

cancer

DISCOVERY & CARE



EXPORTING STATE-OF-THE-ART CARE

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UPMC Cancer Centers *and*
University of Pittsburgh Cancer Institute

EditorBetsy Martinelli

ContributorsClare Collins
Carey Anne Zucca

Graphic DesignLarry Hruska
Chris Konopack

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DISCOVERY & CARE

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MAKING PREVENTION A PRIORITY

With the skyrocketing costs related to the treatment of cancer, it is logical that significant emphasis should be placed on research and development efforts to prevent this devastating disease. Indeed, strategic prevention initiatives have the potential for the greatest impact on the societal and economic burden of cancer. Fortunately, there has been a rapid increase in our understanding of the interactions at the molecular level between genetic factors and the environment that lead to the development and progression of cancer, and these insights are providing important opportunities for targeted interventions to prevent cancer. But how do we identify and prioritize these potential initiatives, and more importantly, how can we successfully implement them?

Strategic prevention initiatives have the potential for the greatest impact on the societal and economic burden of cancer.

These important questions were the focus of a national summit on cancer prevention research that I had the honor to organize and chair, on behalf of C-Change. C-Change is a national coalition of leaders from the government, business, and nonprofit sectors dedicated to eliminating cancer as a major public health problem. Under the leadership of former President George H. W. Bush, former First Lady Barbara Bush, and Senator Diane Feinstein, C-Change members have a shared vision of a future “where cancer is prevented, detected early, and cured or managed successfully as a chronic illness.”

The national C-Change Summit has led to a plan for developing specific, feasible actions to:

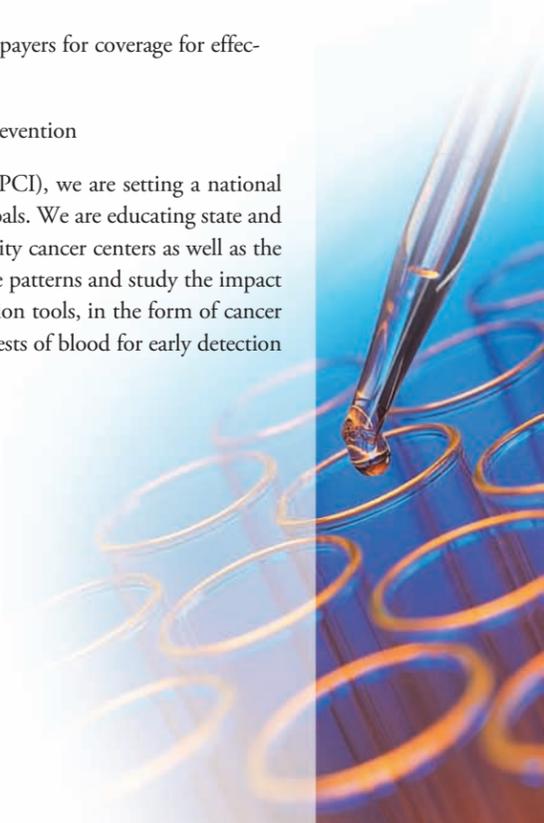
- substantially increase investment by the federal government and the pharmaceutical, biotech, and food industries in discovery and development of cancer preventatives, both protective drugs and vaccines
- change policies, procedures, and laws to encourage investment by industry
- modify the regulatory burden on the Food and Drug Administration for balanced consideration of the benefits as well as risks of preventive agents
- modify policies of the Centers for Medicare and Medicaid Services and private payers for coverage for effective cancer preventive agents
- educate the public and health care providers on important benefits of cancer prevention

At UPMC Cancer Centers and the University of Pittsburgh Cancer Institute (UPCI), we are setting a national example in the implementation of strategies that begin to address many of these goals. We are educating state and federal officials about the need for more resources, through tours of our community cancer centers as well as the Hillman Cancer Center. We are implementing research programs to track lifestyle patterns and study the impact of those patterns on the prevention of cancer. And we are developing the prevention tools, in the form of cancer vaccines and natural chemicals in foods, coupled with very promising laboratory tests of blood for early detection of cancer, that one day will lead to a future without cancer.



Ronald B. Herberman, MD

Hillman Professor of Oncology
Director, UPMC Cancer Centers and the
University of Pittsburgh Cancer Institute



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IN MEMORIAM

WILLIAM M. COOPER, MD, JD, MACP: On Sept. 12, 2006, UPMC Cancer Centers and the University of Pittsburgh Cancer Institute lost a good friend and advocate. Dr. Cooper, an oncologist, UPCI Council member, and former chair of the UPMC Shadyside Department of Medicine, made a life-long commitment to raising the standards for compassionate patient care as well as educating physicians about this most important component of medicine.



ireland

EXPORTING STATE - OF - THE - ART CARE by Betsy Martinelli

Travelers driving into the City of Waterford follow a beautiful coastal road – Port Lairge on one side and a towering green hillside on the other. In the distance is a billowing white banner. **“WE NEED RADIOTHERAPY NOW.”** It’s a striking message against this otherwise serene vista.

Waterford, located in the Southeast region of Ireland, is more than 100 miles from the nearest radiation oncology centers in Dublin and Cork. Patients undergoing radiation therapy travel up to six hours round-trip daily to receive treatment. To address this burden, patients and health advocates are desperately seeking new alternatives for treatment more convenient to Waterford.

ENTER UPMC CANCER CENTERS. Following the successful hub-and-satellite model established in western Pennsylvania, UPMC Cancer Centers is making its first foray into international care with the opening of UPMC Whitfield Cancer Centre. The University of Pittsburgh Medical Center (UPMC) has proven expertise in management and delivery of care to patients worldwide. This new radiation oncology facility now brings state-of-the-art cancer treatment to patients in Waterford.

“a perfect opportunity to export the cancer technology, expertise, and treatment delivery that we’ve successfully developed, refined, and implemented”
— Charles E. Bogosta

“The dire need for radiotherapy in Waterford has been well-documented,” explains Charles E. Bogosta, executive vice president for Strategic Business Initiatives and Cancer Services, UPMC. “It presented a perfect opportunity to export the cancer technology, expertise, and treatment delivery that we’ve successfully developed, refined, and implemented here in western Pennsylvania to an international site.”

UPMC Whitfield Cancer Centre is a joint program with Euro Care International, an Irish health care infrastructure development company. The cancer center is housed in Whitfield Clinic, a 65-bed hospital facility offering elective surgery, diagnostic testing, and physiotherapy, owned and operated by Euro Care International.

UPMC Whitfield Cancer Centre will offer state-of-the-art radiation oncology and imaging services, including intensity-modulated radiation therapy (IMRT) and its newest form, image-guided radiation therapy (IGRT), as well as PET/CT imaging.

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IMRT uses three-dimensional images obtained through PET/CT to more precisely target radiation beams directly to a tumor, sparing the surrounding healthy, noncancerous tissue, and resulting in fewer treatment-related side effects for the patient. The precise nature of the treatment requires a highly trained medical physicist and sophisticated equipment — making the treatment cost-prohibitive for many cancer centers. However, through the telemedicine network already established here in western Pennsylvania, UPMC is able to extend this expertise to Waterford.



“Through UPMC Cancer Centers’ telemedicine network, the expertise and treatment planning needed for IMRT are available centrally at the Pittsburgh hub,” explains Jeffrey Shogan, MD, director for Clinical Business and Practice Operations, UPMC Cancer Centers. “Information is easily shared by the two sites through the use of a telecommunications system, ensuring that the patient in Waterford receives the same state-of-the-art care available in the United States.”

IGRT, the next phase of IMRT, also will be available at the

Waterford location. IGRT helps the radiation oncologist to deliver radiation therapy more precisely to a tumor by tracking movement. As the tumor moves due to normal breathing patterns, adjustments are made to allow for that movement, making the delivery of the radiation even more exact.

UPMC Whitfield Cancer Centre will begin treating patients in mid-November 2006. UPMC Cancer Centers is also exploring expanded ventures in Ireland, including a new radiation therapy center in Dublin, as well as in the United Kingdom and Italy.

“Information is easily shared by the two sites through the use of a telecommunications system, ensuring that the patient in Waterford receives the same state-of-the-art care.”

— Jeffrey Shogan, MD



TARGETING BETTER TREATMENT

New Technologies Enhancing Radiation Therapy Outcomes

In the more than 100 years since radiation was first used as a treatment for cancer, scientists have worked to better understand its biological effects. With advancements in technology resulting in more sophisticated equipment, oncologists are now able to aim the radiation beam more precisely to target tumors, resulting in better outcomes for cancer patients.

At UPMC Cancer Centers, a multi-disciplinary team of radiation oncologists, medical physicists, pathologists, surgeons, and other cancer care specialists is using advanced diagnostics, innovative treatment modalities, and cutting-edge technology to continually refine comprehensive treatment strategies that are tailored to each individual patient’s situation.

“With advanced medical physics and treatment planning, combined with equipment that allows us to track the movement of tumors at the time of treatment, we

are seeing dramatic effects for our patients,” explains Dwight Heron, MD, director of radiation oncology services at UPMC Cancer Centers.

Minimizing Patient Risk

UPMC Cancer Centers is one of the first in western Pennsylvania to employ the Trilogy system, an advanced linear accelerator — the machine used to deliver radiation to a tumor. With Trilogy, radiation oncologists are able to treat tumors in difficult to reach areas with minimal risks compared to conventional surgical or radiation approaches.

The Trilogy system features an On-Board Imager (OBI), a CT-like scanner that is used to take images of the cancerous areas to better track tumor movement. This allows the radiation oncologist to make adjustments during the treatment to ensure that the radiation is focused on the cancerous areas.

“Before we had technologies like the Trilogy machine, radiation delivery was like uniform streams of water pouring from a showerhead,” Dr. Heron explains. “Now we are able to lessen, or altogether stop, some streams of radiation that could affect healthy tissue located around the tumor. This allows us to make individual adjustments based on what we’re seeing that day.”

Timing Treatment

Dr. Heron and his clinical team are now using this sophisticated technology to treat lung cancer — one of the most difficult cancers to treat with radiation. Since lung tumors often move with breathing, accurate targeting of the radiation beam is difficult to achieve without treating large volumes of normal tissues.

“The treatment plan must be carefully designed to protect the healthy tissue and organs around the tumor — in the case of lung cancer, the heart and the esophagus. We also are concerned about compromising the patient’s ability to breathe,” Dr. Heron explains.

By using the OBI to generate high-quality, real-time x-ray images of the targeted area immediately before each treatment, the team is able to ensure that only the cancerous area is being radiated. Zeroing in on the tumor while adapting for breathing motion reduces the risk of complications and minimizes side effects for the patient.

“To have all of these capabilities fully integrated with the treatment machine has given us the power to truly tailor cancer treatment for each and every patient, which should result in not only better quality of life, but better outcomes,” says Dr. Heron.

The Trilogy system is currently housed in the Mary Hillman Jennings Radiation Oncology Center located at UPMC Shadyside — the hub for radiation oncology services at UPMC Cancer Centers. A second machine with OBI is located at UPMC Passavant, offering easier access to this advanced technology to patients in the northern suburbs of Pittsburgh.

by Carey Anne Zucca

Combating the KILLER TAN

Nearly one million Americans will be diagnosed with skin cancer this year.

It is 2006, and the expression “killer tan” has taken on a new meaning. The days of using baby oil to achieve the ultimate tan have passed, and the urban myth that a visit to the tanning bed will lessen the chances of getting cancer due to reduced exposure time has been debunked. Scientists at the University of Pittsburgh Cancer Institute (UPCI) and UPMC Cancer Centers are collaborating on several promising new research projects in an effort to bump skin cancer out of its spot as the number one cancer in the country.

What is skin cancer?

The many types of skin cancer are divided into two categories: non-melanoma and melanoma. Basal cell and squamous cell are common types of non-melanoma, which are less aggressive and have higher survival rates. Of these common cancers, malignant melanoma is the most life-threatening and occurs when cancer cells arise from the melanocyte cells of the skin. Melanocytes make melanin, which gives skin its natural pigment and is found in the epidermis, or outer layer of the skin. As skin is exposed to the sun, these cells produce more pigment, resulting in a tan.

Over the past two decades, the incidence of melanoma has doubled in the United States. “About 55,000 people develop melanoma each year, and it’s the leading cause of death in women ages 25 to 35,” says John Kirkwood, MD, professor of medicine and dermatology; vice chairman for clinical research, Department of Medicine, UPMC; and director of the internationally renowned University of Pittsburgh Cancer Institute Melanoma and Skin Cancer Program. “The Melanoma and Skin Cancer Program was founded by Dr. Kirkwood more than 20 years ago,” says Ronald Herberman, MD, director, UPMC Cancer Centers and University of Pittsburgh Cancer Institute, adding, “It was one of the first to be started at UPCI.”

Cutting-edge detection and treatment

UPCI and UPMC Cancer Centers offer a variety of new and innovative detection and treatment options for patients worldwide. “Most skin cancers can be treated effectively if detected early,” explains Louis D. Falo Jr., MD, PhD, professor and chairman of the Department of Dermatology, UPMC. To enable early detection, UPMC physicians offer comprehensive skin examinations including dermoscopic evaluation and systematic whole body imaging services. For those diagnosed with melanoma, treatments include surgery to remove tumors or extract melanoma and surrounding tissue; sentinel node mapping, which provides a “tracking system” for melanoma that has spread to the region of the lymph nodes; and wide local excision with or without the removal of additional lymph nodes (lymphadenectomy). Skin grafting and newer plastic surgery procedures provide easier recovery for the patient with less scarring. If the risk of relapse is predicted to be elevated, some patients may undergo immunologic treatments.

A true advocate of clinical trials

UPMC is already known for its world-class melanoma center, thanks to cutting-edge research. Dr. Kirkwood is an advocate of clinical trials and is actively involved in several, including the largest peptide vaccine clinical trial in the country. “We pioneered the first FDA-approved melanoma therapy for the prevention of relapse, which has been a major step forward in treating skin cancer,” says Dr. Kirkwood, highlighting a study published in the July 2006 issue of the *Journal of Clinical Oncology*. The study finds that when a high dose of the protein interferon (HDI) is administered prior to treatment, it is highly effective for the treatment of patients with high-risk, stage III melanoma, improving overall survival rates and in some cases, rendering patients disease-free. Twenty patients with palpable, regional lymph node metastatic melanoma were enrolled in the clinical trial between January 2001 and February 2005. At a median follow up of 18 months, half of the participants showed no evidence of recurrent disease. “This is the first reported evaluation of HDI given as a single-agent neoadjuvant therapy for treatment of melanoma,” says Dr. Kirkwood, “and we are very excited about the results as well as the future for this type of treatment.”



When melanoma spreads beyond the possibility of surgical treatment, professionals at UPMC Cancer Centers and UPCI turn to immunotherapy. Most recently, Drs. Kirkwood and Faló tested a type of immunotherapy in which dendritic cells are activated to combat cancer by exposing them to fragments of viruses and bacteria to mimic danger. Because they exist in the skin, dendritic cells are usually the first to recognize the presence of a foreign body, or antigen. Although dendritic cells – often dubbed the “pacemakers” of the immune system – play a vital role in the initiation of immune responses, cancer cells often elude them.

ABOUT 55,000 PEOPLE DEVELOP MELANOMA EACH YEAR, AND IT'S THE LEADING CAUSE OF DEATH IN WOMEN AGES 25 TO 35

In this novel approach, dendritic cells are both “activated” and programmed to stimulate immune responses against cancer antigens. In preclinical studies published in the journal *Cancer Research*, the dendritic cell approach to melanoma therapy has been successful. “Now that we have identified how to take the brakes off the immune system and trigger it to fight cancer cells, we can shrink melanoma tumors and help prevent relapse,” says Dr. Kirkwood.

“Interestingly,” says Dr. Faló, “this approach was first discovered in humans, rather than animals, as is usually the case. We have now validated the approach in animal models and are using results from animal studies to improve vaccines for patients.” Drs. Kirkwood and Faló agree their findings show promise for the development of vaccines that require cellular immunity, including those directed toward viral and bacterial infections and cancer. In the next year, they expect to initiate a clinical trial based on this approach for patients with melanoma.

John Kirkwood, MD, and Louis D. Faló Jr., MD, PhD



Get to Know Your Skin

The best option for combating cancer is early detection. In addition to performing regular breast or testicular self-examinations, it is important to get to know your skin. High-risk melanoma patients, including people with a family history of the disease, may employ the help of a “mole map” by visiting Larisa J. Geskin, MD, FAAD, assistant professor of dermatology, and director of the Cutaneous Oncology and Photopheresis Center.

Mole mapping or body mapping involves taking digital photographs of the entire body. Specially trained medical photographers use digital cameras in a room equipped with special color-managed lighting to create a mosaic of the patient’s skin. Each photo concentrates on a particular body part, where high-resolution digital images of every mole in that area are taken. The mosaic includes areas that are not normally viewed, like the soles of the feet and the tops of the shoulders. In the end, more than 40 photos make up the patient’s body mosaic. Dr. Geskin and her team of physicians use the photos at each examination to do side-by-side comparisons of the patient and his or her digital history.

THE BEST OPTION FOR COMBATING SKIN CANCER IS EARLY DETECTION

When Mark Hoover was in his mid-twenties he decided to be mole mapped. As a lifeguard throughout his adolescence, he was concerned about how “moley” — to use Mark’s term — he had become. He contacted the Cutaneous Oncology and Photopheresis Center and was enrolled as a patient of Dr. Geskin’s. Mr. Hoover admits, “It was a bit uncomfortable at first to have every quadrant of my body photographed, but when I returned for a follow-up visit, it was so easy for Dr. Geskin to examine me using the digital photos for a skin comparison.” During one of these visits, several moles were removed for biopsy, and melanoma was detected on Mr. Hoover’s arm.

After receiving treatment, he was asked to use the digital photos of his body for at-home self-evaluations between visits to Dr. Geskin’s office. Using the mole-mapping photos, Mr.

Hoover discovered a new mole on the side of his foot that was diagnosed as in situ melanoma, or melanoma that occupies the top layers of the skin, and is easily removed with surgery.

Mr. Hoover is now 33 years old and melanoma free. His visits to Dr. Geskin’s office have gone from quarterly to bi-annually. He continues to monitor himself using his mole map while taking precautionary measures such as wearing hats and sunscreen outdoors. “My experience with Dr. Geskin and her staff has been incredible. I highly recommend the program to anyone who thinks he or she might be at risk, and is willing to take the initiative,” says Mr. Hoover.



One million thanks

In April 2006, retired United States Steel Corporation CEO and chairman, Thomas Usher, and his wife Sandra donated \$1 million to the University of Pittsburgh Cancer Institute’s melanoma program. The Sandra and Thomas Usher Endowed Chair in Melanoma will aid in the diagnosis and treatment of melanoma. Mr. Usher is a melanoma survivor and patient of Dr. Kirkwood’s who was diagnosed with the disease in 1998.

Funding from The Sandra and Thomas Usher Endowed Chair in Melanoma will dramatically augment the growth and productivity of the melanoma program under Dr. Kirkwood’s direction. The chair will provide permanent funding for the recruitment of new faculty who ultimately will be Dr. Kirkwood’s successors in leading melanoma research at UPCI.



“WHY ME?”

by Clare Collins

New Program
Gaining Insight
into the Causes
of Cancer

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It was only six months after treatment for head and neck cancer when Lynn Durkin found out that she was pregnant. She was happy, if not stunned, by the news that came after surgery to remove 28 lymph nodes, multiple doses of chemotherapy, and more than 30 radiation treatments for a cancer

How can we find a cure for cancer if we don't know what may have caused it in the first place?

most often diagnosed in older men who drink and smoke. After treatment and follow-up scans, she was deemed cancer free by her medical team and gave birth to a healthy baby girl in February 2006. Ms. Durkin now finds herself thinking about why she ended up with this particular cancer, her risk for recurrence, and perhaps most importantly, her young daughter Jillian's risk for disease in the future.

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When you have cancer, you ask yourself,

**‘What is it that made me get this cancer?’
Was it something in my family? Was it something in the air?’**

You worry about all of that,” says Ms. Durkin. “And, when you become pregnant, you want to know what you may be genetically passing on to your child. I would love to know that my daughter will never have to think about cancer.”

Emanuela Taioli, MD, PhD, an expert in cancer risk and individual susceptibility and director of Cancer Prevention and Population Science at the University of Pittsburgh Cancer Institute, hopes to gain the insight needed to answer these questions by examining the factors that put a person at risk for cancer. She is conducting research to better understand how lifestyle, genetics, and the environment are linked to disease by examining the ways these factors interact.

In May, Dr. Taioli’s research was given a major boost from The Arnold D. Palmer 2003 Charitable Trust in the form of a \$2 million gift to create The Arnold Palmer Endowed Chair in Cancer Prevention. The funding has enabled her to begin a partner project with Panera restaurants in Pittsburgh to develop a registry of individuals who will be surveyed about their health histories and behavioral choices. Through the surveys and follow-up interviews, Dr. Taioli, a professor of epi-

demiology at the University of Pittsburgh Graduate School of Public Health and of hematology and oncology at the University of Pittsburgh School of Medicine, will examine the differences between people who are healthy and those who develop disease. By studying the lifestyles and genetics of people who remain cancer free, Dr. Taioli and her co-investigator, Lyn Robertson, DrPH, hope to develop a model of cancer prevention that will shed light on the factors that cause cancer and how they interact with biology to put people at risk.

In another project, Dr. Taioli will follow cancer patients over time to learn more about their risks not only for recurrence, but for the development of new, so-called second primary cancers. Dr. Taioli explains that while cancer prevention is traditionally aimed at people who have never had cancer, it is also important for survivors, who should continue to be screened and fully monitored to learn more about their unique risks for the development of new cancers.

“As more and more people are living with cancer — the National Cancer Institute estimates that more than 10 million people living in the United States either have had cancer or are currently under treatment for it — we need to shift our focus to address the needs of survivors who are at great risk for recurrence and new cancers,” says Dr. Taioli. “The most significant impact that can be made on cancer survival is to prevent the disease from occurring in the first place through an increased understanding of cancer risk and individual susceptibility. Greater knowledge will lead us to effective methods for preventing cancer, bringing renewed hope to cancer survivors and their children who may have concerns about their own risks for cancer.”

Lynn Durkin cannot agree more. “How can we find a cure for cancer if we don’t know what may have caused it in the first place? That is the key.”

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VOLUNTEERS

IMPROVING QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES

by Carey Anne Zucca

Patients who come to UPMC Cancer Centers are given the best treatment and care available by a comprehensive team of oncologists, nurses, social workers, and other health care professionals. There is another very important component of that team: volunteers. More than 200 volunteers at UPMC Cancer Centers and the University of Pittsburgh Cancer Institute (UPCI) help to improve the quality of life for patients and their families by providing support on many levels throughout the cancer continuum.

Local grade school students from the Pittsburgh area contribute their time and talents by making cards for patients on holidays, birthdays, and other special occasions.



Serving within five designated areas based on their skills and interests, including patient and family support, laboratory research, administrative support, the Healing Power of the Arts, and special events, volunteers range in age from teenagers to senior citizens. Each gives his or her time for a variety of reasons. Some volunteers are students who are interested in gaining experience in research laboratories or other areas, some have lost a loved one to cancer and want to give back as part of the healing process, and others are retired members of the community who have time to give.

“Our volunteers are a very dedicated group,” says Lisa Huntley, director, UPMC Cancer Centers and UPCI Volunteer and Community Services. “Volunteers come to the Hillman Cancer Center for a variety of reasons but they all offer compassion and their commitment of time to help our patients and staff.”

After completing a thorough application process, each volunteer is placed in an area that will best serve him or her, as well as the patients. “We do our best to meet the volunteer’s expectations while fulfilling patient needs,” explains Zuleikha Bjork, assistant program coordinator, UPMC Cancer Centers and UPCI Volunteer and Community Services. “It’s really a partnership among the staff, volunteers, and patients.”

Unique Programs for Patients

Volunteers at UPMC Cancer Centers coordinate a variety of programs and engaging activities for patients and family members. For example, through the Healing Power of the Arts Program, volunteers host craft classes on the oncology inpatient units located at UPMC Shadyside at least twice a week for cancer patients, family, and staff. The volunteers do not need to be trained artists; for example, class instructors have included a stay-at-home mom, a working professional, and a cancer survivor — all people who simply enjoy sharing their crafts. The arts program also features local musicians, such as those from the Carnegie Mellon Arts Alliance, who perform for the patients on the oncology inpatient units or at the Hillman Cancer Center Atrium.

Another popular program is bingo night, hosted by a group of volunteers from PNC Bank. This event is held on the oncology inpatient units twice a month. “It’s a fun activity that is close to the patient rooms, making participation easy for patients and family,” says Ms. Huntley.

Volunteering is not limited to site visits at Hillman Cancer Center and the oncology inpatient units at UPMC. A group of volunteers known as “Project of Love” work out of their Beaver County homes to make turbans and pillows for cancer patients. These are sent to Hillman Cancer Center as well as the other cancer center locations for distribution. Another group of volunteers who are part of the US TOO! Prostate Peer Counselors Group donate their time by making phone calls to newly diagnosed patients to offer support.

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V O L U N T E E R S



OFFERING COMPANIONSHIP, SUPPORTING ADMINISTRATIVE NEEDS, AND ASSISTING IN RESEARCH LABS

The Lady With the Crazy Tights

Jennifer Kirsch is referred to as “the lady with the crazy tights” by the patients on 7-West at UPMC Shadyside Hospital where oncology patients are treated. When she is not volunteering for the UPMC Cancer Centers and UPCI Volunteer and Community Services Department, she is teaching seventh grade English at North Hills Junior High School.

Ms. Kirsch’s mother is a four-and-a-half-year breast cancer survivor whose oncologist is affiliated with Hillman Cancer Center. When Ms. Kirsch’s neighbor was diagnosed with advanced melanoma at age 12 in the fall of 2002, she decided she needed to become a volunteer. “Too many people get out the checkbook as their only form of donation,” says Ms. Kirsch. “Writing a check is too easy, and after seeing what my neighbor was going through, I decided I wanted to actively donate my time.”

Her neighbor had to undergo four weeks of Interferon treatments at Hillman Cancer Center, followed by 48 weeks at home, while being moni-

tored closely by his cancer care team. He is now 16 years old, and patiently waiting to begin driving. “The care my mother and my neighbor received at Hillman Cancer Center inspired me to volunteer there,” says Ms. Kirsch.

Ms. Kirsch volunteers for at least four hours one night a week during the school year. She has developed many wonderful relationships with patients since she began volunteering in October 2004 and has become known as the “lady with the crazy tights.” “If I make one person laugh or smile just by looking at my tights, I know I’ve brought him or her out of his or her element even for a moment,” she says.

Supporting an Ongoing Need

In addition to daily support, Volunteer and Community Services also hosts a number of special community events throughout the year to honor patients with cancer, while raising money and awareness. The Daffodil Days campaign has raised the most money for the American Cancer Society Greater Pittsburgh Unit for eight consecutive years. The department also is an active participant in the national Susan G. Komen Race

for the Cure to support breast cancer research and Pittsburgh’s Annual Walk for the Whisper that raises money for ovarian cancer research.

A volunteer recognition luncheon also is held annually to honor and celebrate the volunteers for their hard work and dedication to the program.

The Volunteer and Community Services staff is continually looking for ways to meet the needs of patients and staff. In spring 2006, a book and magazine cart for patients, family, and visitors was added to the list of services as a result of donations from the volunteers at PNC Bank as well as the general public. The items from the cart are free for people to keep, as long as books and magazines continue to be donated.

“The UPMC Cancer Centers and UPCI Volunteer and Community Services Program has grown tremendously over the years, and will continue to play a vital role in the ongoing care of patients,” says Ms. Huntley.



A group of volunteers known as “Project of Love” work out of their Beaver County homes to make turbans and pillows for cancer patients.



TURNING TRAGEDY TO HOPE

Before Lisa Huntley became the director of the UPMC Cancer Centers and the University of Pittsburgh Cancer Institute’s (UPCI) Volunteer and Community Services Program, she was like most other volunteers, donating her time to patients fighting cancer to honor the memory of a loved one.

Ms. Huntley’s late husband, Grant Channell, was diagnosed with melanoma in 1989 at age 22. Two short years later, Mr. Channell’s cancer metastasized to his bones and lymph nodes, leading him to seek treatment from world-renowned melanoma specialist, John Kirkwood, MD, professor of medicine and dermatology; vice chairman for clinical research, Department of Medicine, UPMC; and director, Melanoma and Skin Cancer Program, University of Pittsburgh Cancer Institute. The unusually virulent nature of Grant’s cancer ended his life in the fall of 1994.

About one year after her husband’s death, Ms. Huntley began volunteering at UPCI with a friend. Volunteering led to a greater interest in helping to develop the program. Ms. Huntley was hired as assistant director of the Volunteer and Community Services Program in fall 1997 and became director in fall 1999.

Ms. Huntley organizes the annual Grant Channell Memorial Golf Outing to support the Melanoma and Skin Cancer Program at UPCI. More than \$120,000 has been raised from this event. This year’s activities were expanded to include the first annual Grant Channell Memorial Skin Cancer Screening, held in July 2006. More than 100 people participated in this prevention and early detection event, resulting in 22 referrals for a benign condition, and 12 referrals for biopsy.

THE POWER OF PARTNERSHIP

Thanks to the continuing support of our donors, the University of Pittsburgh Cancer Institute and UPMC Cancer Centers are translating new discoveries in the laboratory into effective methods for preventing, detecting, and treating cancer. Gifts received during fiscal year 2006 are bringing renewed hope to cancer patients and their families in our region and beyond. It is with deepest gratitude that we recognize our partners — individuals, families, businesses, corporations, foundations, and organizations — for their ongoing support of our mission to build a future without cancer.

ENDOWED CHAIRS

An important number of endowed chairs support the mission of UPMC Cancer Centers and the University of Pittsburgh Cancer Institute. The income generated from endowed chairs enables our scientists and clinicians and their teams to strengthen established areas of expertise, expand new initiatives, and forge new frontiers in science that benefit our patients and their families now and into the future.

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These dedicated partners have given or helped to raise a cumulative total of \$1 million or more in support of cancer research and care.

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Often, a personal experience with cancer or the loss of a loved one to the disease spurs a family to establish funds that honor the patient through support of continuing efforts to better detect, prevent, and treat cancer.

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Every gift to UPMC Cancer Centers and the University of Pittsburgh Cancer Institute plays a vital role in advancing research and enhancing patient care. Unfortunately, space is too limited to list the individual names of donors that gave gifts at levels of \$1 to \$249. Please know your support is truly appreciated.

If we have made an error in any name or omitted anyone from this list, please accept our apologies and notify us at 412-623-4700.

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Seasons of Hope Largest Fundraiser Ever for Hillman Cancer Center



The Hillman Cancer Center's annual gala, held May 3 at the UPMC Sports Performance Complex on Pittsburgh's South Side, generated \$8.2 million in sponsorships and contributions for patient care and cancer research. This included \$2 million from The Arnold D. Palmer Charitable Trust for a new initiative in cancer prevention; \$1 million from Sandra and Tom Usher to support melanoma research; \$1 million from the Hillman Foundations to fund innovative cancer research; and \$1 million in an unrestricted grant from the PNC Financial Services Group. The event was hosted by honorary celebrity chair Arnold Palmer, honorary chairs Elsie and Henry Hillman, and event co-chairs Sharon and Jim Rohr and Sandra and Tom Usher. The highlight of the evening was a surprise performance by Broadway icon Liza Minnelli.

NEWS BRIEFS

2006 ASCO Highlights



Researchers from the University of Pittsburgh School of Medicine presented findings from more than 30 studies at the American Society of Clinical Oncology's annual meeting in Atlanta. Presentation highlights included an evaluation of the impact of race and income on women's experiences with metastatic breast cancer. The study led by Margaret Quinn Rosenzweig, PhD, looked at how women perceived barriers to treatment and symptom management by evaluating the experiences of 57 women who were subdivided according to varied groupings of race and income. Researchers found that low-income African American women were more likely to report physical and social distress and uncertainty about their future than other groups evaluated in the study. Results revealed the crucial influence health care providers can have on improving outcomes for patients by tailoring care more appropriately to provide women with the tools they need to better cope with advanced breast cancer.

In a study of a new chemotherapy drug for liver cancer, researchers found that the development of a skin rash correlated directly with the patient's response to treatment. The study included 57 patients with advanced liver, gallbladder, and bile duct cancers who were not candidates for surgery and who were treated with lapatinib. Upon evaluating its toxic effects in patients, researchers found that 20 patients developed a skin rash from lapatinib. Patients who developed the rash lived for an average of 10 months compared to five months for those who did not develop a rash. According to Ramesh K. Ramanathan, MD, the study has implications for predicting growth of cancer and could be a method to identify patients with advanced cancer who would most likely respond to this treatment.

Suresh Ramalingam, MD, received a Clinical Research Development Award for a study on vorinostat, one of a class of drugs called histone deacetylases, thought to stop the growth of tumor cells by altering the expression of genes necessary for cancer cell growth. In the study, Dr. Ramalingam examined the effects of three different doses of vorinostat on patients with head and neck cancer, bladder cancer, and mesothelioma to see how safely it could be added to standard chemotherapy. Eleven out of 28 patients had a partial response to treatment, and the disease was stabilized in an additional seven patients.

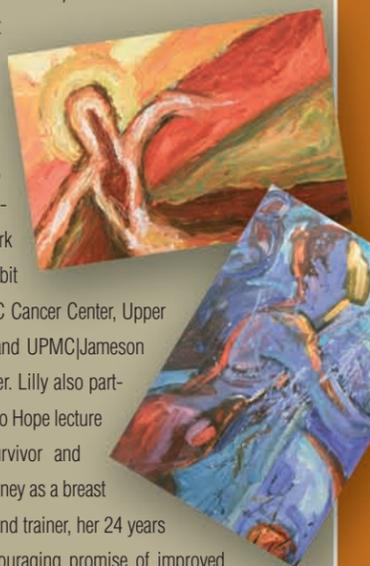
Potential New Treatment for Breast Cancer

Victor G. Vogel, MD, MHS, director, Magee-Womens Breast Cancer Program of UPMC Cancer Centers, and colleagues from the National Surgical Adjuvant Breast and Bowel Project found that the osteoporosis drug raloxifene was equally effective in reducing the risk of breast cancer as the breast cancer treatment drug tamoxifen, according to a study published in the June 21 issue of the *Journal of the American Medical Association*.

Compared to tamoxifen, raloxifene also was safer in terms of causing fewer uterine cancers and blood clots. Raloxifene and tamoxifen are both effective in reducing the risk of invasive breast cancer but each has potential disease and quality of life side effects that women and their physicians need to consider, according to Dr. Vogel.

UPMC and Lilly Oncology Partner for Awareness

UPMC and Lilly Oncology recently collaborated to bring two unique cancer awareness programs to the Pittsburgh area. *Oncology on Canvas: Expressions of a Woman's Cancer Journey* is a worldwide traveling art exhibit that focuses on the millions of people affected by women's cancers and raises awareness of the benefits of art therapy as a means of coping with cancer. Cancer patients, family, friends, and health care providers from 23 countries created the more than 400 pieces of artwork that make up the exhibit. Selections from the exhibit were displayed at Hillman Cancer Center; UPMC Cancer Center, Upper St. Clair; UPMC Cancer Center, Steubenville; and UPMC Jameson Cancer Center throughout August and September. Lilly also partnered with UPMC to present a special A Reason to Hope lecture featuring DeeDee Jonrowe, breast cancer survivor and Iditarod competitor. Ms. Jonrowe shared her journey as a breast cancer survivor, her lifestyle as a kennel owner and trainer, her 24 years of racing in the Alaskan Iditarod, and the encouraging promise of improved cancer treatments at community lectures in Pittsburgh and Greensburg.



Remembering Mayor O'Connor

UPMC Cancer Centers and the University of Pittsburgh Cancer Institute join the City of Pittsburgh and the western Pennsylvania region in mourning the death of Mayor Bob O'Connor of complications from primary central nervous system lymphoma. A memorial fund has been established in Mr. O'Connor's honor to support lymphoma research. Contributions can be sent to UPCI Development Department, UPMC Cancer Pavilion, Suite 1B, 5150 Centre Ave., Pittsburgh, 15232. Checks should be made payable to UPCI and include Mr. O'Connor's name in the memo line. For more information, call 412-623-4700.

Preclinical Gene Therapy Advances in Ovarian Cancer

David L. Bartlett, MD, chief, Division of Surgical Oncology, and a team of researchers reported promising results that may lead to advances in the treatment of ovarian cancer at the American Society of Gene Therapy annual meeting.

The team inoculated mice with an ovarian cancer cell line, treating some immediately with a genetically engineered vaccine containing a gene that induces cell death, or apoptosis. Treatment was delayed 30 to 60 days in another group of mice and withheld entirely in control mice. Immediate treatment completely prevented tumor growth in 90 percent of the mice, and delayed treatment significantly inhibited tumor growth. These promising pre-clinical results may soon be translated into a clinical trial for women with recurrent ovarian cancer.

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UPMC Cancer Centers offers cancer patients exceptional care and innovative treatments close to home. Working in tandem with the University of Pittsburgh Cancer Institute, western Pennsylvania's only National Cancer Institute-designated Comprehensive Cancer Center, UPMC Cancer Centers provides the latest advances in cancer prevention, detection, diagnosis, and treatment at community-based locations throughout the region. The University of Pittsburgh Cancer Institute comprises the academic and research activities for cancer at the University of Pittsburgh and the University of Pittsburgh Medical Center.

For information about supporting cancer research efforts and patient care at the University of Pittsburgh Cancer Institute and UPMC Cancer Centers, contact us at 412-623-4700.



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