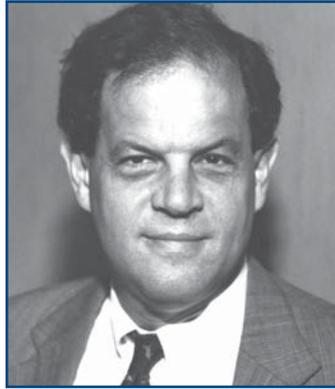


CANCER RESEARCH FOUNDATION

The Mission of The Cancer Research Foundation Is To Help Find The Cures For Cancer Through Funding Laboratory and Clinical Research.

A New Way in Cancer Research



Stanford J. Goldblatt

Vice President

The Cancer Research Foundation

In our Spring, 2005, newsletter, we asked Dr. Michelle Le Beau, the director of the University of Chicago Cancer Research Center, to tell us about the new University program to restructure, transform and energize cancer research. The UCCRC, the University's Biological Sciences Division and its Hospitals have embarked on a bold collaborative effort to increase the number of cancer scientists and provide state-of-the-art physical space for their work.

One new building for inter-disciplinary research will promote basic scientists and physicists working together along with specialists in biochemistry, organic chemistry, physiology, pathology, pharmacology, genetics and medicine, all collaborating in the battle against cancer. A second interdisciplinary facility will house three floors of state-of-the-art laboratories of cancer scientists. In these two new buildings, which are connected by a walkway, the University is creating a critical mass of cancer programs to stimulate discovery.

We, the Cancer Research Foundation, want to be a part of this endeavor, and, to that end, we have made a gift of \$1.5 million to the University of Chicago to support a new program in Gastrointestinal Cancer Prevention and Control. Stanford J. Goldblatt, CRF vice president, describes what we will support: **A New Way in Cancer Research.**

"A new area of cancer research, in fact a new way of thinking about cancer research is fast developing.

"The classical goal in cancer genetics of finding a specific genetic abnormality and identifying a high probability correlation between the existence of the abnormality and the occurrence of a specific cancer in specific patients has been reached. In some of these cases it is possible to attack the specific abnormality and cure existing cancers. The process of finding high correlation situations has been slow and has underlined the fact that there are

many different kinds of cancers and one to one relationships between genetic abnormality and cancer is fairly rare.

"It seems that the 'cause and effect' of many cancers is too complex to be amenable to such a straightforward 'classical' resolution. At the same time, while some cancers do not seem to closely correlate with any specific abnormality, they do have some statistically positive correlation with certain relatively more common genetic abnormalities. Because of this correlation, people with the relevant genetic abnormality are not necessarily going to get cancer but they are more likely to develop cancers than people without it. Presumably, if a form of cancer is relatively common, it makes sense for people with a correlated abnormality to be screened for the cancer sooner and more often than others, particularly for cancers where early intervention can have demonstrable improved health outcomes.

"The scientific core of this new approach starts with the identification of specific genetic abnormalities but then involves (i) finding lower level yet statistically significant correlations between such abnormalities and certain cancers and (ii) finding a way to identify the persons with these abnormalities. Because the correlations are lower than in the 'classical' model, much larger samples of both abnormalities and cancers and much more sophisticated statistical methods are needed for both additional ends of this research.

"If, as appears to be the case, many cancers are the result of a multiplicity of causes interacting with one another, the new approach may be the only realistic way to identify a connection between genetic abnormality and cancer.

"Gastrointestinal (GI) cancer appears to be perhaps the best possible area in which to validate this new approach to cancer research

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A New Way in Cancer Research

because it appears that there are several known genetic abnormalities that present lower, but still statistically significant correlations with several relatively common GI cancers. Because the cancers are fairly common, there are large samples of data available relating to these GI cancers and relatively easy methods of obtaining more data. Further, because of the availability of colonoscopy and the fact that the existence of colonic polyps almost always precedes the occurrence of GI cancer, early intervention before cancer occurs in higher risk populations can not only predict cancer but can actually prevent cancer from occurring. Thus, there is likely more reason for screening higher risk populations for GI cancer than there is for other relatively common cancers.

“The Cancer Research Foundation will support gastrointestinal cancer research at the University of Chicago, one of the best possible places in the world to support this new kind of research in GI cancer. Its large GI program has generated and will continue



to generate a very large amount of relevant data. In addition, this program participates in virtually all national data collection programs. Dr. Nathan Ellis, a national leader in this new field, has been recruited and will focus his attention on GI cancers. Dr. Ellis said that central to his decision to come here was the U of C ability in statistics, as applied to issues in genetics, crucial to success.

“The University of Chicago is uniquely capable in dealing with one of the most frustrating aspects of this new field of research: bringing together faculty members from different departments and different disciplines.

Success in the analysis and dealing with large data sets and large populations at risk cannot be attained without the collaboration among several disciplines, some of which, e.g., population statistics, are not traditionally thought of as central in the world of medical research.

“The success of this program could enable its replication for several other areas of cancer, e.g., breast cancer, and for several other diseases. It could also provide the base for a whole host of new public policy and ethics investigations relating to the uses of the information that will be forthcoming.”



James L. Madara, M.D.
Sara and Harold Lincoln Thompson
Distinguished Service Professor
Dean, Division of the Biological
Sciences and the Pritzker School
of Medicine
University Vice President
for Medical Affairs

The University of Chicago is launching a multi-disciplinary effort to improve cancer outcomes through research in cancer prevention and control, and we are grateful for the Cancer Research Foundation’s partnership with us on this exciting project. The Foundation’s \$1.5 million gift will seed the development of a prevention and control program in gastrointestinal (GI) cancers, with a goal to improve the risk assessment, early detection, prevention and treatment of colorectal, intestinal, pancreatic, and other tumors. This initiative comes at an exciting time for the University of Chicago with the reinvigoration of the Cancer Research Center and the recruitment of Dr. Joe “Skip” Garcia as the Chairman of the Department of Medicine, who will be overseeing a major initiative in translational research.

Research in cancer prevention and control, also known as population science, includes a wide range of investigations in the genetic, environmental and behavioral determinants of cancer susceptibility, risk assessment, behavior risk modification, and the development of improved analytic and surveillance methods for early detection. Support from the Cancer

Research Foundation is an invaluable step in our progress in this area, and will have many important and tangible benefits for patients at risk for GI cancers.

The Program in GI Cancer Prevention and Control

With excellence in inflammatory bowel disease, genetics, screening and novel treatments, our GI cancer research program has the research expertise and critical mass required to move our institution into the exciting field of cancer prevention and control research.

In fact, the *US News & World Report* 2005 survey of America’s best hospitals has ranked our gastroenterology program sixth and our cancer programs seventh nationally overall. These objective evaluations of clinical program strength showcase the soundness of the Foundation’s investment to bring together our two strongest clinical programs in a meaningful way.

Our scientists are conducting leading basic and clinical research in inflammatory bowel disease (IBD), including work in the genetics of IBD, epithelial cell biology (secretion and cytoprotection), vitamin D

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For nearly six decades, the Cancer Research Foundation has been an unwavering partner to the University, influencing our approach to basic and translational cancer research, encouraging our young scientists to pursue research early in their careers, and stimulating our leaders to break into new areas of science and medicine. I am most grateful for the Foundation's steadfast commitment to our efforts. The Foundation's investments, like the innovations they have stimulated, have brought a greater strength to our institution, our scientists, and the care that cancer patients receive around the globe.

The University of Chicago is a place where nothing less than the highest standard of thinking is tolerated. This applies equally to the analysis of great works of literature and to the research of complex diseases like cancer. The Cancer Research Foundation has invested in this very concept by funding our intellectual leaders and most precious commodities – our faculty, young investigators, and students – at the most critical times in their careers.

The Bernice Goldblatt Fellowship enables first-year Cancer Biology students to begin their training with a solid base of support. The Cancer Research Foundation Young



Don Michael Randel

*President
The University of Chicago*

Investigator Award Program has provided critical support for our junior scientists, enabling dozens of rising stars to pursue careers in academics and contribute to the study of cancer treatment and prevention. A number of special projects, including early support for MR technology, seed funding for advancing research in nanotechnology and pediatric pharmacogenetics, and most recently, the initiative in GI cancer prevention and control, speak to the Foundation's commitment to advancing new science.

There are many outcomes of these important gifts to celebrate. No single scientist or era can claim all of the credit for them, however, as year after year the Foundation has funded innovation, thoughtfully choosing funding recipients and consistently choosing the University's

very best students, young investigators, and senior faculty to support.

The relationship between philanthropy and science is powerful, and funding from organizations like the Cancer Research Foundation will continue to be essential to conducting modern cancer research. Allocated wisely, such funding ensures that institutions like ours can continue to make discoveries, lead science in new directions, and establish improved standards of care.

I thank the Foundation and its many contributors for their leadership in cancer research and their ongoing dedication to nurturing young talent and new ideas. Our institution has had much to gain from its partnership with the Cancer Research Foundation, and we shall certainly look forward to its continued support in the years ahead.

metabolism, colon carcinogenesis, mucosal immunology, and celiac disease. It is well-established that individuals with IBD are pre-disposed to developing colorectal cancer; however, the basis for this increased risk is unknown. Our program will focus on the genetics of colorectal carcinoma and other GI cancers in at-risk individuals, integrating multi-disciplinary strengths within the Departments of Human Genetics, Medicine, Surgery, Pediatrics, Radiation and Cellular Oncology and Radiology, the Social Sciences, and the University and Hospitals' Offices of Community Affairs.

Over 25 years, Dr. Stephen Hanauer has developed the IBD Registry at the University of Chicago, a collection of vital and updated information about every IBD patient seen at the University of Chicago Hospitals. We are pleased that Dr. David Rubin has recently launched an initiative to establish a database of all endoscopies performed here as well. These databases will prove valuable as we extend our research into GI cancer prevention and control.

The GI Program will be maintained within the University of Chicago Cancer Research Center under the direction of its Director, Michelle Le Beau, Ph.D. and GI Section Chief, Stephen Hanauer, M.D. Key to the program has been the successful recruitment of Dr. Nathan Ellis from Memorial Sloan Kettering. Dr. Ellis's leadership is vital because his work addresses the genetic networks linked to GI cancer susceptibility, the first step toward predicting an individual's risk for disease and designing novel interventions. Dr. Ellis will be the center of the Program, and in partnership with Drs. Le Beau and Hanauer, will be responsible for pulling together the many biological scientists, clinicians, and social scientists needed to translate advances in the laboratory into improvements in patient care. Already he has forged partnerships with Dr. Funmi Olopade, a breast cancer specialist and the recent recipient of a 'genius grant' from the John D. and Catherine T. MacArthur Foundation, as well as Dr. Conrad Gilliam, the recently recruited Chairman of Human

Genetics at the University of Chicago.

Funding from the Cancer Research Foundation will enable Dr. Ellis and the GI cancer team to create extensive databases of GI cancer patient and family genetic data needed to conduct advanced genetics research; it will promote translational research by supplying key equipment for rapid gene and protein studies used to characterize cells, tumors and tissues; and it will enable the development of diagnostic testing allowing clinicians to choose the right therapy before treatment begins. But perhaps most importantly, these funds will enable our researchers to establish infrastructure and research methods that will later be applied to cancer prevention and control efforts in breast, lung, prostate and many other cancers.

As we embark on this new challenge, I feel confident to have the Cancer Research Foundation's strong support behind us. Thank you for this generous commitment and your foresight in helping us to expand our research in this new direction.

CANCER RESEARCH FOUNDATION

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Joe G. N. Garcia, M.D.

*Lowell T. Coggeshall Professor
of Medicine*

Chairman, Department of Medicine

We are living in extraordinary times. In the post-genome era the bridge between scientific discovery and the alleviation of human suffering has never been shorter. As Chairman of the Department of Medicine, my mission is to strengthen basic and translational research and discovery through interdisciplinary investigations that provide a greater understanding of the genetic basis of human disease and the mechanisms of complex pathologies. I strongly envision that the Department will emerge as the leader in newly found genomic knowledge and research in the years to come. The generous support from the Cancer Research Foundation for GI Oncology research will enhance the Department of Medicine's translational research mission by accelerating the rate at which the department's mission progresses.

The purpose of translational research is to bridge the gap between basic research and patient care by applying findings from the laboratory to clinical problems and, ultimately, to prolong and enhance life. In recognition of the enormous importance that genetic structure plays in the pathogenesis of cancer,

the Department is implementing a new mechanism by which every patient seen in our Department's outpatient clinics will have the opportunity to donate a blood sample for genetic analysis, should they choose to do so. Before long, we anticipate generating a vast collection that, with full protection of patient privacy, can be used to generate and test hypotheses regarding genetic predispositions to disease, gene-environment interactions, and genetic modifiers of disease. This extraordinary effort will almost certainly lead to the discovery of risks and preventive strategies in cancer that should benefit our own, and indeed all, patients with cancer and all complex diseases. Within the GI-Cancer program, research is being conducted that has already shown great promise for translating basic biomedical knowledge to new treatments. With the support of the Cancer Research Foundation, our highly skilled investigators will continue to investigate the cause and progression of cancer to open new paths for treatment.

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Cancer Research Foundation

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As a responsible member of the community, the Cancer Research Foundation believes in accountability.

We think the more you know about our trustworthy stewardship of funds, the more willing you will be to invest in the future through the Cancer Research Foundation.

Every year, the Cancer Research Foundation files a report with the Internal Revenue Service, IRS Form 990 (Return of Organizations Exempt from Income Tax). This report is available for public inspection in our office. We also make it available by mail, at a nominal cost.

Cancer Research Foundation financial records are audited annually. This report is reprinted in its entirety and included each year in one of our newsletters.



The Cancer Research Foundation is an Illinois 501 (C) (3) not for profit corporation, operating in Chicago.

Our mission is to help find the cures for cancer through research. We welcome memorial contributions and gifts in honor of special celebrations. Contributions are deductible to the full extent allowed by law.