The University of Chicago Comprehensive Cancer Center (UCCCC) is one of 40 National Cancer Institute (NCI)-designated Comprehensive Cancer Centers and one of two in Illinois.

The NCI designation recognizes scientific excellence, as well as discovery and development of effective approaches to cancer risk assessment, prevention, diagnosis, treatment, and survivorship. The designation also recognizes a cancer center’s accomplishments in educating healthcare professionals and the public, as well as its outreach to underserved populations.

At the UCCCC, we have earned a national and international reputation of quality, innovation, and commitment to addressing cancer from every angle.
Reflecting upon this past year, we have seen much progress in our efforts to develop personalized cancer treatments that not only target a patient’s genetic makeup, but also target a tumor’s genetics and behavior. This individualized approach provides better outcomes and economic efficiency.

As treatments become even more customized and individualized, cancer research will become more diversified and collaborative, requiring a global team of experts capable of understanding cellular processes at a much finer level. Cancer researchers will work more closely with physicists, chemists, and biostatisticians who can analyze very large, complex data arrays. Researchers will also collaborate with economists who will help us understand the economic impact of cancer.

The new UCCCC strategic plan acknowledges our strengths in the scientific and clinical arenas and takes into account the changing landscape of cancer research. Our goals over the next few years will focus on three key areas:

+ Cancer risk assessment and prevention
+ Individualized therapies
+ Cancer survivorship, economics, and outcomes

As you read the following pages, you will get a glimpse at some of the very exciting advancements that we have made this past fiscal year. You will also learn about new programs and partnerships that will make our superior cancer care available to an even wider audience.

This year, we dedicated a portion of our annual report to the Leukemia Program (See Page 19). Groundbreaking work at UChicago in the early 1970s made leukemia the first cancer for which personalized therapeutics became possible. Today, our work in leukemia continues to foster the development of novel therapies.

Although much of our financial support comes from external sources including the National Institutes of Health and the American Cancer Society, another large portion comes from passionate philanthropists. We sincerely thank all of our donors who have provided the seed money and other support that have resulted in much larger government grants, as well as new program development and faculty recruitment.

With 12 million cancer survivors in the United States, it is imperative that we remain diligent in our commitment to excellence and innovation so that today’s science can become tomorrow’s standard of care.

With heartfelt gratitude,

Michelle M. Le Beau, PhD
Arthur and Marian Edelstein Professor of Medicine
UCCCC Director
Utilizing the collective expertise of 225 members from six integrated scientific programs, the UCCC focuses on understanding the many complex issues related to cancer risk, prevention, diagnosis, treatment, and survivorship.

Personalized medicine is a primary focus of the UCCC. One day, physicians will be able to use a series of markers unique to each person to tailor individualized prevention and treatment strategies. These markers could include genetic, social, environmental, and behavioral factors.

**CENTER FOR PERSONALIZED THERAPEUTICS**

Some personalized treatments already exist in oncology. They include genetic tests and protein measurements to identify the appropriate treatment strategies for patients with breast, lung, and colorectal cancer.

In 2010, The University of Chicago (UChicago) opened a Center for Personalized Therapeutics, directed by Mark Ratain, MD, the Leon O. Jacobson Professor of Medicine and UCCC associate director for clinical sciences. The center is now recruiting patients in a first-of-its-kind study that incorporates broad genetic information into routine clinical practice for medical treatment decisions. Such information could allow physicians to predict which patients are most likely to respond positively to a given medication, experience severe side effects, or require alternative dosing.

The study, named “The 1200 Patients Project,” is led by Peter O’Donnell, MD, assistant professor of medicine. The new project complements work by the UChicago Committee on Clinical Pharmacology and Pharmacogenomics, chaired by M. Eileen Dolan, PhD, professor of medicine. Pharmacogenomics is the study of how genetic variants affect a patient’s response to drugs.

**INITIATIVE IN ECONOMICS OF CANCER**

Another first-of-its-kind program is the new Initiative in the Economics of Cancer, led by Ya-Chen Tina Shih, PhD, associate professor of medicine. By uniting cancer researchers with experts from the social sciences, Dr. Shih’s group aims to weigh the costs and benefits of new technologies so that patients receive the best, most logical care.

“The burden of cancer and cost of cancer care are among the most important challenges facing the U.S.,” said David Meltzer, MD, PhD, associate professor of medicine and director of the Center for Health and the Social Sciences. “The University of Chicago’s strength in economics and cancer and its rich tradition of interdisciplinary research make it an ideal place for the development of this program.”

**PATIENT NAVIGATION PROGRAM**

To help facilitate the sometimes intimidating task of coordinating initial appointments with multiple specialists, The University of Chicago Medical Center (UCMC) launched the Central Intake and Navigation program in early 2011 for its cancer patients.

“Our patients deserve an efficient system in which they can learn about their disease, understand it, review their options, and develop a plan,” said Mitchell Posner, MD, Thomas D. Jones Professor and Vice-Chair of Surgery. “For many patients, a cancer diagnosis is a life-defining moment.”

The program quickly produced positive results. The average wait time for appointments decreased from 13.8 calendar days at the beginning of the fiscal year to 10.1 calendar days by summer 2011, with a significant movement toward appointments in 7 days or less by fall of 2011.
Personalized medicine is a primary focus of the UCCCC. One day, physicians will be able to use a series of markers unique to each person to tailor individualized prevention and treatment strategies.
Grants Fund GROUNDBREAKING RESEARCH OPPORTUNITIES

Before cancer treatment options ever reach the clinic, UCCC researchers spend months—or more likely years—analyzing many intricate details about a cancer’s biology and behavior.

The science needed to stimulate significant transformation from bench to bedside requires a significant investment. New discoveries would not be possible without grants from the government, industry, and the private sector.

This fiscal year, our investigators were involved with more than 600 funded projects totaling about $110 million. The projects were supported through grants from the National Institutes of Health (NIH) and its institutes, including the National Cancer Institute (NCI), as well as the American Cancer Society (ACS), The University of Chicago Cancer Research Foundation (UCCRF), Cancer Research Foundation (CRF), and other private foundations.

THE FOLLOWING GRANT PROJECTS WERE AMONG THOSE FUNDED IN FISCAL YEAR 2010-2011:

Transfer RNAs as Biomarkers and Regulators of Gene Expression in Breast Cancer
Marsha Rosner, PhD, director and Charles B. Huggins Professor of the Ben May Department for Cancer Research, and colleagues are conducting genomic research to identify the key genes responsible for forming breast cancer. In particular, they are studying how transfer RNAs work as biomarkers and regulators of gene expression in breast cancer.

Computer-Aided Diagnosis of Prostate Cancer with Multiparametric MR Imaging
Aytekin Oto, MD, associate professor of radiology, and his research team are developing a pilot computer-aided diagnosis (CAD) system for detecting prostate cancer using magnetic resonance (MR) imaging. This new method will provide a noninvasive way to differentiate between high-risk and low-risk prostate cancers and will help standardize the analysis of MR results. With these advantages, the CAD/MR imaging technology may help more than a million American men who undergo prostate biopsies each year.

Synergy of Radiation and Immunotherapy: New Approaches
Yang-Xin Fu, MD, PhD, professor of pathology, and colleagues are establishing new strategies to reduce original tumor size while boosting immunity for the destruction of cancer cells that have spread to other parts of the body. By studying the underlying workings of the immune system, the researchers aim to develop a novel,
New discoveries would not be possible without grants from the government, industry, and the private sector.

(Left) Patrick Wilson, PhD, MS
highly effective treatment approach combining radiation therapy with immunotherapy for various phases of cancer, including metastases.

EGFR-VDR Signals in Diet-Promoted Inflammation and Cancer
Marc Bissonnette, MD, associate professor of medicine, and his research team are investigating the connection between a Western-style, high-fat diet and the development of colon cancer. Building on previous research, the investigators aim to uncover how the epidermal growth factor receptor (EGFR) and vitamin D signaling pathways interact to affect the influence of dietary fat on colonic inflammation and tumor risk. These studies will identify potential new therapeutic targets for colon cancer, the third leading cause of cancer-related deaths in the U.S.

Neural Stem Cell-Based Virotherapy for Malignant Glioma
Maciej Lesniak, MD, professor of surgery and director of neurosurgical oncology and neuro-oncology research, and colleagues are developing a novel approach, called virotherapy, for the treatment of malignant brain tumors. The team will use neural stem cells to carry a virus, specially developed to attack cancer cells, directly to the malignant brain tumor. They hypothesize that this targeted technique will be more effective than injecting the virus into the tumor.
Top-Notch Technology ADVANCES BASIC AND CLINICAL SCIENCE

To make cancer research more cost-efficient and to help provide the most technologically advanced equipment possible, the UCCCC offers researchers access to shared technologies supported through our NCI Cancer Center Support Grant.

The Core Facilities include 12 mature facilities and one developing facility opened in 2011.

The new Epidemiology and Research Recruitment Core (ERRC) provides expertise in study design, patient recruitment, and data collection to help researchers more efficiently conduct studies to observe cancer patterns within different patient populations.

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

STATE-OF-THE-ART TECHNOLOGIES

Keeping up with advances in lab equipment, software, and other technologies is extremely important as cancer research delves deeper into the complex study of cellular and molecular mechanisms that contribute to tumor development.

“The best tools make for the best science,” said Vytas Bindokas, PhD, co-technical director of the Integrated Microscopy Core Facility.

Several of the core facilities received funding this year to update or expand their offerings:

+ The Integrated Microscopy Core acquired three new major systems that represent the best in corrected optics, with advanced features that allow for high speed and sensitivity. Modern-day advanced optics help solve new mysteries, including why some cancer cells behave differently than others.

+ The Genomics Facility purchased new systems to conduct next-generation sequencing with the high-throughput capacity for genotyping and gene expression arrays. These systems offer the fastest technology available for sequencing genetic information, which will help researchers find associations between specific gene variants and disease.

+ The Human Tissue Resource Facility has implemented a new biospecimen banking database and a new digital pathology image analysis system to accelerate basic and clinical research. The space itself will soon undergo renovations to improve workflow and allow for expanded storage of specimens.

PROTOTYPE BREAST IMAGING SYSTEM

Innovative technologies have the potential to change medical practice.

A prototype breast imaging computer workstation, created by radiology professor Maryellen Giger, PhD, and members of her research team, could soon revolutionize the way breast cancer is diagnosed. The intelligent breast workstation for computer-aided diagnosis (CADx) and quantitative image analysis reviews data from multimodality images and helps evaluate and characterize suspicious lesions.

Dr. Giger said she is excited to see the technology move one step closer to clinical implementation, “I see CADx translating to the clinical setting in...”
Maryellen Giger, PhD, and her research team created a prototype breast imaging computer workstation that could revolutionize the way breast cancer is diagnosed.

the near future as another ‘test result’ to be used concurrently by radiologists in improving the accuracy of diagnostic output and patient management.”

**CYCLOTRON PARTICLE ACCELERATOR**

Research capabilities will be greatly enhanced when a cyclotron is installed on campus in 2012. A cyclotron is a particle accelerator that generates radioisotopes used in diagnostic imaging. Imaging at the molecular level provides a non-invasive way to monitor and assess a patient’s response to treatment. Radioisotopes will not only help to find more accurate ways to apply radiation therapy, but will also allow researchers to assess the effectiveness of gene therapy.

The cyclotron purchase was made possible, in part, by a 2011 donation from the William F. O’Connor Foundation, named for a legendary figure in Chicago financial circles who had a strong personal belief in the quality of care at UChicago. Our institution will be the only academic medical center in Illinois with a cyclotron.
More Patients Have **ACCESS**
**TO UCHICAGO CANCER CARE**

The UCCCC, with its team of talented clinical and laboratory scientists, is making great strides in helping cancer patients live longer and lead better quality lives.

Very soon, this high level of cancer care and expertise will reach even more patients in a new state-of-the-art building.

Construction of the New Hospital Pavilion (NHP) is expected to be completed in 2012, with the first patients admitted in early 2013. The NHP is poised to be one of the most leading-edge hospitals in the world. The building’s flexible design will enhance collaboration and interaction among physicians, as well as allow the hospital to adapt easily to new technologies. The 10-story, 1.2 million-square-foot building will span two city blocks and will connect to Comer Children’s Hospital and the outpatient Duchossois Center for Advanced Medicine (DCAM). An entire floor will be devoted exclusively to the care of cancer patients.

In spring 2012, another newly constructed cancer facility will be unveiled, outside The University of Chicago’s Hyde Park campus. The two-story outpatient cancer treatment center will be located about 39 miles southwest of downtown Chicago in New Lenox, Ill., as part of a partnership between the UCMC and Silver Cross Hospital.

The University of Chicago Cancer Center at Silver Cross will offer academic medical center specialists in a community hospital setting to serve patients who normally would have to travel far distances to obtain the cancer services they need.
need. Patients will have access to physicians, chemotherapy infusion services, radiation therapy, cancer support groups, preventative screenings, and a comprehensive resource center. The new center will also have a top-of-the-line linear accelerator for image-guided radiation therapy that provides the safest and most accurate results.

ACCESS TO CANCER CLINICAL TRIALS
Silver Cross cancer patients will also have access to cancer clinical trials. The UCCC has the largest cancer clinical trials program in Illinois and is one of only a few institutions in the country to provide all three phases of clinical trials through NCI-funded programs.

In 2010, approximately 900 patients were enrolled in cancer therapeutic trials. These trials focused on the study of new drugs, stem-cell transplantation, and multidisciplinary treatments.

Patient enrollment is under way for more than 350 cancer clinical trials at the UCCC. To see a complete list, visit our new website, which was launched in August 2010. Go to cancer.uchicago.edu and click on Search Clinical Trials in the blue box, or call toll-free 1-855-702-8222 for adult trials or 1-773-702-6808 for pediatric trials.

CANCER RESOURCE CENTER TO EXPAND

The Cancer Resource Center (CRC) will get a makeover later this year. The CRC, which is a partnership between the UCCC and the ACS, is located on the first floor of DCAM.

Staffed by a licensed professional counselor and a certified health education specialist, the CRC provides cancer patients and their families with information that helps make the treatment process easier—everything from one-on-one counseling, to access to cancer literature and cosmetic services.

In fiscal year 2010-2011, CRC staff met with nearly 3,000 patients, including 816 new patients.

“Most patients really need help with transportation and the financial burden it creates,” said CRC Program Manager Mary P. Herbert, BSS, CHES. “This past fiscal year, thanks to private donations to ACS, we were able to provide those in need with $37,000 in transportation assistance including parking passes, Chicago Transit Authority passes, and Pace Paratransit Service passes. We are one of only a few sites in the country that provides this type of service.”

More than a dozen support groups are also offered, including a new support group that was launched in July 2011. The Cancer Networking Group for Women of Color meets on the second Wednesday of the month on the fourth floor of DCAM.

In 2012, the new CRC offices will be part of a more spacious patient waiting area. The larger footprint will allow for private waiting spaces in an aesthetically pleasing, open floor plan. Cancer patient navigators will be located in the same area to help patients coordinate and streamline their experience.

“The private areas will help us do more one-on-one counseling and will make patients more comfortable when they need services, such as a wig fitting,” added Herbert.
Expanded Community Outreach Efforts HELP UNDERSERVED CHICAGOANS

Encouraging people to live healthier lifestyles and to understand the benefits of cancer screening are two priorities for the UCCCC Office of Community Engagement and Cancer Disparities (OCECD).

As the office celebrated its first anniversary in August 2011 under the direction of Karen E. Kim, MD, MS, it also marked substantial progress in developing relationships with Chicago’s underserved communities—including the black, Asian, Hispanic, and Native American communities.

These relationships were strengthened through strategic partnerships with various units within UChicago, as well as with community- and faith-based organizations.

OCECD staff met with more than 7,000 people this past fiscal year through 36 community events, ranging from national and regional healthcare symposia, to family wellness nights, to a Powwow at Navy Pier. Many cancer topics were addressed, although the primary focus for the office’s first year was breast cancer.

“One out of every three cancer diagnoses in American women is breast cancer, and we’ve found that the breast cancer death rate is much...”
higher in Chicago than in New York City or in the U.S. as a whole. We need to change that,” said Dr. Kim, associate professor of medicine.

ENRICH’D PROGRAM
In early 2011, the OCECD launched the innovative Empowering Neighborhood Resources in Combating Health Disparities (ENRICH’D™) program, designed to increase awareness about cancer screening, treatment, and access to healthcare resources. With input from The University of Chicago Pritzker School of Medicine students, as well as community members, programs are adapted to the unique characteristics of each neighborhood to help close gaps in healthcare knowledge and encourage healthier lifestyles.

“If you have community members who speak the language and who look like the community, they can deliver a very powerful message that will motivate behavioral change,” said Dr. Kim.

ENRICH’D kicked off in the Roseland community, a predominantly black neighborhood on Chicago’s South Side, and was highlighted by a breast cancer forum held at the South Shore Cultural Club in June. Nearly 200 people attended, and more than 50 people registered for free mammography services.

ENRICH’D, funded in part by a grant from Exelon Corporation, will expand this fall into the Asian community in the Armour Square neighborhood. A solid partnership with the Asian Health Coalition (AHC) is helping to increase participation in OCECD activities.

“Being a partner with the OCECD has been an empowering experience. Under the leadership of Dr. Kim, I am excited that the OCECD has built an infrastructure to address the cancer disparities facing Asian Americans,” said AHC Executive Director Edwin Chandrasekar.

COMMUNITY HEALTH EDUCATORS
The Asian community is also benefitting from a strategic partnership between the OCECD and the Chinese American Service League (CASL). Using resources from an NCI Cancer Center supplemental grant for Community Health Educators, several hundred homecare workers participated in discussions—primarily in Cantonese—about the benefits of breast cancer screening and the resources that are available in the community.

ED-U-CATE PROGRAM
The OCECD is also offering a workplace wellness program designed to educate small groups of employees about cancer risk, prevention, screening, treatment options, and clinical trials.

The Everyone Developing an Understanding of Cancer Awareness, Treatment, and Education (ED-U-CATE) program launched in February 2011. By mid-year, the program was presented to more than 150 people within UChicago, CASL, Chicago Urban League, and PepsiCo. In fall 2011, ED-U-CATE will be presented at Catholic Charities and Chicago Public Schools.

CANCER TRANSITIONS PROGRAM
A grant from the LIVESTRONG™ foundation helped the OCECD prepare to become one of the nationwide hosts of Cancer Transitions™, a program that helps cancer patients through the transitional period following cancer treatment.

The program includes sessions on nutrition, exercise, stress reduction, medical management, and quality of life. The first series began in August 2011 on Chicago’s South Side.

Karen E. Kim, MD, MS, hosts an ED-U-CATE session at the Chinese American Service League.

Woodlawn Charter School students visited UChicago in March to learn about careers in the medical field, including community outreach.
An outreach event in Chinatown provided participants with glaucoma and diabetes screenings, in addition to gathering data about cancer knowledge. Tanya Kimber from the American Cancer Society and Fornessa Randal from the UCCCC helped distribute cancer information during a breast cancer event. About 200 women attended a breast cancer forum at the South Shore Cultural Center.
**UCCCC Welcomes 15 NEW MEMBERS**

Our accomplishments this past year would not have been possible without the 225 dedicated scientists and clinicians composing the UCCCC cancer research team.

**IN FISCAL YEAR 2010-2011, WE WELACOMED MORE THAN A DOZEN NEW MEMBERS. THEY ARE:**

<table>
<thead>
<tr>
<th>Issam Awad, MD, MSc</th>
<th>Vani Konda, MD</th>
<th>Ya-Chen Tina Shih, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor of Surgery</td>
<td>Instructor of Medicine</td>
<td>Associate Professor of Medicine</td>
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<table>
<thead>
<tr>
<th>Daniel Catenacci, MD</th>
<th>Jennifer McNeer, MD</th>
<th>Michael Spiotto, MD, PhD</th>
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<tbody>
<tr>
<td>Instructor of Medicine</td>
<td>Assistant Professor of Pediatrics</td>
<td>Instructor of Medicine</td>
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<tr>
<th>Jill de Jong, MD, PhD</th>
<th>Peter O’Donnell, MD</th>
<th>Eric Svensson, MD, PhD</th>
</tr>
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<tbody>
<tr>
<td>Assistant Professor of Pediatrics</td>
<td>Instructor of Medicine</td>
<td>Assistant Professor of Medicine</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Yoav Gilad, PhD</th>
<th>Brandon Pierce, PhD</th>
<th>Victoria Villaflor, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Professor of Human Genetics</td>
<td>Assistant Professor of Health Studies</td>
<td>Assistant Professor of Medicine</td>
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</tbody>
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<tr>
<th>Joshua Hemmerich, PhD</th>
<th>Iris Romero, MD</th>
<th>Patrick Wilson, PhD, MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Professor of Medicine</td>
<td>Assistant Professor of Obstetrics and Gynecology</td>
<td>Assistant Professor of Medicine</td>
</tr>
</tbody>
</table>


UCCCC Members EARN NATIONAL HONORS

The many honors—local, national, and international—bestowed on our scientists and clinicians reflect the high caliber of their work and the significant contributions they are making to patient care.

THE FOLLOWING IS A SMALL SAMPLE OF THEIR DISTINGUISHED ACHIEVEMENTS:

Nancy Cox, PhD  
Member-at-Large, Section on Biological Sciences, American Association for the Advancement of Science (AAAS)

Thomas Gajewski, MD, PhD  
President, Society for Immunotherapy of Cancer (SITC)

Karen E. Kim, MD, MS  
Member, NIH Advisory Committee on Research on Women’s Health

Michelle M. Le Beau, PhD  
Inaugural Arthur and Marian Edelstein Professor of Medicine

Kay Macleod, PhD  
Member, NIH Cancer Molecular Pathobiology Study Section

Elizabeth McNally, MD, PhD  
President, American Society for Clinical Investigation (ASCI)

Bruce Minsky, MD  
Educator of the Year, Association of Residents in Radiation Oncology (ARRO) / American Society for Radiation Oncology (ASTRO)

Olufunmilayo Olopade, MBBS  
ACS Distinguished Service Award and Member, National Cancer Advisory Board

Xiaochuan Pan, PhD  
Chair, NIH Biomedical Imaging Technology Study Section

Mitchell Posner, MD  
President, Society of Surgical Oncology (SSO)

Mark Ratain, MD  
American College of Clinical Pharmacology (ACCP)  
Honorary Fellow Award

Carrie Rinker-Schaeffer, PhD  
President, Metastasis Research Society (MRS)

Mark Siegler, MD  
American Society for Bioethics and Humanities (ASBH)  
Lifetime Achievement Award
The #14 ranking is one position higher than the previous survey and keeps the UCMC as the #1 ranked cancer program in Illinois. The rankings are based on a mathematical formula that takes into account factors including expected mortality, actual mortality, technology, patient services, and patient volume.

The cancer program also earned a top accreditation from the American College of Surgeons (ACoS) Commission on Cancer (CoC). The 3-year accreditation with commendation symbolizes excellence, innovation, and a broad spectrum of cancer research and patient care services offered locally, nationally, and internationally.

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

Led by Kevin Roggin, MD, chair of the Cancer Committee, and assisted by Cassie Simon, CTR, assistant director of the UCCCC Cancer Registry, the cancer program underwent an intensive, onsite CoC survey in May 2011. As part of this triennial process, members of the Cancer Committee provided detailed information about their departmental resources, policies, and processes that ensure high-quality, multidisciplinary, cancer care is available and provided to our patients.
The Cancer Registry annually reviews more than 50,000 UCMC medical records to identify patients diagnosed and/or treated for cancer or a benign central nervous system neoplasm. A specialized oncology database record is created for each cancer patient that includes age, gender, disease-specific characteristics, treatment, annual follow-up, and outcomes. An abstract or “snapshot” is created for each patient’s disease experience.

Throughout the year, the registry receives requests from physicians, researchers, administrators, and other medical staff for specific or aggregate data that will be used to improve patient care—whether it is to generate prevention strategies, to advance technologies for screening, diagnosis, and treatment, or to develop survivorship programs.

In the past fiscal year, the Cancer Registry fulfilled 60 data requests for projects including clinical research, health disparities research, outcomes research, cancer program development, grant proposals, and community outreach activities.

### TABLE 1: 2010 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digestive System</td>
<td>563</td>
<td>65</td>
<td>628</td>
<td>18.50%</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>496</td>
<td>72</td>
<td>568</td>
<td>16.80%</td>
</tr>
<tr>
<td>Breast</td>
<td>308</td>
<td>38</td>
<td>346</td>
<td>10.20%</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>286</td>
<td>47</td>
<td>333</td>
<td>9.80%</td>
</tr>
<tr>
<td>Urinary System</td>
<td>242</td>
<td>42</td>
<td>284</td>
<td>8.40%</td>
</tr>
<tr>
<td>Endocrine System*</td>
<td>173</td>
<td>25</td>
<td>198</td>
<td>5.80%</td>
</tr>
<tr>
<td>Female Genital System</td>
<td>149</td>
<td>28</td>
<td>177</td>
<td>5.20%</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>127</td>
<td>34</td>
<td>161</td>
<td>4.70%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>112</td>
<td>26</td>
<td>138</td>
<td>4.10%</td>
</tr>
<tr>
<td>Brain &amp; Other Nervous System**</td>
<td>99</td>
<td>20</td>
<td>119</td>
<td>3.50%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>97</td>
<td>28</td>
<td>125</td>
<td>3.70%</td>
</tr>
<tr>
<td>Miscellaneous***</td>
<td>59</td>
<td>10</td>
<td>69</td>
<td>2.00%</td>
</tr>
<tr>
<td>Skin Excluding Basal &amp; Squamous</td>
<td>49</td>
<td>19</td>
<td>68</td>
<td>2.00%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>43</td>
<td>5</td>
<td>48</td>
<td>1.40%</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>40</td>
<td>12</td>
<td>52</td>
<td>1.50%</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>40</td>
<td>7</td>
<td>47</td>
<td>1.40%</td>
</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>21</td>
<td>3</td>
<td>24</td>
<td>0.70%</td>
</tr>
<tr>
<td>Kaposi Sarcoma</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.10%</td>
</tr>
<tr>
<td>Eye &amp; Orbit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0.10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,908</td>
<td>483</td>
<td>3,391</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

* Includes benign pituitary tumors
** Includes benign neoplasms
*** Includes blood dyscrasias, myelodysplastic syndromes, and myeloproliferative disorders

### CANCER REGISTRY PROVIDES VITAL RESEARCH DATA

The Cancer Registry annually reviews more than 50,000 UCMC medical records to identify patients diagnosed and/or treated for cancer or a benign central nervous system neoplasm. A specialized oncology database record is created for each cancer patient that includes age, gender, disease-specific characteristics, treatment, annual follow-up, and outcomes. An abstract or “snapshot” is created for each patient’s disease experience.

Of these, 2,908 (86%) were newly diagnosed patients and 483 (14%) had recurrent or progressive disease. The most frequently seen cancers were of the digestive system (628), which includes colorectal cancer; male genital system (568), which includes prostate cancer; breast (346); respiratory system (333), which includes lung cancer; and urinary system (284), which includes kidney cancer.

### Patient Demographics

More than half of all patients (1858, 54.8%) were diagnosed with cancer between the ages of 50 and 69 years. When reviewing the data by gender, women tended to be diagnosed at a younger age than men (50–59 years vs. 60–69 years respectively). (See Figure 1)
Distribution by gender (See Figure 2) reveals a higher number of male patients (1,849, 54.5%) than female patients (1,542, 45.5%), and distribution by race shows our patient population is predominately white (2,103 patients, 62%), followed by black (871 patients, 25.6%) and Hispanic (146 patients, 4.3%).

**PATIENT GEOGRAPHICS**

An analysis of a patient’s residence or county at initial diagnosis (See Diagram 1) illustrates that a majority of patients (2,671, 79%) seen in 2010 were Illinois residents, with the highest number residing in Cook County (1,740 patients, 65.1%) followed by DuPage County (244 patients, 9.1%), Will County (207 patients, 7.7%), Lake County (148 patients, 5.5%) and Kane County (59 patients, 2.2%).

Nearly one quarter (21%, 720 patients) of our total cancer patient population lived outside of Illinois, coming primarily from the neighboring states of Indiana (550 patients, 76.3%), Michigan (56 patients, 7.7%), and Wisconsin (27 patients, 3.7%). We also served 18 international patients from countries including Israel (4 patients), Mexico (3 patients), United Arab Emirates (3 patients), China (2 patients), Brazil (1 patient), Canada (1 patient), Panama (1 patient), Poland (1 patient), Romania (1 patient), and Saudi Arabia (1 patient).
A Focus on Leukemia

As personalized medicine moves within reach in many specialties, leukemia was the first cancer for which personalized therapeutics became possible—and it has its roots at UChicago.

Pioneering work by scientists including Janet D. Rowley, MD, DSc, James W. Vardiman, MD, Harvey M. Golomb, MD, Richard A. Larson, MD, Michelle M. Le Beau, PhD, and Michael J. Thirman, MD, helped uncover the biology and heterogeneity of leukemias that paved the way for biologically targeted treatments, including tyrosine kinase inhibitors (e.g., imatinib, nilotinib, dasatinib), which are now standard treatment for chronic myeloid leukemia (CML). Dr. Larson was a key investigator in the pivotal clinical trials that led to approval of these groundbreaking therapies.

The seminal event came in 1972 when Dr. Rowley discovered that some forms of leukemia are triggered by a translocation of two different chromosomes. This breakthrough confirmed a genetic basis for cancer and earned Dr. Rowley countless awards, including the prestigious Lasker-DeBakey for Clinical Medical Research Award, National Medal of Science, and Presidential Medal of Freedom.

CURRENT HIGHLIGHTS

Since Dr. Rowley’s breakthrough, the leukemia group at UChicago has continued to characterize genetic changes for several key forms of acute and chronic leukemia, providing insights that are leading to the development of novel therapies. For example, Dr. Le Beau is currently the principal investigator of a project involving Dr. Larson, Kenan Onel, MD, PhD, and others to understand more about the development of therapy-related myeloid neoplasms—leukemias that develop as a result of successful chemotherapy or radiotherapy for other malignancies, such as lymphoma or breast cancer.

“During the past decade, we have learned a great deal about the dysregulation of genes that are involved in various leukemias. We have also learned, in many cases, which patients will respond well to certain treatments and which patients will not,” explained Wendy Stock, MD, professor of medicine and co-leader, with Dr. Thirman, of the UCCC Hematopoiesis and Hematological Malignancies Program.

One area of current interest to the UChicago leukemia group is the study of epigenetic modifications and abnormalities that occur in leukemia. Epigenetic studies examine factors, such as abnormal DNA methylation and structural modifications in chromatin, that deregulate normal gene expression and promote cancer development. Lucy Godley, MD, PhD, Olatoyosi Odeniuke, MD, and colleagues are trying to understand what causes epigenetic dysregulation in acute myeloid leukemia (AML) and related malignancies, and they are working to develop therapies to reprogram abnormal gene expression in malignant cells. Based on these insights, our leukemia clinicians have designed novel clinical trials to evaluate the efficacy of these approaches for patients with leukemias that are resistant to more traditional chemotherapy.

Improving cure rates using hematopoietic cell transplantation is another important research focus. Andrew Artz, MD, and Amittha Wickrema, PhD, are working to improve access to this curative approach for a broader range of patients—those who are older, who may not have a traditional sibling donor, and for those with high-risk biological features who might not otherwise be eligible to receive a transplant. Along with new faculty recruit Hongtao Liu, MD, PhD, the leukemia transplant group has recently completed a novel study demonstrating the feasibility of using hematopoietic cells from an immunologically half-matched donor combined with an umbilical cord donation to successfully transplant patients with high-risk leukemias.
Weiner, CRA. James Vardiman, MD Wickert, Michael (Seated, from left) Michael Zimmerman, MD pictured) John Anastasi, MD dnd, and Michael peer, MD hildren, R nel, MD, and Jane Churpek, MD.

Our researchers are involved in leukemia trials at a national level through National Cancer Institute-sponsored cooperative groups. Dr. Larson has chaired the Leukemia Committee for the Cancer and Leukemia Group B (CALGB) for the past 15 years. The committee performs clinical and biological studies that have led to improved standards of care for leukemia patients.

Dr. Stock is spearheading a CALGB trial that may improve the standard of care for young adults with acute lymphoblastic leukemia (ALL). The trial stemmed from insights provided by another UChicago leukemia clinician, James Nachman, MD, a beloved colleague and international leader in pediatric leukemias, who passed away in June 2011. Ten years ago, Drs. Stock, Larson, and Nachman performed a retrospective analysis that led to the observation that young adults (ages 16-20 years) with ALL, who were treated on pediatric trials, had significantly better survival rates than patients of the same age who were treated for ALL in adult cooperative group trials. This finding prompted Dr. Stock and others to develop new clinical approaches to treat this group of patients.

“We are trying to find out if the success rate is tied to the pediatric treatment regimen, the patients, doctors, or the support system,” said Dr. Stock, who explained that these young patients are usually on their own without family members to help them during a treatment process that takes several years. Dr. Stock said that one way UChicago will begin to support these patients is through a focused, young adult oncology clinic that will be developed in conjunction with pediatric colleagues at Comer Children’s Hospital, including Jennifer McNeer, MD, and John Cunningham, MBBCh, MSc.

“We are a very committed group,” said Dr. Stock. “We are not satisfied with the current therapies. We have a team of people who will work with each patient to optimize their treatment to get the best results.”

FROM RESEARCH TO PRACTICE

UChicago currently has about 40 open adult and pediatric leukemia clinical trials. These and other clinical trials have formed the basis for many scientific breakthroughs and continue to enhance our ability to diagnose and treat the disease. A sample of leukemia and transplant research by UChicago faculty published during fiscal year 2010-2011 includes:

Arsenic Trioxide Improves Event-Free and Overall Survival for Adults with APL

Including arsenic trioxide in consolidation therapy (therapy given after a cancer has disappeared following initial treatment) is safe and improves event-free, disease-free, and overall survival for adults with newly diagnosed acute promyelocytic leukemia (APL). The findings, by Drs. Larson, Stock, and other members of five North American cooperative groups including CALGB, were derived from a 3-year study involving 481 patients. (Powell et al., Blood 116:3751-3757, 2010)

Real-time Pharmacokinetics Helps Improve Success of Hematopoietic Cell Transplantation

Allogeneic hematopoietic cell transplants are known to prolong life and occasionally cure patients with advanced hematologic malignancies; however, disease recurrence remains high. A multidisciplinary UChicago team, including Peter O’Donnell, MD, and Koen van Besien, MD, launched a phase I study to learn if real-time pharmacokinetics (the study of how a drug is absorbed, when drug action begins, how long it is effective, etc.) could help guide more effective administration of busulfan when this chemotherapy drug was used as part of a transplant conditioning strategy. The researchers found that adjusting dosage based on real-time pharmacokinetics resulted in improved drug efficacy and tolerability. A phase II study is under way. (O’Donnell et al. Leukemia & Lymphoma 51:2240–2249, 2010)

Novel TP53 Cancer Susceptibility Mutation Uncovered

Whole-genome sequencing of a patient with no other known cancer susceptibility genes revealed
a novel gene variant that could be a key to understanding early onset cancer. The patient had no family history of cancer but developed breast and ovarian cancer in her late 30s. She subsequently developed therapy-related AML (t-AML). The patient tested negative for the BRCA1 and BRCA2 mutations. Dr. Le Beau was among the researchers who found a non-inherited deletion in the TP53 gene, which encodes the p53 tumor suppressor protein. “This case highlights the utility of whole-genome sequencing to identify clinically relevant germline genetic abnormalities contributing to cancer susceptibility,” they wrote. (Link et al., JAMA 305:1568-1576, 2011)

New Technology Advances Individualized Treatments for AML and Myeloid Neoplasia

Two articles in a special issue of Seminars in Oncology, devoted to Personalized Cancer Treatment and authored exclusively by UChicago faculty, focused on how new technology, such as next-generation, high-throughput DNA sequencing, is advancing individualized therapies for leukemia. In one paper, Drs. Godley, Le Beau, and colleagues wrote, “The vision for the future entails an integrated and automated approach to these analyses, bringing the possibility of formulating an individualized treatment plan within days of a patient’s initial presentation.” The second paper, by Dr. Odenike and colleagues described how new technology will rapidly and more comprehensively identify gene mutations and epigenetic alterations in individuals with myeloid neoplasia. “The hope is that our ever-expanding knowledge of the molecular genetics of myeloid neoplasia, coupled with the increasing availability of molecularly targeted drugs, will allow personalized, genotype-specific therapy to come of age in the 21st century.” (Godley et al., Semin Oncol 38:215-224, 2011 and Odenike et al., Semin Oncol 38:196-214, 2011)

LEUKEMIA STATS

The American Cancer Society (ACS) predicts that nearly 45,000 new cases of leukemia will be diagnosed in 2011. ACS also predicts that 21,780 people will die from the disease in 2011.

At The University of Chicago Medical Center (UCMC), the number of newly diagnosed leukemia patients remained relatively stable from 2006 to 2010. (See Figure 3)

In 2010, 125 total patients (74 male, 51 female) were treated for leukemia at the UCMC. (See Figure 4) The largest number of patients (30, 24.0%) were aged 60–69 years, followed by 29 (23.2%) aged 50–59 years, and 23 (18.4%) aged 0–29 years.

Most leukemia cases (82, 65.6%) were characterized as myeloid and monocytic leukemia, followed by 39 cases (31.2%) as lymphocytic leukemia, and four cases (3.2%) as other leukemia. (See Table 2)

### TABLE 2: 2010 LEUKEMIA CASES BY TYPE, GENDER, AND CLASS

<table>
<thead>
<tr>
<th>Type of Leukemia</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Newly Diagnosed</th>
<th>Recurrent/Progressive Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myeloid &amp; Monocytic Leukemia</td>
<td>82</td>
<td>48</td>
<td>34</td>
<td>66</td>
<td>16</td>
</tr>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>59</td>
<td>36</td>
<td>23</td>
<td>45</td>
<td>14</td>
</tr>
<tr>
<td>Acute Monocytic Leukemia</td>
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<tr>
<td>Chronic Myeloid Leukemia</td>
<td>18</td>
<td>10</td>
<td>8</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Other Myeloid/Monocytic Leukemia</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Lymphoid Leukemia</td>
<td>39</td>
<td>23</td>
<td>16</td>
<td>28</td>
<td>11</td>
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<tr>
<td>Acute Lymphoblastic Leukemia</td>
<td>20</td>
<td>11</td>
<td>9</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>16</td>
<td>9</td>
<td>7</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Other Lymphocytic Leukemia</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
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<td>Other Leukemia</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Other Acute Leukemia</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Aleukemic, Subleukemic &amp; NOS</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Leukemia Cases</td>
<td>125</td>
<td>74</td>
<td>51</td>
<td>97</td>
<td>28</td>
</tr>
</tbody>
</table>
Patients from the Chicago area and beyond know that when they come to The University of Chicago for treatment, they will receive the unique expertise and leading-edge treatment strategies that have made our hematologic malignancies program a program of distinction for pediatrics, as well as for adult patient care.

**NOVEL TREATMENT APPROACH HELPS TEEN SWIMMER DIVE BACK IN POOL**

Kris Egebrecht knew something was wrong when Brandon, her teen who loves to swim, could not get out of bed.

“I slept for 15 hours a day for 3 days straight,” Brandon said.

Kris took him to an urgent care clinic near their home in Northwest Indiana and was convinced a blood test would reveal a diagnosis of mononucleosis, a viral illness common in teens. Instead, Brandon tested positive for acute myeloid leukemia (AML).

While Kris grappled with what she called her “worst nightmare,” Brandon’s primary care physician set the wheels in motion for Brandon’s treatment. With an aggressive disease like AML, time is of the essence.

Brandon’s pediatric oncologist referred him to UChicago’s Comer Children’s Hospital, where Brandon was diagnosed with a genetic subtype of AML that was first described at UChicago in 1983 by Michelle M. Le Beau, PhD, and colleagues.

Brandon was enrolled in an innovative clinical trial affiliated with St. Jude Children’s Research Hospital in Memphis, Tenn., that utilized an aggressive treatment plan. The drug clofarabine, which is effective in patients with relapsed AML, was administered as the first cycle of induction therapy, followed by four cycles of standard chemotherapy.

“The goal of this study is to achieve better remission rates by using this more intense drug as part of the initial therapy for newly diagnosed patients,” explained Jennifer McNeer, MD, assistant professor of pediatrics.

**Overcoming Setbacks**

Brandon’s first treatment was the most challenging. He developed tumor lysis syndrome, which occurs when chemotherapy very quickly breaks down leukemic cells, explained Dr. McNeer. It caused Brandon’s kidneys and lungs to fail. Dr. McNeer said Brandon’s care team worked together to support him until his kidneys resumed their normal function.

Kris said she was impressed with how Brandon’s care team explained every step of the treatment to the family, “They answered questions before I even knew I had questions.”

(From left) Mary Paterik, RN, Brandon Egebrecht, and his mom, Kris
Brandon’s treatment ended earlier than initially planned because studies have demonstrated that four cycles of chemotherapy are as effective as five, according to Dr. McNeer. “Survival rates in AML are certainly better than they were years ago, but we are always working to improve them,” she said. “It’s great we were able to offer Brandon a unique treatment protocol.”

Brandon was diagnosed with leukemia in April 2011. By August, his treatment was completed and he began his junior year of high school.

“I’ve grown a lot from this experience,” Brandon said. “It has definitely changed my perspective.”

**STEM CELL DONATION SAVES LIFE OF ADULT AML PATIENT**

Another success story in AML revolves around a woman whose life was forever altered by a stranger.

In May 2007, Amelia (Amy) Vittetoe was feeling tired and thought her thyroid medication needed adjusting. But after extensive blood and bone marrow studies confirmed a diagnosis of AML, she was immediately admitted to a local hospital near her home in Crystal Lake, Ill.

An attending physician suggested that Vittetoe transfer to a hospital that was better equipped to treat her disease. She considered several Chicago area hospitals, but chose UChicago, a decision that she said saved her life.

“That was the farthest hospital that we could have gone to, but I know for sure that it was the best,” she said.

Vittetoe’s multidisciplinary care team, including Wendy Stock, MD, professor of medicine, used molecular diagnostics to reveal that Vittetoe had the same cytogenetic abnormality as Brandon Egebrecht. This particular subtype of leukemia is usually associated with a relatively good prognosis with standard chemotherapy.

Vittetoe’s treatment kept her in and out of the hospital and required frequent visits to the outpatient clinic for blood transfusions. She also participated in a national clinical trial and received additional chemotherapy.

“It was, for sure, the most difficult time of my life,” Vittetoe said. “The hardest part was being away from my kids.”

**A Setback Forces a New Approach**

Just 2 weeks after completing her treatments, Vittetoe’s leukemia relapsed and a stem cell transplant was recommended.

“Even with specific subsets of leukemia, there’s a lot of heterogeneity,” Dr. Stock said. “We still have a lot to learn about why some cases like Amy’s relapse and require a transplant whereas others are cured with standard chemotherapy.”

None of Vittetoe’s relatives was a match, but she found a perfect match through the national bone marrow registry.

After undergoing more chemotherapy to control her disease, Vittetoe was admitted for her stem cell transplant where she received intensive chemotherapy followed by the intravenous infusion of stem cells from an unrelated donor—a 41-year-old man from Germany.

Three years later, Vittetoe is still in remission and has new priorities. She now works as a school nurse and spends as much time as possible with her children. She has also become active in the national marrow donor program.

“I can’t donate stem cells or bone marrow to anyone anymore because of my condition, but I can help someone else find a match,” she said.

Dr. Stock said cancer researchers are currently looking closer at these leukemias to see whether certain new targeted therapies, in addition to chemotherapy, will improve their outcome.

“We take each case individually and tailor the therapy as best we can using the most sophisticated diagnostic and therapeutic strategies available,” Dr. Stock said. “If specific chemotherapeutic options don’t work, then immune therapies like transplants can work, and Amy is a perfect example of that.”
Foundation Again Raises Over $2 MILLION FOR CANCER RESEARCH

For the 6th consecutive year, The University of Chicago Cancer Research Foundation (UCCRF) has raised more than $2 million for cancer research. Thanks to dedicated staff, very active volunteers, and generous donors, the $2.2 million raised in fiscal year 2010-2011 will be used to fund 30 major basic and clinical research projects that align with the UCCCC’s strategic plan focus areas—cancer risk assessment and prevention, individualized therapies, and cancer survivorship and economics.

The following are among the UCCCC researchers receiving Foundation grants this fiscal year:

+ Samuel Volchenboum, MD, PhD, MS, who is performing novel work studying protein production and interaction (proteomics) in neuroblastoma, a cancer that develops in immature nerve cells and affects mainly infants and children.

+ Ya-Chen Tina Shih, PhD, who will direct a new Initiative in Cancer Economics and whose research examines the diffusion of new and existing medical technologies in cancer, cancer disparities, and the associated health and economic consequences.

+ Donald Vander Griend, PhD, who discovered that prostate cancer stem cells express a
number of genes that are normally expressed only in embryonic stem cells. If further research shows that these genes promote malignancy or hormone-resistant therapy, new treatments can be developed to target gene behaviors.

ABOUT US
The UCCRF comprises four boards—one governance board (Board of Trustees) and three fundraising boards (Women’s Board, Auxiliary Board, and Associates Board). The three fundraising boards host a variety of activities throughout the year from an elegant Cancer Ball, to a “Spring Forward” social, to a “Cocktails for a Cure” event.

Additional fundraising is accomplished through motivated third parties, including Kuhlman’s Krusaders, Arlington Million Ladies, and Midway Aquatics Club. These passionate volunteers are part of what we are now calling “Team Cancer,” organizations and individuals helping us support cancer research. Corporate funding, including a grant from Exelon, helps UCCCC community outreach programs (See Page 12).

The UCCRF became part of the Celebrated Chefs program in fall 2010. When a participant dines at one of the many Celebrated Chefs restaurants in the Chicago area using an enrolled credit card, 5% of the bill is donated to the UCCRF.

PRESTIGIOUS SHUBITZ PRIZE
The 2011 Simon M. Shubitz Cancer Prize and Lectureship was awarded to Charles L. Sawyers, MD, from Memorial Sloan-Kettering Cancer Center in New York City, for his research findings that have led to new, targeted treatments for prostate cancer. After meeting with UChicago faculty and medical students and delivering the noontime lecture, “Overcoming Resistance to Targeted Therapy,” Dr. Sawyers was honored at a dinner reception at the Gleacher Center in downtown Chicago, which was attended by more than 100 people. During the event, Walter Stadler, MD, and William Dale, MD, PhD, provided updates on their research in prostate cancer.

In 2012, the Shubitz Prize will be awarded to Joe Gray, PhD, an internationally renowned cancer and genomics researcher who developed a test that has transformed how treatments are selected for breast cancer patients. He chairs the Department of Biomedical Engineering at Oregon Health & Science University (OHSU) and is director of the OHSU Center for Spatial Systems Biomedicine.
The University of Chicago
Cancer Research Foundation

The UCCRF is a not-for-profit organization, founded in 1946 by retail store entrepreneur Maurice Goldblatt, following the death of his brother, Nathan, from cancer.

The UCCRF plays a key role in helping the UCCC enhance cancer care, develop more effective and safer therapies, and promote prevention and screening research.

Your Donation to the Foundation:

+ Supports innovative research to understand cancer’s biomedical complexities
+ Enables the purchase of state-of-the-art equipment that will enhance diagnosis and treatment
+ Expands cancer control and prevention efforts to save lives and diminish the harmful effects of cancer
+ Helps train young scientists who will make discoveries that benefit our generation and future generations

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Women’s Board President Lidia Devonshire and her husband David examined some of the items available in the silent auction at the annual cancer ball. (From left) Women’s Board President Lidia Devonshire, UCCRF Board of Trustees President Ruth Ann Gillis McGuinnis, Jean Atchison, and Joan Crouch.

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UCRF Auxiliary Board “Spring Forward” Event Co-Chair Midge Wegener, Event Co-Chair Peggy Tieman, UCCCC Director Michelle Le Beau, PhD, Tara Henderson, MD, MPH, Samuel Volchenboum, MD, PhD, MS, and Auxiliary Board President Laurie Foster Baker.

(From left) Ernst Lengyel, MD, PhD, Auxiliary Board “Spring Forward” Event Co-Chair Midge Wegener, Event Co-Chair Peggy Tieman, UCCCC Director Michelle Le Beau, PhD, Tara Henderson, MD, MPH, Samuel Volchenboum, MD, PhD, MS, and Auxiliary Board President Laurie Foster Baker.

(From left) Liz Adams and Becky Davidson co-chaired the annual cancer ball.
The 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 July 1, 2010–June 30, 2011.

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Fiscal prudence has protected us from the economic downturn and permitted us to support over 30 major basic and clinical research projects again this year.

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<tr>
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<td>UCCRF Capital Campaign</td>
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### Expenses

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<td>Supplies</td>
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<td>Associates Board</td>
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<tr>
<td><strong>Total Allocations</strong></td>
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*Period from 7/1/10 - 6/30/11*
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We are very pleased to share with you our accomplishments of 2010-2011. We are even more excited about the promise for a future where many of cancer’s complexities will be unraveled to enable earlier, more precise diagnoses, more targeted treatments, and more comprehensive care for the increasing number of survivors and their families.

Upholding the highest standards of excellence, innovation, and collaboration, the UCCCC will continue to undertake the bold initiatives that have led to many of the novel treatments that have become today’s standard of care.

We envision a future where cancer is no longer a leading cause of death in many populations, but a set of illnesses that can be modified, managed, or even prevented.
Help Make Today’s Science Tomorrow’s Standard of Care

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