Glands</td>
<td>20 (9.5%)</td>
<td>13</td>
<td>7</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Other Oral Cavity &amp; Pharynx, NOS</td>
<td>14 (6.6%)</td>
<td>11</td>
<td>3</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Nose, Nasal Cavity &amp; Middle Ear</td>
<td>12 (5.7%)</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>8 (3.8%)</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>6 (2.8%)</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>5 (2.4%)</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>3 (1.4%)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>211</td>
<td>149</td>
<td>62</td>
<td>159</td>
<td>52</td>
</tr>
</tbody>
</table>
The University of Chicago is renowned for its innovative treatments and better-than-average outcomes for head and neck cancer patients, especially those treated with concurrent chemotherapy and radiation therapy, a technique pioneered at UChicago.

Studies conducted at The University of Chicago Medical Center found that this therapy, now a standard of care, has provided complete local control of advanced head and neck cancer for more than 90% of UChicago patients and an 80% long-term survival rate without disease progression.

That is why, when a Fort Wayne, Indiana, orthodontist had a second recurrence of head and neck cancer, he made the 3 hour drive to The University of Chicago.

“I wouldn’t be alive today if I hadn’t come to UChicago,” said James Williams, DDS.

It was the summer of 2002, when Williams was 55 years old, that he found a nodule in his neck. Because he did not have any other symptoms, such as swallowing problems, he waited 3 months before he saw a doctor. He was diagnosed with squamous cell carcinoma in his tonsil. He had surgery and 7 weeks of radiation therapy, during which he never missed a day of work.

Eighteen months later, he had trouble swallowing and learned his cancer had returned. Williams underwent a supraepiglottic laryngectomy, which is surgery to remove part of the epiglottis and the voice box. Less than a year later, the cancer had spread to his tongue.

It was fall 2005 when Williams first came to UChicago. Radiation oncologist Daniel J. Haraf, MD, MS, and medical oncologist Ezra Cohen, MD, administered a second course of radiation and chemotherapy, which has left Williams cancer free, but 3 years of cancer treatments and surgery resulted in multiple life-threatening infections and damage to the neck tissue making it difficult to swallow or talk.

Head and neck surgeon Elizabeth Blair, MD, and plastic surgeon Lawrence Gottlieb, MD, worked together to perform a laryngectomy and reconstruct Williams’ neck and esophagus grafting tissue from his thigh. Speech and swallowing therapist Ellen MacCracken, MS, immediately began creating a rehabilitation plan.

“So after 3½ years of not being able to eat by mouth, I got that function back and no longer have a feeding tube protruding out of my belly,” said Williams. “From a patient’s perspective that was a huge improvement in the quality of my life. There are not many facilities that can provide this level of care.”

Williams, who now uses voice prosthesis, is very active. “I’m a Type A personality. The worst thing you can do to me is make me stay still,” he said.

Williams’ wife Diane said she cannot give enough praise to the UChicago staff. “Everyone from the physicians to the nurses and other members of the healthcare team were really efficient and helpful,” she said. “They all communicated with each other and taught me what I needed to do to change Jim’s bandages and give him other treatments while he was at home. The doctors and staff regularly checked in with us—whether we contacted them or they contacted us—and they responded to our e-mail questions within 24 hours. Living 3 hours from Chicago, communication in every way has been important to us.”

The success story is even better for retired North Shore lawyer John Lynch, who has been cancer free for nearly 2 years.

“We have learned that if we are more aggressive with our therapy upfront, there is a better outcome for our patients.”

— Elizabeth Blair, MD
Already a survivor of melanoma, Lynch is acutely aware of his body. In October 2008, when Lynch was shaving and noticed a bump the size of a raisin on his neck, he made an appointment with his primary care physician. The physician initially prescribed antibiotics and later referred him to an ear, nose, and throat specialist.

Several tests and a biopsy showed Lynch had squamous cell carcinoma; however, because of some unsettled feelings about how his case was being handled, Lynch brought his slides to the doctor who treated him for melanoma.

Lynch was told that it was cancer, but that the tumor was a secondary malignancy, not the primary source. Lynch was referred to the head and neck cancer team at UChicago.

“I feel very privileged to have been treated by Drs. Blair and Haraf, and the rest of the team,” said Lynch. “They worked together and independently to find the primary source of the tumor, and Dr. Blair operated on Christmas Eve 2008.”

The tumor had grown, so Dr. Blair also had to remove some of his lymph nodes, tonsils, and some of his inner cheek. Lynch went home on Christmas day, returning 2 weeks later to see Dr. Haraf and begin radiation therapy and chemotherapy.

Throughout the process, Lynch continued to eat—milk shakes, mashed potatoes, and other soft foods—which he said helped set the tone for a good quality of life. “I have some minor problems like dry mouth and salivary blockages, but I feel great,” Lynch said. “I’m very active.”

Dr. Blair credits the overall care that UChicago provides for the successful outcomes seen in many head and neck cancer patients. “When we talk about being a comprehensive cancer center, it’s not enough to just perform chemotherapy and radiation therapy,” explained Dr. Blair. “The surgery and helping a patient manage really important functions, like using their voice and swallowing, is a big part of the quality of care. We have learned that if we are more aggressive with our therapy upfront, there is a better outcome for our patients.”

She said regular communication among the oncologists, radiation therapists, surgeons, and speech and swallowing therapists is also important.

“We don’t hesitate to question or challenge or critically review what we do and what our results are,” she said. “It is a healthy, team environment that makes it better for our patients.”

From a patient perspective, both Williams and Lynch said they feel lucky to have been treated at UChicago. “I was never worried—not for even a single day,” said Lynch.
Foundation Makes Significant Contribution to Cancer Research

For more than six decades, The University of Chicago Cancer Research Foundation (UCCRF) has played a vital role in advancing the research that is making a significant, positive impact on the lives of cancer patients. Thanks to dedicated staff, very active volunteers, and generous donors, the UCCRF raised nearly $2.5 million in fiscal year 2009-2010. This money was used to fund more than 30 major basic and clinical cancer research projects, educational events, and prevention initiatives.

Among those receiving UCCRF grants are: Thomas Gajewski, MD, PhD, professor of pathology and medicine, who is developing immune-based therapies for cancer; Ernst Lengyel, MD, PhD, associate professor of obstetrics and gynecology, who is creating new tests and treatments for ovarian cancer; and Justin Kline, MD, assistant professor of medicine, who is pursuing a vaccine and cellular therapies for acute myeloid leukemia (AML) patients.

The UCCRF comprises four boards— one governance board (Board of Trustees) and three fundraising boards (Women’s Board, Auxiliary Board, Associates Board). The three fundraising boards host a variety of activities throughout the year from a spectacular Cancer Ball, to a disco chic dance, to a Texas hold’em poker tournament. In November 2009, CBS Evening News Anchor Katie Couric was the guest of honor at the Women’s Board Cancer Ball. She spoke about the importance of cancer prevention through regular screenings, such as colonoscopy. Her husband, Jay Monahan, died from colon cancer in 1998. The UCCRF presented Couric with its Partners in Discovery award to honor her crusade for early detection and cancer awareness. More than 500 people attended the Cancer Ball at the Four Seasons Hotel Chicago.

Each spring, the UCCRF hosts an elegant recognition dinner in honor of a researcher who has made important, long-term contributions to cancer research. The UCCCC awarded its 2010 Simon M. Shubitz Cancer Prize to pioneering stem cell researcher Irving L. Weissman, MD, from Stanford University in California. Earlier in the day, Dr. Weissman presented the Shubitz Lecture, “Normal and Neoplastic Stem Cells,” to UChicago faculty and students.

In spring 2011, the UCCCC will honor Charles L. Sawyers, MD, from Memorial Sloan-Kettering Cancer Center in New York, who was instrumental in the development of two drugs for leukemia and who is a leader in the study of drug resistance in prostate cancer.

In addition to a corporate donation from Exelon, which helps fund UCCCC community outreach programs (See page 14), several community organizations themselves held fundraising events making generous donations to the UCCRF. These events included Riding for a Cure, Windy City Golf Classic, and the Arlington Million Ladies Luncheon.

The UCCRF also launched a new way to raise money for cancer research that does not involve a direct monetary donation. The Foundation is now collaborating with tix4cause.com, a website that enables supporters to donate unused concert, symphony, opera, or sporting event tickets with 100% of the proceeds donated to the designated charity. A second such option launched in late 2010 is the Celebrated Chefs program through which designated restaurants will donate 5% of the bill from diners using a credit card registered with the program.

Generous Support Keeps UChicago ‘At the Forefront of Discovery’

We are extremely grateful to our boards for their diligence and dedication to supporting cancer research and advanced cancer care. We would also like to thank the community groups and individual donors, even some as young as 10 years old, whose contributions are helping UChicago make enormous progress in the fight against cancer.

We are indebted to you for your generosity and for your understanding that today’s research is tomorrow’s cure.
Michelle Le Beau, PhD (right), presents the Shubitz award to pioneering researcher Irving L. Weissman, MD.

The UCCRF Women’s Board celebrated five special women at a tea on June 8, 2010, at the Women’s Athletic Club in Chicago:

- Mary Flynn—40 years of service (pictured left)
- Kathryn Miller—40 years of service (pictured right)
- Jean Atchison—25 years of service
- Anne Hokin—25 years of service
- Mary Conrad—work on the board’s annual appeal that has netted over $1 million since its inception in 1997

Ten-year-old Rebecca Bleier (left) presented UCCC Director Michelle Le Beau, PhD, with nearly $400—proceeds from her lemonade stand. Bleier made the donation in honor of her grandfather, who died from cancer.

(from left) Associates Board Member Tom McGrath, Thomas F. Gajewski, MD, PhD, and Associates Board President Justin Ullman at the Associates Board No Tie Ball held in October 2009 at the James Hotel.

Eugene Choi, MD (center), professor of surgery received $35,000 from the United-4 A Cure organization in support of his research on the progression and spread of gastrointestinal cancers, specifically pancreatic cancer. Dr. Choi is shown at a July 2009 presentation with supporters at the Riviera Country Club.

The 2009 trail ride for Riding For A Cure raised $45,000 for cancer research at the UCCC. Event chair Tracy Gilman is seated on her mount with Christine Gabriel, founder of the Riding For A Cure Foundation.

The Zaccone Family Foundation has contributed $100,000 to The University of Chicago Cancer Research Foundation. Suzanne Zaccone’s battle with breast cancer was documented in last year’s annual report. (from left) Dominic “Bob” Zaccone, David Song, MD, MBA, FACS, Suzanne Zaccone, and Suzanne’s husband Lawrence Bostick. The donation will be used to support Dr. Song and his fellowship program in reconstructive microsurgery.
The University of Chicago Cancer Research Foundation

Our Role in Fighting Cancer
The University of Chicago Cancer Research Foundation (UCCRF) is a not-for-profit organization founded by retail store entrepreneur Maurice Goldblatt in 1946, following the death of his brother and business partner, Nathan Goldblatt, from cancer.

The UCCRF raises money to support basic, clinical, translational, and population research programs related to the causes, prevention, diagnosis, and treatment of cancer at the UCCCC.

Donations to the Foundation, both large and small:

- Support innovative research that brings us closer to making cancer a manageable disease;
- Enable the purchase of state-of-the-art equipment essential for scientific breakthroughs that enhance diagnosis and treatment;
- Expand the scope of cancer control and prevention efforts to save lives and diminish the harmful effects of cancer; and
- Help train young scientists who will make discoveries that benefit our generation as well as generations to come.

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At the 2010 DreamHome Preview Party at the Merchandise Mart (from left) UCCRF Executive Director Mary Ellen Connellan, DreamHome Co-Chair Lena Helms, Sheila Kennedy, Merchandise Mart President Christopher Kennedy, DreamHome Co-Chair Karen Manzari, and Merchandise Mart Executive Vice President John Brennen III.
The University of Chicago Comprehensive Cancer Center (UCCCC) gratefully acknowledges those who have generously supported cancer research and cancer-related programs and services at The University of Chicago. These donations help the UCCCC explore and develop innovative ways to prevent, diagnose, and treat cancer.

The following alumni, friends, foundations, and corporations have demonstrated their extraordinary loyalty and commitment through leadership gifts. These gifts include cash, matching gifts, securities and property, pledges, and pledge payments received between July 1, 2009 and June 30, 2010.

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Beginning Balance—$2,990,177

Income

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<th>Source</th>
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<td>Trustees Capital Campaign</td>
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<td>Boards/Auxiliaries</td>
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Expenses

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<td>Research &amp; Faculty Support</td>
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<td><strong>Total Expenses/Allocations</strong></td>
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Ending Balance—$2,425,367

* Period from 7/1/09–6/30/10
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This report has described a year of steady progress at the UCCCC—a year distinguished by groundbreaking research that has fueled customized patient care.

We have long pursued an approach that encompasses prevention, detection, treatment, community engagement, and survivorship. It is likely that solutions to cancer will come from combinations of these elements.

Adding the word “comprehensive” to our name confirms our continued commitment to an all-inclusive strategy for cancer research and cancer care. Our members are at the forefront of a new era of personalized medicine. We look forward to the discoveries of the new year and the promise of tomorrow.
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