# Medical, Comprehensive Cancer Center (1976-7/2001). 1976/2001

[Madison, Wisconsin]: [s.n.], 1976/2001

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Medical
- UW Comprehensive Cancer Center



# New facility supports an illustrious research legacy

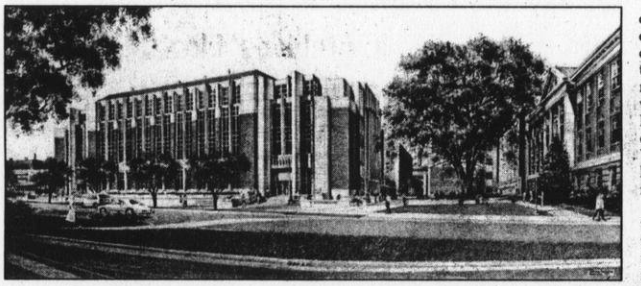
*Biochemistry building will be gateway to campus along Babcock Drive*

**Bob Cooney**
Agricultural Journalism

Biochemist Harry Steenbock would be happy. Seventy-one years after he established the Wisconsin Alumni Research Foundation (WARF), some of the patent royalties from that foundation have come home to roost.

On April 8, ground will be broken for a Biochemistry building. The building project is funded by WARF, UW-Madison and the State of Wisconsin.

Scheduled participants at the 2 p.m. ceremony include Gov. Tommy Thompson, Chancellor David Ward, Provost John Wiley, and Roger Wyse, dean of the College of Agricultural and Life Sciences.



**An architect's rendering shows the Biochemistry building as viewed from the intersection of University Avenue and Babcock Drive.**

The five-story building will house up to 23 faculty members and their research groups. There will be 198,000 square feet of laboratory, meeting and support space, including plant-growth chambers, an animal-holding facility, departmental library and a 60-seat auditorium. A national nuclear magnetic resonance resource facility, one of only two in the nation, will be housed in an adjacent 22,500-square-foot suite.

Flad and Associates designed the building, while the mechanical, plumbing, and electrical systems were designed by Affiliated Engineers, Inc. The general contractor is J.P. Cullen and Sons, Inc.

Two atriums introduce natural light, inviting communication and circulation outside the research areas. The building will occupy a prominent site, anchoring a major gateway to the campus on Babcock Drive. The exterior design complements the architecture of surrounding buildings. It incorporates traditional materials of brick, stone and clay roof tiles, combining them with modern curtainwall glazing systems.

Steenbock discovered an irradiation process that activated Vitamin D in milk and other foods. When commercialized, this process led to the near-elimination of rickets, then a common disease. Believing that the rewards of patents should accrue to the university, Steenbock established WARF in 1925. More than 3,000 discoveries have been disclosed to WARF. Based on these disclosures, WARF has obtained nearly 1,000 patents and has granted the university more than $316 million in royalties.

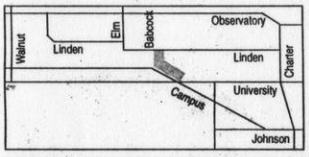
The Biochemistry Department is one of the oldest departments of its kind in the nation, and it remains among the most highly regarded. Included among past and present faculty are one Nobel laureate, 19 members of the National Academy of Sciences and one Howard Hughes investigator.

The department continues to build on an illustrious history that started with the Babcock butterfat test, which facilitated the development of the dairy industry. Vitamin research carried out in the department early in this century eliminated the threats of pellagra and childhood rickets. Investigation of the toxic effects of spoiled sweet clover led to the development of anticoagulants still in widespread use. Other major advances have been contributed to the elucidation of the genetic code; and understanding anemia, endemic goiter, the mechanism of protein synthesis on ribosomes, cellular energy coupling mechanisms, nitrogen fixation, the structure of muscle proteins, virus research and enzyme reaction mechanisms.

These efforts continue today in the laboratory of the department chair, Hector DeLuca, and others. The faculty excels in its research mission, as well as in postdoctoral, graduate and undergraduate training.

## Section of Babcock Drive will close for project

The start of construction next week on the new Biochemistry building means that an important campus access point will be closed to all vehicle, bicycle and pedestrian traffic.




Babcock Drive from University Avenue to Linden Drive will be closed to all traffic starting on or about April 8. The street will be closed until the new building is completed in 1998.

The current "sneak-around" route that allows traffic to access Linden by traveling behind Babcock Hall will not be accessible, meaning that motorists will need to use new access routes to enter the central and near-west areas of campus.

Charter Street, Park Street, Walnut Street, and Highland Avenue are all possible access points.

**RESEARCH: Breast cancer**

# Answers on the Net

*Test project explores popularity of information site*

**Scott Hainzinger**
UW Comprehensive Cancer Center

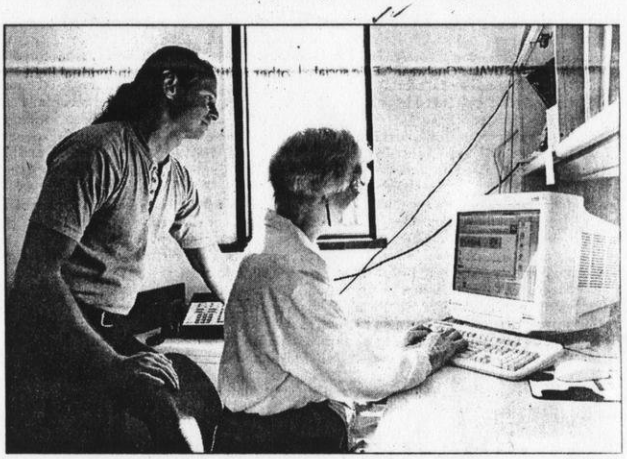
Will breast cancer patients and others take a spin on the World Wide Web to get information about the disease and its treatment? Researchers at the UW Comprehensive Cancer Center and the National Cancer Institute think so.

They created the "Breast Cancer Answers" electronic home page as a practical test of their theory. The home page (http://www.biostat.wisc.edu/bca/bca.html) lets computer users around the world find answers about the disease, learn what to ask when cancer is suspected or diagnosed, or quickly tap into other approved Internet cancer information sources. During the two-year test project, residents of Wisconsin, Minnesota, Iowa, North Dakota and South Dakota can use a special link on the home page or their own electronic mail services to get personal answers to questions about breast cancer. Questions can be submitted to the Internet address bca@cis.wisc.edu.

"Breast Cancer Answers is the only readily accessible, computer-based service providing personal 'e-mail' responses by NCI-trained cancer information specialists," says project director Robyn Davis. Breast Cancer Answers is not a substitute for professional care, she says, but is designed to provide information.

In 1996, an estimated 184,000 American women will be diagnosed with breast cancer and more than 44,000 will die from this disease. Cancer researchers estimate that about one-third of all deaths could be avoided with screening and early diagnosis.

As one of 26 National Cancer Institute-designated comprehensive cancer centers, the UW Comprehensive Cancer Center is a regional resource for information. Material for Breast Cancer Answers comes from NCI's Cancer Information Service, a nationwide network that uses a toll-free telephone support system and regional outreach specialists to provide accurate cancer information to the general public and underserved populations. The Region 11 CIS, serving Wisconsin, Iowa, Minnesota, North Dakota and South Dakota, is a program of the UW Comprehensive Cancer Center and Mayo Cancer Center supported by the NCI. For information, call 1-800-4-Cancer (1-800-422-6237).



**Tim Wedeward, left, and Jan Sullivan work on the "Breast Cancer Answers" home page at the UW Comprehensive Cancer Center.**

Marc Kennison

# Survey: No link between stress, breast cancer

**Scott Hainzinger**
UW Comprehensive Cancer Center

Many women and some researchers believe stressful events such as a loved one's death or a divorce help promote breast cancer, but a new study by researchers at the UW Comprehensive Cancer Center refutes that theory.

The study of more than 870 Wisconsin women, reported in the March 15 edition of the American Cancer Society journal *Cancer*, found no link between stressful life events and breast cancer. Women with and without breast cancer reported nearly identical experience with potentially stressful events.

"Although women with breast cancer often attribute the development of their disease to stress or depression, we found no evidence of such an association," said Felicia Roberts, a UWCCC researcher and the study's lead author.

Interviewers asked 614 randomly selected women without breast cancer and 258 breast cancer patients to recall their experience with a dozen significant events during a five-year period.

Whether researchers looked at the number of events or the severity of reported events, exposure to stressful events was nearly identical for both groups, Roberts said.

Among life events studied were the death of husband, friend or close family member; recent marriage, separation or divorce; a change in job or financial status and an illness or injury other than cancer.

Dr. Paul Carbone, who directs the center, said while stress and cancer "are common aspects of our adult lives," the study suggests that any relationship between them is probably coincidental.

"Stress arises from many life events. Each year cancer will be diagnosed in one of three Americans over age 65," said Carbone. "No one disputes the fact these two problems often occur coincidentally. However, the causal relationship between the two is questioned.

"Roberts' study suggests that people who get cancer should not feel that stress in their life caused the cancer," Carbone said.

The UWCCC team began the research after some of the 10,000 women in a multi-state study of breast cancer risk factors said they believed a death or divorce contributed to their breast cancer, Roberts said.

"Though there is growing evidence for a link between stressors and physical health, this study should reassure women that exposure to difficult life events does not necessarily increase their risk of breast cancer," he said.

In addition to Roberts, the study, funded by the National Cancer Institute, included UWCCC staff members Polly Newcomb, Amy Trentham-Dietz, and Barry E. Storer.

May 2, 1996

RE: Additional bio for Felicia Roberts

Since 1989 I have worked as an Associate Research Specialist for Polly A. Newcomb in the Departments of Biostatistics/Human Oncology My responsibilities range from interviewing women about their medical histories, to writing and editing scientific papers, to helping produce grants submitted to the NIH. I have authored or co-authored 3 papers with Dr. Newcomb on the topic of breast cancer etiology. The papers have appeared in Cancer, Preventive Medicine, and IRB: A review of Human Subjects Research.

In August of this year I hope to receive my Ph.D. in English Language and Linguistics. My dissertation research concerns the linguistic and social structure of recommendations for breast cancer treatment. The thesis reflects my commitment to applying my expertise as a writer and linguist to the problems of medical practice.

1996

# Felicia D. Roberts

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***EDUCATION***

**Ph.D. University of Wisconsin-Madison** (degree expected August 1996)
Area of Concentration: English Language and Linguistics
Minor: Linguistics
**M.A. University of Wisconsin-Madison**
Applied English Linguistics (August 1991)
French Language and Literature (August 1983)
**B.A. University of Wisconsin-Madison**
Majors: Anthropology and French (January 1980)

***DISSERTATION***

The Linguistic and Social Structure of Recommendations for Breast Cancer Treatment
Cecilia E. Ford (Director), Charles T. Scott, Jane Zuengler, Polly A. Newcomb

***TEACHING EXPERIENCE***

**University of Wisconsin-Madison** (Lecturer, Fall 1995)
Structure of English for Teachers
**Beloit College** (Lecturer, Summer 1995)
Introduction to Language
**University of Wisconsin-Madison** (Teaching Assistant, 1991-1994)
Beginning, Intermediate, Advanced ESL (all skill areas)
The History of Madison (designed and taught content-based ESL curriculum)
**University of Wisconsin-Madison** (Teaching Assistant, 1980-1983)
First and Second Semester French

***CONSULTING***

**United States Department of Agriculture/U.S.I.A. (1986)**
**Associate Producer:** "Studying Business in the U.S.A."
Researched and assisted in the production of a videotape designed to inform students overseas about business and public administration curricula in the United States.

**United States Agency for International Development (1987)**
**Associate Producer:** "Evaluation: questions and answers."
Assisted with the production of a videotape designed to stimulate discussion among U.S.A.I.D. personnel overseas regarding their program evaluation process.

**Indiana University (Project in Haiti, 1981)**
**Research Associate:** "The linguistic environment of the Haitian Child." Observed, analyzed, evaluated the interaction of Haitian schoolchildren in rural classroom settings. Trained and supervised local interviewers, administered language proficiency tests to children, prepared final reports.

***PUBLICATIONS***

**Roberts, F.D.**, Newcomb, P.A., Trentham, A. (1996) "Self-reported stress and risk of breast cancer." *Cancer, 77:1089-1093.*

Rifkin, B.G. and **Roberts, F.D.** (1995) "Error gravity research: a critical review." *Language Learning, 45(3):511-537.*

**Roberts, F.D.**, Newcomb, P.A., and Fost, N. (1992) "Perceived risks of participation in an epidemiologic study." *IRB: A Review of Human Subjects Research, 15(1):8-10.*

***CONFERENCE PAPERS***

**Roberts, F.D.** "Recommendations for breast cancer treatment: a conversational achievement" American Association of Applied Linguists, March 1996

**Roberts, F.D.** "A Grammatical analysis of recommendations for breast cancer treatment"American Association of Applied Linguists, March 1996

**Roberts, F.D**. "A conversation analysis of recommendations for breast cancer treatment." American Association of Applied Linguists, March 1995

**Roberts, F.D.** "Evaluation of ESL writing by UW professors." WITESOL (regional TESOL conference) April 1994

**Roberts, F.D.** "The effect of writer identity on faculty evaluation of ESL writing." Milwaukee Linguistics Symposium, October 1993

***PROFESSIONAL SERVICE***

**Chair**, Graduate Student Interest Group, American Association of Applied Linguistics, 1995

**Tutor**, United Refugee Services- Madison, WI. 1990 to present.

***LANGUAGES***

French, Spanish, Haitian Creole

***REFERENCES***

**Cecilia E. Ford**, Assistant Professor, English, UW- Madison
**Polly A. Newcomb**, Associate Professor, Human Oncology, UW-Madison
**W. Charles Read**, Dean, School of Education, UW-Madison
**Charles T. Scott**, Professor, English, UW-Madison
**Jane Zuengler**, Associate Professor, English, UW-Madison

## ADVANCES

Advances gives a glimpse of the many significant research projects at the university. Tell us about your discoveries by e-mailing: wisweek@news.wisc.edu.

### Gas clouds seed galaxy

Massive clouds of gas, discovered long ago but only recently identified as being within the margins of the Milky Way, play a key role in the ability of the galaxy to churn out new stars by raining gas onto the plane of the galaxy, astronomer **Bart P. Wakker** and colleagues suggest, chipping away at a three-decade-old mystery. The team has discovered a mechanism by which the galaxy is seeded with the stuff of stars and solved a long-standing question of galactic evolution. "You don't need any other explanations anymore," Watkins says, "because we now know that this gas is raining down onto the plane of the galaxy."

### AIDS variability explained

Scientists working with monkeys have taken another step toward developing a vaccine for AIDS: They have discovered new evidence explaining why retroviruses such as HIV in people and SIV in rhesus monkeys are so variable and difficult for the body's immune system to target and kill. A key finding: Killer cells called cytotoxic T lymphocyte cells (CTLs) likely play a greater role than previously thought in controlling infection in both humans and monkeys, says **David I. Watkins**, professor of pathology and laboratory medicine. The finding is another step toward the development of effective vaccines to prevent AIDS.

### Path to dairying takes detour

Compared with established dairy farmers, new dairy farmers in Wisconsin are much less likely to be taking over the farm from their parents, and they're more likely to use off-farm income to supplement their farm income, according to researchers with the Program on Agricultural Technology Studies. The findings contradict long-held assumptions about Wisconsin's dairy farmers, and how farms pass from generation to generation, says researcher **Douglas Jackson-Smith**. Only 18 percent of new entrants farmed land that was part of their parents' farms, versus 62 percent of established farmers. New entrants were more likely than established farmers to run single-family or individual operations (85 percent versus 72 percent).

### Ergonomics gets attention

Workplace ergonomics, in the national spotlight with new standards proposed by the Occupational Safety and Health Administration, are a prominent research focus at the university. **Robert Radwin**, chair of the Department of Biomedical Engineering, is a member of a National Academy of Sciences panel on musculoskeletal disorders and the workplace, and he has done influential studies on carpal tunnel syndrome and other work-related disorders. **Pascale Carayon** and **Michael Smith**, industrial engineering professors, ran projects at the Wisconsin Department of Transportation and Lands' End, respectively, that reorganized office space to produce a better ergonomic fit for employees.

### Web-surfer, heal thyself?

Professor **Patricia Brennan** says the Web is driving big changes in the doctor-patient relationship and placing more responsibility with health care consumers. "Patients are now required to be smart — they no longer have a choice," says Brennan, an industrial professor of nursing and engineering. "There is a bigger assumption now that patients are getting more health information online." The long-term trend, Brennan says, is that more health care information will migrate from the hospital to the community.

# Governor sees 'biotech revolution' in the making

**Brian Mattmiller**

Gov. Tommy Thompson's fast-paced tour Nov. 30 through the biotechnology landscape at UW-Madison, from computer-packed genetics labs to nascent startup companies, was a showcase of great expectations.

Perhaps none are greater than Thompson's, who wants Wisconsin to emerge as a national leader in biotechnology development. Throughout the day, Thompson got a look at the intellectual works in progress that could make that expectation a reality.

"The competition is on," Thompson proclaimed early in the day at the university's Biotechnology Center. He told the story of a recent summit of Midwestern governors, in which his counterparts in Iowa, Michigan and Pennsylvania all claimed to be regional leaders in biotechnology.

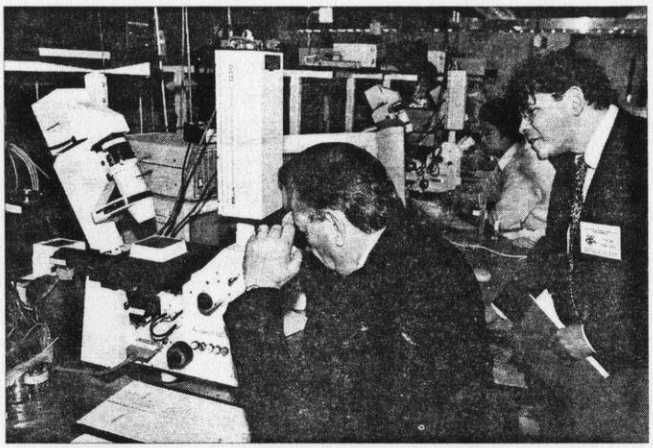
Thompson urged the gathering of scientists and administrators to be aggressive in promoting this field of the future. "Where will Wisconsin's niche be (in biotechnology)?" he asked.

There were clues scattered throughout the visit.

At the Biotechnology Center, Thompson toured the lab of new professor David Schwartz, who developed an "optical mapping" technology that can map whole genomes with remarkable speed. Thompson also viewed a new "gene chip" technology developed here that could make DNA analysis cheaper and more accessible to scientists.

At University Research Park, he heard the stories of three entrepreneurs who turned UW-Madison scientific advances into thriving companies. One of them, called Tetrionics, began a decade ago as a small, high-risk company developing drugs for osteoporosis and cancer. Today, it's poised to enter a new $5 million, 24,000-square-foot building at the park with potential for 65 employees.

Provost John Wiley noted how quickly investments can pay off in this field. The $1.5 million bioscience initiative, spearheaded by Thompson last year, "has paid just staggering dividends in a year's time," he said. The initiative, which allowed for the hiring of eight new faculty, is directly responsible for nearly $30 million in additional research grants and contracts secured by faculty, Wiley said.



At the university's Biotechnology Center, Gov. Tommy Thompson peers into a microscope at the lab of new professor David Schwartz, right, who has developed an "optical mapping" technology that can map whole genomes with remarkable speed. Thompson also viewed a new "gene chip" technology developed here that could make DNA analysis cheaper and more accessible to scientists. Photo: Jeff Miller

The total funding within biotechnology, which includes the Laboratory of Genetics and the new Genomics Center, now totals more than $57 million and is growing rapidly. In the last year alone, research produced 30 faculty-initiated patents.

"This is an expensive venture," said Michael Sussman, director of the Biotechnology Center. "But we have been successful in bringing in the kind of money and talent needed to succeed .... The genomics pot is boiling, and there is a revolution happening in the way we do biology."

Other developments on the horizon include the Waisman Center's Translational Research Facility, expected to be completed in fall 2000. It will be one of the only places in the country capable of producing gene therapy products "clean" enough for use in human clinical trials.

Terrence Dolan, director of the Waisman Center, said this new building will help drive the center's ultimate goal of curing the myriad genetic diseases that affect children. There are anywhere from 6,000 to 7,000 genetic diseases that affect human health, he said.

Thompson also heard about a proposal to create a new master's-level training program in biotechnology. The program would fill a huge gap in the training of highly skilled technicians and create a quality work force that would be a tremendous advantage to Wisconsin industry.

Apparently, excitement over biotechnology is starting to spread. Wiley noted that 30 percent of 1999 UW-Madison freshman intend to major in biology. ■

# Hospital to test potential cancer treatment

The Comprehensive Cancer Center expects next week to begin a clinical trial of the first human test of endostatin, a naturally occurring protein and potentially promising cancer treatment that has been shown to cut off the blood supply to tumors in mice.

Chosen as a study site last March by the National Cancer Institute, the center recently received approval to begin the tests. The CCC is one of three locations selected for the trial.

"Participating in this cancer treatment study is an honor and exciting privilege for the UW Comprehensive Cancer Center," says George Wilding, professor of medicine and principal investigator of the Experimental Therapeutics Program.

"Nothing would make us happier than to find a potentially revolutionary form of cancer treatment in humans. At the same time, we cannot overstate how often that humans have failed to respond to treatments that have shown promising results in animals."

Endostatin's potential value as a cancer treatment received considerable attention after a May 1998 New York Times article described early results in mice in the laboratory of Judah Folkman of Harvard Medical School. In these animal studies, endostatin inhibited the growth of existing tumors and caused some to shrink to microscopic lesions. When researchers examined these tiny lesions, they found endostatin had blocked the growth of blood vessels that nourished the tumors.

James Thomas, assistant professor of medicine at the Medical School and chair of the CCC's endostatin study, says that endostatin is one of several potential cancer treatments known as angiogenesis inhibitors — drugs that halt the creation of blood vessels that keep tumors alive.

"If endostatin is effective, it would represent a whole new approach in cancer treatment," Thomas said. "Instead of killing the cancer cells, which we typically do with chemotherapy or radiation, we want to know if cutting off a tumor's blood supply represents a form of treatment that might prevent the spread of cancer without the toxicity associated with existing radiation or chemotheraphy treatments."

Wilding says the scope of this study, known as a phase one clinical trial, is limited to finding a safe dosage for humans, not determining effectiveness as a cancer treatment. Treatment effectiveness would be examined in phase two and phase three trials, if they occur, and would not begin for one to two years.

In concert with standard clinical trial procedures, patients for the university's endostatin study will be selected from cancer patients who have already been treated by or referred to a medical oncologist at the Medical School; have advanced solid tumors (not leukemia or myeloma) for which no known beneficial therapy exists; and have a cancerous tumor that is easily accessible to repeated biopsies.

The identity of the 15 to 30 patients selected to participate in the CCC's endostatin study will be kept confidential.

More information about the CCC's endostatin study: 262-8330. ■

## ADVANCES

Advances gives a glimpse of the many significant research projects at the university. Tell us about your discoveries by e-mailing: wisweek@news.wisc.edu.

### New Trace project focuses on telecommunications access

The Trace Research and Development Center has received funding for a project to make standard telecommunications systems more accessible for people who are older or disabled.

The National Institute on Disability and Rehabilitation Research, U.S. Department of Education, awarded a five-year, $3.37 million grant to Trace to work in partnership with the Technology Assessment Program at Gallaudet University in Washington, D.C.

The research program has taken on new significance and immediacy because the Federal Communications Commission recently adopted new regulations that require all standard telecommunications products to be accessible and usable by people with disabilities wherever this is readily achievable.

**Gregg C. Vanderheiden**, professor of industrial engineering and Trace Center director, will head up the work at UW-Madison. The Rehabilitation Engineering Research Center grant will cover research into technologies including phones, video phones, pagers and messaging systems; telecommunication systems and services including voice mail and interactive voice response systems; and next-generation multimedia telecommunication systems.

Researchers will look for ways to make these systems directly usable by people with all types and degrees of disability, and to work with industry and government to enhance access.

### Land reform projects planned

**The Land Tenure Center** has been awarded $2.5 million for research and technical assistance in two regions.

The center, a global resource institution promoting equitable access to land, plans advisory work on new projects in Zimbabwe, in southern Africa, and in Trinidad and Tobago, in the Caribbean. Each project builds on the center's extensive experience with land reform and land administration in these regions.

In Zimbabwe, the goal of the Land Reform and Resettlement Program is to advance economic growth and reduce poverty. The program is a collaborative effort to find policies that improve land markets, land rights and land security. The $1.5 million, three-year project will be under the direction of center staff **John W. Bruce** and **Michael J. Roth**.

In Trinidad and Tobago, the center is also working in collaboration on a land use and policy administration project. The Trinidad project is a $1 million, two-year team effort under the direction of LTC staff member **J. David Stanfield**.

The project focuses on a reorganization of Trinidad and Tobago's land administration framework.

### Cancer drug shows promise

Early results from an ongoing university cancer drug study show that a new agent, Xcytrin (motexafin gadolinium), shows promise as a way to control brain tumors that originate from cancer in another part of the body.

"While these results are preliminary, we saw a significant amount of tumor response and a low rate of tumor progression in the brain with Xcytrin followed by whole brain radiation treatment," says associate professor **Minesh Mehta** of the Comprehensive Cancer Center. "We are excited by the possibility of prolonged survival and enhanced quality of life suggested by these initial findings, particularly given the lack of effective treatments for brain metastases."

# UIR grant programs fuel technology transfer

Plant pathology researcher Doreen Gillespie uses a core tool to collect soil samples as part of a research project to test DNA from soil bacteria for useful drug activity. A University-Industry Relations grant helped the project along. (Photo: Jeff Miller)

**Dedee Wardle**

Two innovative campus grant programs help plug a gap between traditional federal and private funding sources.

The University-Industry Relations grant programs, funded with a combination of state money and revenues generated by the licensing of patents on research discoveries, are unique among the nation's universities.

"UIR grants are targeted to develop fundamental discoveries to a stage that will interest companies, which is the most difficult research to fund in a university setting," says plant pathologist Jo Handelsman, a past grant recipient. "Federal grants fund basic research and companies fund research that shows immediate commercial potential. But at that interface between the research laboratory and the marketplace, there is a funding vacuum — a void that only UIR fills at UW-Madison."

UIR manages two funding programs:

- The Industrial and Economic Development Research (I&EDR) program supports research that leads to industrial and economic development in Wisconsin.
- The Robert F. Draper Technology Innovation Fund (TIF) awards help bring inventions to the marketplace. Proposals can be submitted anytime.

**The deadline for 2000-2001 Industrial & Economic Development Research proposals is Jan. 18. Information: 263-2876; dwardle@facstaff.wisc.edu. Or visit: http://www.wisc.edu/uir/.**

"UW-Madison is fortunate to have these funds for projects that are too applied to be eligible for federal funding and too basic for industrial funding," says UIR director Steve Price. "Research at this interface often falls into a 'gap' in funding as it moves down a developmental path."

UIR has been funding economic development since 1963. I&EDR funding, provided by the state since 1990, provides seed money to support the early stages of applied research.

UIR receives about $945,000 each fiscal year from the Graduate School in state support for research projects. Price says a 10-year analysis shows that that every dollar invested by UIR returns more than $10 in additional funding.

I&EDR grants often allow campus researchers to generate additional public and private-sector support for their research programs, engage in innovative research, and promote technology transfer between the university and Wisconsin industry. A recent survey of UIR grant recipients also showed:

- Nine spin-off companies have been formed.
- More than 231 scientific and engineering articles have been published.
- Nearly 1,100 students have benefited so far through educational training.

TIF awards, meanwhile, are available to all university faculty and staff inventors for projects aimed at bringing new concepts and inventions to the patent and licensing stage.

TIF money provided by the Graduate School comes from the licensing of UW-Madison research discoveries by the Wisconsin Alumni Research Foundation. To be eligible for a TIF grant, a principal investigator must file an Invention Disclosure Report with UIR. ■

Here are three examples of more than 200 projects funded by UIR grants that illustrate the leveraging of state money and the entrepreneurship of the university's research community.

### Creating ceramic membranes

"The seed support provided by UIR was instrumental in allowing my laboratory to receive a $500,000 grant from the Department of Energy (DOE)," says Marc Anderson, professor of civil and environmental engineering. "The DOE funds were the first federal monies granted to an academic researcher for the exploration of the basic properties of ceramic membranes." Anderson's ceramic research has yielded 24 patents held by WARF, some of which have been licensed to companies that build room-sized air purifiers for homes and offices and equipment to keep fruits and vegetables fresh in supermarket bins.

### Finding drugs in dirt

UIR funding helped bring a research project headed by plant pathologists Jo Handelsman and Robert Goodman to the patent stage. The researchers are testing DNA from soil bacteria for useful drug activity; WARF holds one patent on the technology. The project, also involving Cornell University chemist Jon Clardy, attracted a $1 million grant from the David and Lucille Packard Foundation. Ariad Pharmaceuticals, Cambridge, Mass. has given a $429,000 award to support the work.

### Pulping wood without harm

Masood Akhtar, former scientist at the UW Biotechnology Center, says a key biopulping invention, inoculating wood chips with a fungus and corn steep liquor, was made possible by TIF funding. "Frankly, the entire project would have ended without this support to provide the additional research needed to gain industrial interest for biopulping," Akhtar says. The technology saves electrical energy and improves paper quality. Akhtar founded the spinoff company, Biopulping International Inc., to commercialize the biopulping technology, and 22 pulp and paper companies support the work.

# Grant meant to boost math enrollment, training

**Terry Devitt**

In an effort to boost the number of Americans pursuing undergraduate and graduate degrees in mathematics, the National Science Foundation (NSF) has awarded the mathematics department a three-year, $1.5 million grant to enhance and broaden research and training opportunities for students.

The grant is part of a national program to increase the flow of domestic students into the math education pipeline and to meet a growing demand in U.S. industry and higher education for qualified graduates, according to Richard A. Brualdi, professor of mathematics.

Since the department's establishment at the university more than 100 years ago, more than 900 math doctorates have been awarded by the university, and UW-Madison continues to supply qualified mathematicians to universities and industries worldwide, Brualdi says.

But the need in the United States for well-trained mathematicians, especially for work in industrial settings, continues to outstrip supply, and NSF, in concert with universities like UW-Madison, has joined in an effort to attract and provide enhanced educational opportunities for American students.

The grant will fund research opportunities and other creative experiences for undergraduates as well as graduate and postdoctoral fellowships. Goals of the program include:

- Broadening math education to improve interaction and communication among mathematicians and scientists and engineers.
- Strengthen core educational programs in math at the graduate and undergraduate levels.
- Decrease the time it takes to earn a doctorate.

The grant was awarded under NSF's Vertical Integration of Research and Education in Mathematical Sciences program and may be renewed for an additional $1 million to extend the program for another two years. ■

# ADVANCES

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### Common genes form new family tree

Looking deep within the genes of three very different kinds of animals, scientists have found enough molecular evidence to finally tell the animal kingdom's old family tree.

Writing in the British journal Nature, scientists from UW-Madison and elsewhere reported the discovery of a common genetic theme that provides powerful new evidence to firmly place nearly all animals — from mollusks to humans — on a simplified, three-limbed tree of life.

### Scientists find gene that controls organ shape

Growing complete organs in the laboratory, a longstanding dream of biomedical science, is one key step closer to reality as a team of Wisconsin scientists report the discovery of a genetic mechanism that gives organs their shape.

Writing in the scientific journal Nature, a team of Howard Hughes Medical Institute researchers describe a protein that regulates organ shape in the nematode Caenorhabditis elegans. With the new discovery of an organ-shaping protein, and the gene that makes the protein, a key step in the process of how nature organizes an ambiguous mass of cells into a complex organ has been identified.

### Study: Rural women take too little calcium

Less than 40 percent of rural Wisconsin women participating in a pilot study of osteoporosis risk reported taking the recommended amount of calcium, according to preliminary findings from a unique research project involving the schools of pharmacy and medicine and five community pharmacies. Osteoporosis, or low bone mass, affects up to 25 million Americans, especially women.

### Study examines scope of partner violence

A new study of violence between intimate partners by two university psychologists reveals a problem of disturbing scope, with as many as one-third of respondents reporting being either victims or perpetrators of physical abuse.

Surprisingly, the researchers found that results by gender were not as lopsided as one would presume: Women reported being perpetrators of physical violence toward their partners slightly more than men did.

### Link between gender, self-esteem exaggerated

Popular assumptions about a cavernous self-esteem gender gap may be greatly exaggerated, according to a new analysis of nearly 150,000 respondents by university psychologists.

The study, led by professor Janet Shibley Hyde and researcher Kristen Kling, consisted of an analysis of hundreds of self-esteem studies done since 1987. The conclusion: Males have only slightly higher levels of self-esteem than females across most ages. Hyde says the results took the group by surprise.

### Lung cancer drug study under way

A study to assess the safety and effectiveness of squalamine, a new drug designed to treat the most common form of lung cancer, is under way at the Comprehensive Cancer Center. Unlike conventional chemotherapy, which destroys cancer cells, squalamine is a so-called anti-angiogenic agent – something that actually prevents the creation of blood vessels that feed cancer cells.

# Caterpillar teaches old biology lesson in new way

**Terry Devitt**

In Walter Goodman's laboratory, Manduca sexta, a.k.a. the tobacco hornworm caterpillar, lives in the limelight.


Goodman

Twenty-four hours a day, seven days a week, the caterpillar grows ever larger — and ever more interesting — under the steady, unblinking eye of a video camera. Soon, if all goes well, the caterpillar will become the star of biology class for elementary school students nationwide as they tune in through the World Wide Web to the life and times of Manduca sexta.

"This is serious fun for these kids, and that serious fun turns into serious learning," says Walter Goodman, a professor of entomology.

Like many other research scientists around the country, Goodman has labored to find ways to move primary school students beyond science texts to learn about biology firsthand. And now, through the Web and a growing collaboration with teachers from Wisconsin to Arizona, Goodman has found a way to capitalize on new, inexpensive technology to deliver lessons of life.

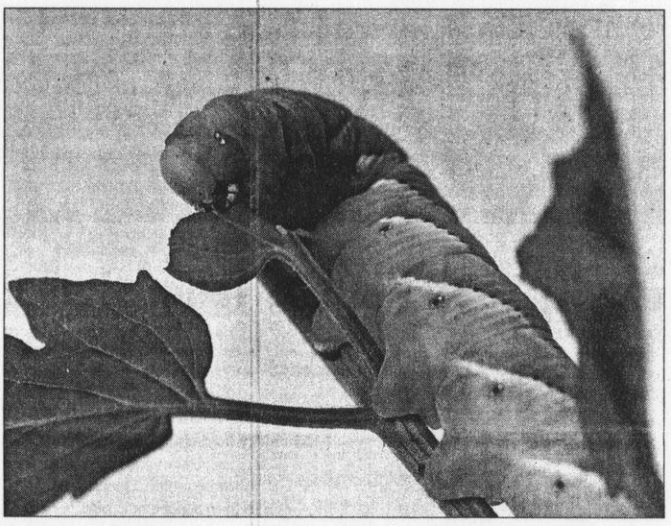
The tobacco hornworm, says Goodman, is an ideal prism for viewing the lessons of biology. Because it develops quickly as it cycles through the several stages of caterpillarhood known as instars, students can see development firsthand and, ultimately, view the rarely observed process of metamorphosis as the caterpillar changes into an adult moth. But it is during its life as a caterpillar that the tobacco hornworm serves up a host of biology lessons.

With the help of the Center for Biology Education through the Science Education Scholars Program, students from the School of Education, and Madison public school teachers, Goodman is bringing his vision to the Web.

In addition to basic information on the caterpillar's life history, lesson plans and information on how to raise your own Manduca sexta, Goodman's Web site has a caterpillar under 24-hour video surveillance, meaning that students miss nothing as the caterpillar grows and undergoes metamorphosis.

By bringing the insect to the Web, Goodman and the students and teachers who work with him hope to bring a new and more powerful way of learning about the world to more students.

"With the live video camera, the kids aren't looking at a picture that was taken five years ago," says Sean Ruppert, a School of Education student who, with fellow student Tess Bashaw, is helping develop the Web site. "It gives them a real-life feel." ■



The star of Walter Goodman's show, Manduca sexta, chews on a leaf. If all goes well, elementary school students nationwide will be able to use the World Wide Web to observe the caterpillar's life. Visit: http://manduca.entomology.wisc.edu Photo: Jeff Miller

# New technique may lead to better flu vaccines

**Brian Mattmiller**

A research team has perfected a method for creating designer influenza viruses, which can be tailor-made to solve mysteries about how flu strains mutate, spread and cause illness.

The development may also lead to more efficient influenza vaccines and safer gene therapies, says Yoshihiro Kawaoka, a virologist and author of the report in the Aug. 3 Proceedings of the National Academy of Sciences.

"This technology should help us gain a greater biological understanding of influenza and improve our methods of disease control," says Kawaoka.

Scientists have tried for years to create influenza viruses in the laboratory, but the process is made difficult by the complexity of the virus, Kawaoka says. The influenza genome has eight different segments of RNA, compared to only one in viruses such as rabies.

To accomplish the feat, the researchers used a basic ingredient in biotechnology called plasmids, which are independent segments of DNA capable of replicating on their own. Plasmids are commonly used in science to transport genetic material from one cell to another.

Kawaoka and his School of Veterinary Medicine research group introduced eight plasmids — one for each segment of flu RNA — into a common line of cells used for research. They also introduced nine other plasmids into the cells that serve as building blocks for the proteins needed to make a complete influenza virus.

Although Kawaoka says they are not entirely sure why the system works so well, it is producing viruses in about one in every 1,000 cells. It's a 1,000-fold improvement over current methods, which only produce altered viruses but not entirely new ones.

This technology is exciting, Kawaoka says, because it allows scientists to precisely manipulate influenza viruses by flipping genetic switches and producing mutations, which can expose the flu's complex machinery.

"With this technology, we can introduce mutations any way we want," he says. "We can control the virulence by mutating here, there, anywhere. That could help us generate a live vaccine that is also stable."

Current inactivated flu vaccines are good, but can be improved. Live vaccines could be advantageous because they induce both cellular and antibody immune responses. They also produce immunity where it needs to be, such as the nasal cavity and respiratory tract.

There may be even broader applications in gene therapy in areas such as cancer treatment, he says. In fighting cancer, doctors want to introduce genes that effectively kill cancer cells but will not replicate in the body and damage healthy tissue. The influenza virus may be an ideal vector, Kawaoka says, because it does not get integrated into the human genome.

Influenza remains a major public health menace, killing an average of 20,000 people each year and infecting up to 40 million people in the U.S. alone. Influenza-related health costs top $4.6 billion per year. But basic mechanics of the virus, such as what triggers dangerous shifts in flu strains, are poorly understood.

Kawaoka says this technology will be valuable from a basic science perspective. They can use cloned viruses to study influenza viral growth, pathogenesis and what allows some viruses to transmit across species.

For example, avian flu viruses almost never transfer to humans, but when they do they can be particularly deadly, such as the 1997 Hong Kong virus. "Now we can introduce mutations in the avian influenza virus and understand for the first time what makes these viruses grow in humans," he says.

A dozen researchers worked on the project, including post-doctoral researcher Gabriele Neumann and graduate student Tokiko Watanabe. The research was supported by the National Institute of Allergy and Infectious Diseases Public Health Service, a division of the National Institutes of Health. ■

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THE WISCONSIN WEEK WIRE - July 14, 1999
for UW-Madison faculty and staff
(issue on Web at http://www.news.wisc.edu/wire/i071499/ )

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Wisconsin Week's print edition is on vacation until Wednesday, Aug. 25, but the Wire will continue to keep you updated through the summer.

TOP NEWS
- o Wisconsin lands transportation research center
- o Hospital ranks high in magazine survey
- o Students return home after African bus-train crash
- o Smoothie pies win spot in national food fight

RESEARCH
- o Study: Rural women do not take enough calcium
- o Lung cancer drug study underway
- o Environmental health facility dedicated

SPOTLIGHT
- o Bluebirds, birdies cohabitate at UW golf course

ON CAMPUS
- o Author to share Arctic adventures at convocation
- o Events calendar: http://calendar.news.wisc.edu

MILESTONES
- o Interim director named for EDRC
- o Professor to lead weather satellite science group

NEWS IN BRIEF
- o State budget in conference committee
- o Economists: Regional dairy compacts are bad policy
- o Professor: Ad regulators ignore deceptive spots
- o Two humanities grants go to campus projects
- o Asthma study participants sought
- o UW-Elsewhere: News from around the system

RESOURCES
- o DOIT delivers new email option

TIP: GETTING AROUND
- o Observatory Drive closes July 14-19

(issue on Web at http://www.news.wisc.edu/wire/i071499/ )

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*Top news*

WISCONSIN LANDS TRANSPORTATION RESEARCH CENTER

Wisconsin is behind the wheel of a multi-million dollar regional transportation research center, thanks to an innovative partnership forged between university engineers and state officials. The U.S. Department of Transportation awarded UW-Madison $890,000 per year over five years to support the new University Transportation Center. That funding will in turn be matched by the Wisconsin Department of Transportation and private industry, bringing the total budget of the project to nearly $9 million over five years.
(Full story: http://www.news.wisc.edu/wire/i071499/transport.html)

HOSPITAL RANKS HIGH IN MAGAZINE SURVEY

University of Wisconsin Hospital and Clinics ranks among the top 2 percent of the nation's major medical centers in 10 of the 16 medical specialties ranked in U.S. News and World Report's "America's Best Hospitals" guide. The guide assesses care in 16 specialties at 1,881 major medical centers. The hospital ranked among the top 2 percent in the following categories: ophthalmology, rheumatology, urology, endocrinology, geriatrics, otolaryngology, cardiology/heart surgery, orthopedics, cancer and gastroenterology. Most categories are assessed based on reputation, mortality rates and a mix of other data.
(Full story: http://www.news.wisc.edu/wire/i071499/hosp.html )

STUDENTS RETURN HOME AFTER AFRICAN BUS-TRAIN CRASH

Ten university study tour participants have returned to Madison after their 14-member group was involved in a minibus-train crash in Malawi. Funeral services were held Tuesday, July 13, for medical student Michele Tracy, 24, of Middleton, who along with Malawian bus driver Herbert Chissaka died in the crash near the village of Balaka. Three group members remain in Johannesburg, South Africa, recovering from injuries. The group was on a month-long student-organized program in the central African nation. The crash took place as the group was heading for the airport to return home.
(Full story: http://www.news.wisc.edu/wire/i071499/ret.html )

SMOOTHIE PIES EARN SPOT IN NATIONAL 'FOOD FIGHT'

Food science students have earned a finalist spot in a national competition by inventing a healthy taste treat, "smoothie pies." The students have turned the traditional smoothie into a refrigerated treat made of a thick, creamy strawberry and yogurt filling that is cradled by a crunchy graham cracker pie crust and separated by a thin layer of chocolate. Six university teams will engage in the "food fight" at the Institute of Food Technologists annual meeting July 25-26 in Chicago. The annual North American contest honors the top three food product inventions of student teams.
(Full story: http://www.news.wisc.edu/wire/i071499/smoothie.html )

*Research*

STUDY: RURAL WOMEN DO NOT TAKE ENOUGH CALCIUM

Less than 40 percent of rural Wisconsin women participating in a pilot study of osteoporosis risk reported taking the recommended amount of calcium, according to preliminary findings from a unique research project involving the schools of pharmacy and medicine and five community pharmacies. Osteoporosis, or low bone mass, affects up to 25 million Americans.

(Full story: http://www.news.wisc.edu/wire/i071499/calcium.html )

LUNG CANCER DRUG STUDY UNDERWAY

A study to assess the safety and effectiveness of squalamine, a new drug designed to treat the most common form of lung cancer, is underway at the Comprehensive Cancer Center. Unlike conventional chemotherapy, which destroys cancer cells, squalamine is a so-called anti-angiogenic agent - something that actually prevents the creation of blood vessels that feed cancer cells.

(Full story: http://www.news.wisc.edu/wire/i071499/lung.html )

ENVIRONMENTAL HEALTH FACILITY DEDICATED

The Wisconsin State Laboratory of Hygiene Environmental Health Division facility, dedicated Friday, June 18, is expected to help WSLH scientists expand their research in exploring the link between the environment and human health. The $16.8 million facility on Madison's east side allows the hygiene lab to consolidate from its current four sites to two: the new east side facility and its current UW-Madison campus clinical laboratory facility, which will be remodeled.

(Full story: http://www.news.wisc.edu/wire/i071499/wslheh.html )

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*Spotlight*

BLUEBIRDS, BIRDIES COHABITATE AT UW GOLF COURSE

With some forethought and routine maintenance, bluebirds and birdies can find common ground on Wisconsin's golf courses. Gary Gaard, a turfgrass diagnostician at the College of Agricultural and Life Sciences, has established the bluebird trail at the 225-acre, 18-hole University Ridge public golf course outside Madison. The number of nesting bluebird pairs along the trail has jumped from one to 12 bluebird nests in a single year.

(Full story: http://www.news.wisc.edu/wire/i071499/birdie.html )

*On Campus*
(Events calendar: http://calendar.news.wisc.edu)

AUTHOR TO SHARE ARCTIC ADVENTURES AT CONVOCATION
Author and explorer Alvah Simon will share lessons he learned while trapped in the Arctic at a presentation Wednesday, Sept. 1, to new freshmen at the 1999 Chancellor's Convocation. Simon's best-seller "North by the Night: A Year in the Arctic Ice," chronicles his five-month, harrowing expedition high above the Arctic Circle. The free event, scheduled at 2 p.m. at the Kohl Center, is also open to other students and the public.
(Full story: http://www.news.wisc.edu/wire/i071499/simon.html )

*Milestones*

INTERIM DIRECTOR NAMED FOR EDRC
Luis A. Piñero, associate director of the Equity and Diversity Resource Center, has been named the center's interim director. Piñero replaces Gregory J. Vincent, who has accepted a position as vice provost for campus diversity at Louisiana State University. Piñero's appointment began July 9. Piñero will oversee the day-to-day operations of the EDRC and assume a leadership role on campus workforce diversity initiatives and issues, including faculty hiring.

PROFESSOR TO LEAD WEATHER SATELLITE SCIENCE GROUP
Professor Steven A. Ackerman has been named director of the Cooperative Institute for Meteorological Satellite Studies. Ackerman is a scientist in the Space Science and Engineering Center and professor in the Department of Atmospheric and Oceanic Sciences.

*News in brief*

STATE BUDGET IN CONFERENCE COMMITTEE
A conference committee made up of state lawmakers from both houses is hammering out an agreement needed to send the state's $41 billion budget on to the governor for final approval. Among other things, the committee has agreed to allow new UW System faculty and academic staff to be eligible for health insurance beginning on the first day of employment (rather than the current six months after employment). The measure includes many other items of departmental and individual interest. For an overview of recent action, visit: http://www.news.wisc.edu/chancellor/staterelations/

ECONOMISTS: REGIONAL DAIRY COMPACTS ARE BAD POLICY

As Congress considers enlarging interstate dairy compacts, a new study by three campus agricultural economists denounces the compacts as bad public policy. Members of Congress from the Northeast and South want to create new dairy compacts for their regions in order to circumvent federal milk pricing reforms and the scheduled elimination of dairy price supports next January. Will Hughes, one of the study's authors, says: "Compacts protect a small segment of dairy farmers in one region at the expense of dairy farmers in other regions. This flies in the face of efforts to develop national dairy policies that work for everyone in an equitable manner."

PROFESSOR: AD REGULATORS IGNORE DECEPTIVE SPOTS

A university advertising expert charges advertising regulators, including the Federal Trade Commission, with dereliction of duty in identifying and prosecuting deceptive advertising claims. Ivan L. Preston, professor emeritus of journalism and mass communication, has published an article that says the FTC gives potentially deceptive advertisers immunity from investigation under so-called "loophole" exemptions. Preston says chief among the deceptions is "puffery," the marketplace term for unverified opinions such as "better" and "best." Preston says the solution is for the FTC and other regulators to examine carefully how advertising claims work in the minds of consumers and eliminate deceptive claims: "The public should be able to trust rather than forced to distrust advertisers."

TWO HUMANITIES GRANTS GO TO CAMPUS PROJECTS

Two university projects, both dealing with African art and culture, have won grants from the Wisconsin Humanities Council. Using $2,000, the UW-Madison African Studies Program and the South Madison Branch Public Library will explore recent African books and in free public forums at the Harambee Center, 2222 S. Park St., beginning Saturday, Sept. 18. Educational programs surrounding the Elvehjem Museum of Art exhibition "Beads, Body and Soul: Art and Light in the Yoruba Universe" beginning in January 2000, received $9,800 to cover 10 lecturers, a film series, teacher workshops and curricular materials.

ASTHMA STUDY PARTICIPANTS SOUGHT

If you have asthma, the Asthma and Allergy Clinical Research program could use your help to evaluate new treatments by participating in a study. Studies may include evaluations of new medications, devices, or medications already available. Some studies evaluate no medications and are instead designed to study the causes and mechanisms of asthma. Additional information may also be found by visiting: http://www.medicine.wisc.edu/sections/allergy

UW-ELSEWHERE: NEWS FROM AROUND THE SYSTEM

* Parkside: After penning five major books, including a best-selling biography of John F. Kennedy, history professor Thomas C. Reeves is working on a biography of 1950s Catholic archbishop Fulton J. Sheen.

* Stevens Point: Sociology professor Robert P. Wolensky, his daughter and his brother, have written "The Knox Mine Disaster," published on the 40th anniversary of the notorious Pennsylvania accident in which a river flooded a mine, drowning 12.

* Eau Claire: The social work program received a reaffirmation of accreditation, which lasts until 2007, from the Council on Social Work Education, a nation-wide standard-setting body in the social work field.

* Oshkosh: Ibrahim Y. Mahmoud, professor emeritus of biology, has been awarded a Fulbright grant to teach graduate students and conduct research at Sultan Qaboos University in Oman from September 1999 to July 2000.

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*Resources*

DOIT DELIVERS NEW EMAIL OPTION

The Division of Information Technology has announced the release UW-MadMail, a new server-based email system that is unique because it provides email storage on a dedicated server and backup of email. These are key benefits for mobile users who need access to email from different locations on campus or their home computer. For details, visit: http://pubs.doit.wisc.edu/f/news/newsitem.cfm?filename=214

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*Tip: Getting around*

OBSERVATORY DRIVE CLOSES JULY 14-19

Observatory Drive between Liz Waters and the top of Bascom Hill will be closed starting Wednesday, July 14, for patching and final resurfacing, concluding last year's water utility project. The road should be open by Monday, July 19. Bus traffic will be re-routed. Access to parking lots will be maintained as feasible, but some parking stalls near Elizabeth Waters Hall will need to be closed.

The Wisconsin Week Wire: Vol. III (No. 13)

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TO: Editors, news directors
FROM: UW-Madison Office of News and Public Affairs

UNIVERSITY DAYBOOK FOR JULY 3-9

This daybook, a weekly service of the Office of News and Public Affairs, provides a quick summary of some of the events and activities that may be worth covering in the coming week at the University of Wisconsin-Madison. Contact numbers are listed for most items. If you need more help, call the Office of News and Public Affairs, (608) 262-3571.

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EXTRA!

PROFILE IDEA: Looking for an interesting subject to profile? Art professor Truman Lowe is among the first five artists nationwide to receive a $20,000 Eiteljorg Fellowship for Native American Fine Art. Lowe, who grew up in a Ho Chunk community near Black River Falls, uses natural materials to shape objects that represent relationships between nature and culture. He hopes his emphasis on nature will encourage his audience to pay attention to environmental destruction. CONTACT: Truman Lowe, (608) 265-4176.

NEW CANCER DRUG: A study to assess the safety and effectiveness of squalamine, a new drug designed to treat the most common form of lung cancer, is underway at the Comprehensive Cancer Center. The center, along with a cancer center in Houston, are the only sites in the nation at which the study will be conducted. Unlike conventional chemotherapy, which destroys cancer cells, squalamine may prevent creation of blood vessels that feed cancer cells. CONTACT: Lisa Brunette, (608) 263-5830.
# # #

Grainger Hall. CONTACT: Susan Disch, Division of Continuing Studies, (608) 262-1668.

# BRIEFS

**GETTING AROUND**
For the next couple of months, motorists will not be able to reach the west side of the campus by turning off University Avenue onto Babcock Drive. The segment of Babcock between University and Linden Drive was closed to traffic Monday, March 29, so that crews can complete utility work in the area. The street will be closed to vehicles until mid-June, but bicyclists and pedestrians will be allowed through the area. The only entrance to Lot 40 will be the one located between the Stock Pavilion and Babcock Hall.

**AUTISM STUDY SEEKS HELP**
A new study at the Waisman Center focusing on autism and family life is recruiting Wisconsin participants.

Marsha Seltzer, a UW-Madison Waisman Center researcher and social work professor, is director of the study. According to Seltzer, "the medical and genetic aspects of autism have been well-studied, but very little is known about family experiences and problems."

"A critical time is when autistic children approach adulthood," she adds. "Families will begin to face questions about their son or daughter's long-term future and independence."

This study will include 200 Wisconsin families who have a son or daughter with autism. To participate, families must be caring for a son or daughter 14 years of age or older. All information shared is confidential.

Results of the study are intended to better inform policy-makers, practitioners, families and the general public of the needs of these families, and to advocate for better services.

For more information, contact Project Manager Renee Makuch at 262-4717, or e-mail at makuch@waisman.wisc.edu.

**EASTER BREAKFAST PLANNED**
Memorial Union's Lakefront Cafe once again will host an annual Easter Sunday Breakfast. Breakfast items will be available from 8 a.m.-1:30 p.m. The union, 800 Langdon St., opens Sunday, April 14, at 8 a.m. Information: Mike Hirsch, 262-7429.

**Wisconsin Week**
**Vol. XIV, No. 6, March 31, 1999**
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## On campus

### Conference focuses on break-up of multi-ethnic federations

About 100 prominent Central and East European scholars and writers plan to gather on campus for a groundbreaking workshop examining the disintegration of multi-ethnic federations associated with the break-up of the former communist states.

The conference Friday, April 16, sponsored by the International Institute, its member programs, and the Department of Slavic Languages, is entitled "Brothers No More."

Tomislav Longinovic, associate chair of Slavic Languages, says political scientists and historians usually dominate discussion of this topic.

"This is a unique opportunity to hear the point of view of those who participated in the social and cultural movements as practitioners" who experienced events firsthand, he says.

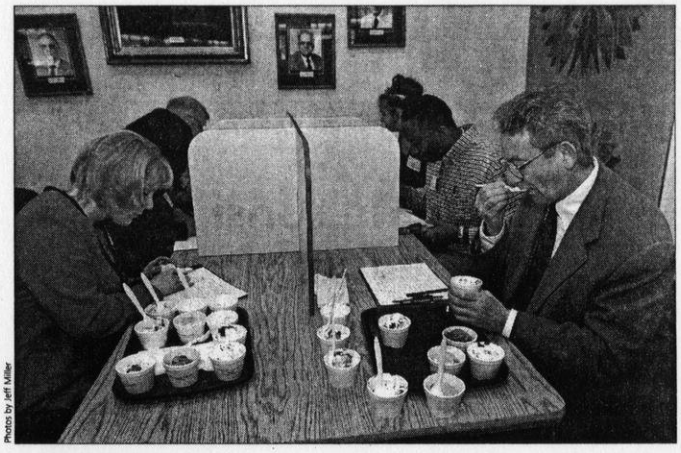
The conference comes at an important time. With the outbreak of war over the future of Kosovo and renewed debate over the question of America's role in the region, there is, more than ever, a need for background and perspective.

The workshop will address cultural issues related to the identities of Bosnians, Serbs, Jews and Russians in the context of new nationalism. The event brings together a panel of exceptionally distinguished writers, journalists and translators. Among them:

- David Albahari was president of the Jewish community of Yugoslavia when civil war broke out in that country several years ago. He is the author of more than a dozen books, including "Words are Something Else." Albahari will speak about the position of Jews in new state entities that have emerged since the break-up of the former Yugoslavia.
- Aleksandar Hemon, a fiction writer and journalist, is the author of a collection of short stories and numerous articles in the Sarajevo (Bosnia-Herzegovina) press. Hemon, who currently lives in Chicago, will speak about the complexities of Bosnian identity.
- Dragan Kujundzic, a professor of Russian at Memphis University in Tennessee, is the author of numerous theoretical studies on Russian literature and identity.
- Zoran Multinovic, visiting professor of comparative literature at Wesleyan University in Connecticut, is one of the most promising young scholars from East Central Europe. He was fired from the University of Belgrade, along with five other colleagues, when he refused to sign a loyalty oath.

The conference is sponsored by the International Institute; the Center for Russian, East European and Central Asian Studies (CREECA); the Global Studies Program; two research circles of the International Institute; the Slavic Languages department; and the Wisconsin Union Directorate.

The free event, to be held in Memorial Union, is open to the public. Information: Tomislav Longinovic, associate professor, Slavic languages, 262-4311. ■



Photos by Jeff Miller

Allen Ruplinger

UW-Madison Chancellor David Ward, right, was among the panelists who picked "Praise to Thee, Our Almond Mocha" as the winner Monday, March 29, in a taste test of 10 flavors vying for the ice cream that will help mark the university's 150th anniversary. The winning flavor was proposed by Allen Ruplinger of Waukesha. He is a 1993 alumnus who works as a manufacturing engineer for Harley Davidson in Milwaukee. Ruplinger's entry was one of nearly 800 in a statewide contest to create a new sesquicentennial flavor. His entry will now be produced by the Babcock Dairy Plant on campus for serving at sesquicentennial events and through Babcock outlets. The name is a play on "Varsity," a traditional UW-Madison song that includes the words, "Praise to thee, our Alma Mater." The ice cream is a mocha-flavored vanilla with almonds. Runner-up honors went to "Sesquiberry," a strawberry ripple suggested by Frank Cook a UW-Madison archivist.

### Expert to speak on euro

Wolfgang Munchau, international journalist and expert on the European Economic and Monetary Union, will discuss the European economy and its new currency, the euro, from 8-9:30 a.m. Friday, April 9, at 4151 Grainger Hall, 975 University Ave.

Munchau is senior correspondent for The Financial Times and author of the recently published book, "Birth of the Euro." His talk, "The Euro: Political and Economic Consequences for Europe and the Implications for the U.S.," will include insights and predictions on Europe's economy.

His two-day visit to the UW campus is part of a series on the changing European economic scene and includes classroom discussions with journalism and business students. Information: Helen Capellaro, 262-9213. ■

### Second Thursday gives sneak peek of engineering exploits

Get a peek at plans for the Engineering Expo, see a display of student-built concrete canoes and take a look at a variety of automotive technologies at the next Second Thursday, April 8.

A variety of student projects will be on display at the Second Thursday hosted by the College of Engineering, Physical Sciences Lab (PSL) and Synchrotron Radiation Center (SRC).

Second Thursday is a chance to meet colleagues and enjoy refreshments. The event runs from 4:30-6:30 p.m. at Engineering Mall. ■

### UW leads national clinical trial of cancer drug

The Comprehensive Cancer Center has been chosen as one of two sites in the nation to conduct human tests of endostatin, a promising potential cancer treatment that seems to work in part by disrupting the growth of blood vessels that nourish tumor cells.

"We are honored and very excited to be taking part in these trials," says center director John Niederhuber. "This is an important opportunity to answer some key questions about a very interesting compound."

Endostatin's potential value as a cancer treatment received worldwide attention after a May 1998 New York Times article described early results in mice at Harvard Medical School. In May 1998, the National Cancer Institute called animal studies on the compound "encouraging" and later announced it would accept applications from research organizations to conduct tests in humans.

In animal studies, endostatin inhibited the growth of already existing tumors and caused some to shrink to microscopic lesions. When researchers examined those tiny lesions, they found the endostatin had blocked the growth of blood vessels that nourished the tumors.

The UW-Madison trials will be "Phase 1" tests in which researchers will try to discover the maximum dose patients can tolerate without undue toxicity. Joan Schiller, UW Medical School professor of medicine, and James Thomas, assistant professor of medicine, will co-chair the study. The study will need to go through several review processes. Information: 262-5223. ■

### William Bowen to lecture on race-sensitive admissions

William Bowen

William G. Bowen, co-author of the new book "The Shape of the River: Long-Term Consequences of Considering Race in College and University Admissions," will speak at UW-Madison Wednesday, April 7, at 7:30 p.m.

Bowen is a former president of Princeton University and now president of The Andrew W. Mellon Foundation, which focuses much of its work on higher education. He wrote "The Shape of the River" with Derek Bok, a former president of Harvard University.

Bowen will speak on the effects of race-sensitive admissions policies April 7 in the Memorial Union Theater. Free tickets will become available at the Union box office on March 29 to faculty, staff, students and Union members (one ticket per person) and on Monday to the public if tickets remain.

Union box office hours are 11:30 a.m.-5:30 p.m. weekdays and noon-5 p.m. Saturday. After 7:20 p.m., people unable to get tickets will be allowed to take remaining seats.

"The Shape of the River" is the first large-scale study to examine the actual effects of race-sensitive admissions on the lives of students both during and after college. Bowen and Bok drew on a database of 45,000 students of all races who entered 28 selective colleges and universities in 1976 and 1989.

"Overall," Bowen and Bok write, "we conclude that academically selective colleges and universities have been highly successful in using race-sensitive admission policies to advance educational goals important to them and societal goals important to everyone."

It is only by examining the college careers and the subsequent lives of students — or, to use the Mark Twain metaphor, by learning the shape of the entire river — that we can make an informed judgment of university admissions policies, they say.

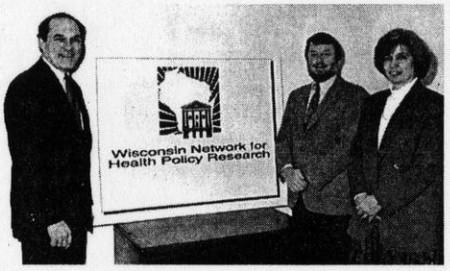
Sponsoring Bowen's visit to UW-Madison are the Chancellor's Office, the School of Education, the Wisconsin Union Directorate and The Andrew W. Mellon Foundation. ■

# Faculty provide health policy expertise to policymakers

When stakeholders in the health policy arena — employers, provider organizations, government officials and health care consumers — need expertise in such areas as health economics, sociology, ethics and administration, they often call the Wisconsin Network for Health Policy Research, headed by Dr. David Kindig, UW-Madison professor of preventative medicine.

The network seeks to make expertise available to all stakeholders in the health policy arena.

"We want to bridge the gaps among academics, legislators and corporate policymakers by bringing together people and data focused on health policy issues of importance to all state constituents," said Kindig. "In other states, this function is carried out by schools of public health. We hope to build a school without walls."




*Medical School Dean Philip Farrell, David Kindig, director, and Nancy Cross Dunham, former deputy director, Wisconsin Network for Health Policy Research, promote the work of the network.*

To reach this goal, the network and the Department of Preventative Medicine cosponsor policy seminar series. Experts at past seminars have addressed such issues as redesigning Wisconsin's long-term care system and how the public sector can help reduce inequalities in health care access and utilization.

The network has also partnered with the Center for Health Statistics and the Office of Health Care Information to construct a web database that enhances electronic access to information on Wisconsin's health. Additional network efforts include papers and conferences examining key issues in health care policy such as "Ethical Issues in Managed Care," "Promoting the Health of Wisconsin Employee Populations," and "Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants in Wisconsin."

Another way in which the network serves as a bridge is by creating partnerships of inquiry between health policy researchers and the users of this research in Wisconsin.

"These partnerships not only bring the expertise of the university to the community, they also bring the expertise of the community to the university," said Trudy Carlson, a senior scientist at the network. "This helps ensure that research at the university remains relevant to real-world policy issues."

*For more information, contact:*
*David Kindig, phone: 263-6294*
*Web: www.medsch.wisc.edu/prevmed/network/*

# Others working in health care

*Center for Health Systems Research and Analysis* develops and evaluates decision support systems with health care applications; health information systems and databases for use in policy analysis and epidemiologic studies; and decision support and information systems for health education and promotion programs.

*Phone: 263-5722*
*Web: chsra.wisc.edu*

*Center for Leadership in Pediatric Occupational Therapy* in the School of Education has an outreach program that helps battered women and pregnant adolescents in Dane County develop better nutrition, healthier behaviors and improved life skills.

*Phone: 265-5118*
*Web: www.soemadison.wisc.edu/kinesiology/mch/index.html*

The ***Comprehensive Cancer Center*** is a multidisciplinary center that conducts research on the biology of cancer, translates the findings to clinical applications, completes epidemiologic studies, fosters cancer control activities, and educates students, professionals and the public about cancer. Two of its most active outreach efforts are the Wisconsin Cancer Council and the Tobacco Free Wisconsin Coalition.

*Phone: 263-8600*
*Web: www.medsch.wisc.edu/cancer*

*LOCUS* (Leadership Opportunities with Communities, the medically Underserved and Special populations) combines leadership training and mentoring with hands-on experience through community projects for UW-Madison students with an interest in Family Medicine.

*Phone: 263-1214*
*Web: www.fammed.wisc.edu/education/locus/*

*Maternal and Child Health Education and Training Institute* is a consortium of multidisciplinary providers and consumers that works with organizations involved in maternal and child health education and training to improve the health of Wisconsin children, families and communities.

*Phone: 263-6394*
*Web: www.medsch.wisc.edu/ahec/mchi.html*

*Professional Development and Applied Studies*, a unit in the Division of Continuing Studies, offers workshops and conferences dealing with health and human issues topics, including: aging and long-term care, alcohol and other drug problems, mental health, and women's health.

*Phone: 263-2088*
*Web: www.dcs.wisc.edu/pda/hhi/*

*Waisman Center* is dedicated to knowledge advancement on human development and developmental disabilities through research and practice.

*Phone: 263-5776*
*Web: waisman.wisc.edu/waisman.html*

*Wisconsin Area Health Education Center System* works to improve access to health care in Wisconsin's underserved communities through the development of community-based, culturally relevant, collaborative health-professions education programs.

*Phone: 263-4927*
*Web: www.mcw.edu/ahec/*

*Wisconsin Alumni Research Foundation's* primary activities include attracting innovative ideas, managing patents, licensing technologies to generate income, managing investments and supporting basic research.

*Phone: 263-2500*
*Web: www.wisc.edu/warf*


*Updating the Wisconsin Idea*
*February 1999, Number 5*

This publication tells stories of faculty and staff who are working in partnerships with businesses, civic organizations, government agencies, schools, and other community-based groups to improve our state, nation and world. We hope these stories motivate other faculty and staff to seek community partners to create knowledge that will benefit society in the 21st century.

*Updating the Wisconsin Idea* is a joint effort between UW-Madison's Office of Outreach Development in the Office of the Provost and the Wisconsin Food System Partnership funded by the Kellogg Foundation and administered by the College of Agricultural and Life Sciences.

**The next insert focuses on the environment. To share story ideas or to comment on this issue, contact:**

***Judy Reed, phone: 262-5421***
***Email: jcreed@facstaff.wisc.edu***

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Bob Rashid, Kazakh dentists, p 1
Doug Moore, New technologies, p 2
Rick Langer, India, p 2
Amy Wermeling, Children's health, p 3
Health Promotion Project, p 3
Health Policy Network, p 4

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## Community

### Education tutoring program expands in Madison

The SHAPE tutoring program in the School of Education has more than doubled its enrollment and expanded to an additional site in Madison's schools.

SHAPE, which stands for Students Helping in the Advancement of Public Education, combines an academic seminar with practical experience tutoring in Madison schools. Established in 1997 as a pilot effort, the program grew out of a suggestion by the Civil Rights Defense Coalition for increasing diversity on campus. The program attracts undergraduates from all over campus, many of whom do not plan careers in teaching.

Last fall SHAPE received a three-year grant from UW-Madison alumni Mary and Ted Kellner of Mequon. The gift allowed enrollment in the seminar to grow from 20 to almost 50, and expanded the program from Lincoln and Midvale elementary schools to a third site, Cherokee Heights Middle School.

At Cherokee, the tutors are divided into three squadrons. One group serves as "reading buddies" to sixth-graders; another provides math tutoring in eighth grade; and a third offers homework help after school.

"I couldn't be more pleased to have them here," says Jessica Doyle, the learning coordinator at Cherokee. "I think it's a wonderful example of how the university and public schools can cooperate."

The Kellner gift also will fund a systematic evaluation of the tutoring program to be conducted by Marianne (Mimi) Bloch, the professor of curriculum and instruction who teaches the SHAPE seminar, and a graduate student. ■

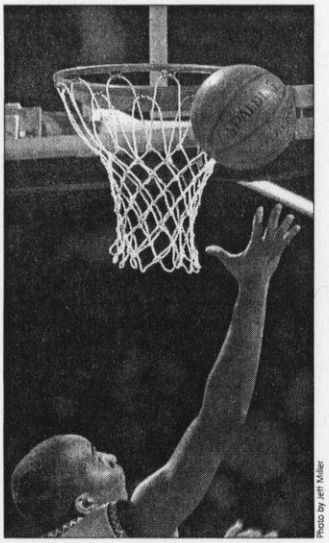

Photo by Jeff Miller

The Wisconsin men's basketball game against Michigan will be played in the Kohl Center Saturday, Feb. 27, starting at 11:17 a.m. The date of the game had been in question until recently. The game will be televised live on cable television by ESPN Regional. The Wisconsin men's basketball team (21-6, 9-5 Big Ten) fell to Michigan State last week, but the team's 21 wins this season are the most of any UW men's team in school history. Only two previous teams in UW-Madison history have won 20 games, in 1915-16 and 1940-41, according to the Athletic Department.

## On Campus

### Shalala to be keynote speaker on ethics of managed health care

Donna Shalala

Donna E. Shalala, secretary of the U.S. Department of Health and Human Services, will be the keynote speaker at a symposium on ethical issues involved in managed health care to be held on campus Thursday, March 25.

The Grainger Business Ethics Symposium, sponsored by the School of Business, is titled, "The Ethics of Managed Care: Balancing Patients' Health and Corporate Profits." The event will be held at the business school's Grainger Hall, from 5-7:15 p.m.

Shalala, former chancellor of UW-Madison, will speak on "Putting People First: Patient Care in the Age of Corporate Medicine." She will also take part in panel discussions of the proposed Patients' Bill of Rights, which has been considered by Congress, and on ethical decisions facing physicians, who must balance best care for their patients with the corporate bottom line.

Other participants include: Timothy Flaherty, secretary-treasurer, American Medical Association; John M. Wray, senior vice president, managed care Catholic Healthcare West Medical Foundation; R. Alta Charo, professor of law and medical ethics, UW-Madison; and Christopher Queram, CEO, the Employer Health Care Alliance Cooperative. The business school's Laura Hartman, visiting associate professor of business ethics, will moderate the discussion.

Since 1993, the Grainger Business Ethics Symposium has examined several aspects of business ethics, including ethical dilemmas in reducing the federal deficit, the genetic revolution and international business. The series is funded by The Grainger Foundation.

The event is free, but seating is limited. Faculty and staff interested in attending are asked to e-mail the business school's Aimee Hambleton at: ahambleton@bus.wisc.edu. ■

### Scientist, author Steven Pinker to lecture on how the mind works

Steven Pinker

Scientist and author Steven Pinker will present a free public lecture on how the mind works as the second speaker in a lecture series presented by the neuroscience training program.

The acclaimed author wrote the 1997 bestseller "How the Mind Works," a book that examines topics ranging from why people believe in ghosts and spirits to what makes us laugh.

Pinker, director of the Center for Cognitive Neuroscience at Massachusetts Institute of Technology, will speak Friday, Feb. 26, at 4 p.m. in Room 1100 Grainger Hall. The lecture is co-sponsored by the University Lectures Committee and the neuroscience training program.

Pinker's latest book has attracted widespread attention and generated controversy. In it he focuses on evolutionary psychology, suggesting new insights into how people make decisions, why they take risks, what makes people lose their tempers or fall in love. His 1994 book, "The Language Instinct," was also a bestseller and presented theories related to how humans acquire language.

Pinker, who received his doctorate in experimental psychology from Harvard and then studied linguistics with Noam Chomsky, joined the MIT faculty as an assistant professor in 1982. He was appointed professor and director of the center in 1989. ■

## Notable

### UW students among best at repaying Perkins loans

The 1997-98 Perkins Loan default rate at UW-Madison was 2.61 percent, second lowest in the Big Ten, according to the university's financial aid office.

Steve Van Ess, director of the Office of Student Financial Services, credits the low rate to diligent repayment of loans by current and former students. He also credits the billing work of the Bursar's Office and the collection effort of his Student Loan Servicing unit for the stellar rate.

"The repayment of these funds by students is especially important as the funds go into a revolving fund to be loaned out again to current students," Van Ess says.

Northwestern University had the Big Ten's lowest rate, at 0.86 percent. The next closest to UW-Madison was the University of Illinois, at 4.9 percent. The Ohio State University had the highest default rate at 12.7 percent.

The Perkins Loan, previously called the National Defense Student Loan and the National Direct Student Loan, is a financial aid program administered by the U.S. Department of Education. Along with Work Study and Supplemental Educational Opportunity Grants, it is one of three campus-based federal financial aid programs.

UW-Madison loans Perkins money directly to students and collects the repayments. If students have trouble repaying or if they default, counselors with the Student Loan Servicing unit help them establish repayment plans. While the university rarely receives any new loan money from the federal government, the annual collection of $9 million from prior Perkins Loan borrowers is available for current UW-Madison students.

"Our students really do repay their loans," Van Ess says. ■

### Coalition seeks to prepare a new generation of engineers

The university has joined six other academic institutions in the National Science Foundation Coalition, a program designed to better prepare future engineers.

"The main thrust of the coalition is developing a responsive curriculum," says John Mitchell, mechanical engineering professor and UW-Madison's representative to the national organization's management team.

"We must continually respond to constituents' needs — assessing the engineering curriculum and making it more effective," Mitchell says. "We need to link and integrate all parts of the curriculum. The idea is to get as many faculty as possible involved in making these changes."

Since joining the coalition in October, the Madison group has held workshops on learning communities and faculty development. It will host another Madison workshop April 7-8, for faculty at other coalition schools who are interested in learning more about the techniques, tools and plans of assessment and evaluation.

Serving with Mitchell on the College of Engineering's executive committee for this program are associate dean Michael Corradini, assistant dean Donald Woolston, adjunct assistant professor Sandra Courter and Sarah Pfatteicher, the college's assessment director.

Additionally, a UW-Madison inter-departmental team is developing a curriculum to more effectively link courses. The group includes professors Art Ellis (chemistry), Pat Farrell (mechanical engineering), Wesley Smith (physics), John Strikwerda (computer sciences) and Robert Wilson (mathematics), associate professors Teresa Adams (civil engineering) and Jake Blanchard (engineering physics), lecturer Laura Grossenbacher (engineering professional development) and teaching assistant Kris Cummings (engineering physics).

For more information about the Foundation Coalition, visit: http://foundation.ua.edu. ■

## NEWS MAKERS

**CANCER SPECIALISTS GET GOOD HOUSEKEEPING SEAL**

Two doctors with the Comprehensive Cancer Center are listed among the nation's top cancer specialists for women in the March 1999 edition of Good Housekeeping magazine. **John Niederhuber**, the UWCCC director, was listed among outstanding breast cancer surgeons and **Joan Schiller**, professor of clinical oncology, was included for her work in lung cancer therapy.

Niederhuber, a surgeon and scientist who has directed the center since July 1997, specializes in breast, pancreatic and liver cancer and tumors of the bone, muscle or other connective tissue. Niederhuber also has been named one of the "Best Doctors in America" by American Health, Town and Country and Good Housekeeping magazine.

Schiller is active in the development of new therapies for lung cancer and other malignancies. She also has twice been named to U.S. News & World Report's list of the Best Doctors in America.

The physicians included on the list were those most often cited by department chair and section chiefs in surgical, medical and radiation oncology at major U.S. medical centers.

**GRANDPARENTS SPOTLIGHTED**

The Christian Science Monitor (Wednesday, Jan. 20) drew attention to the efforts of **Mary Brintnall-Peterson**, a family specialist at UW Extension in Madison who co-chaired the first "Grandparents Raising Grandchildren" national satellite video conference Tuesday, Jan. 12, that involved thousands of participants at 286 sites nationwide.

As more and more grandparents have to raise grandchildren, they face ground-breaking legal and financial issues. "Our hope for the conference was to plant seeds in the minds of professionals in communities," says Brintnall-Peterson. "A lot of states have laws that are barriers to grandparents. My hope is that the conference will help change the laws, and states will be come more responsive."

**IMPEACHING FAMILY VALUES?**

Whether the impeachment scandal will have lasting effects on families is uncertain, but it definitely was another, perhaps the most extreme, example of how families are increasingly unable to protect their children from an onslaught of adult material through the news media.

"You can't say, 'This house is an oral sex-free zone,'" communication arts professor **Joanne Cantor**, author of "Mommy, I'm Scared: How TV and Movies Frighten Children and What We Can Do to Protect Them," told Newhouse News Service (Sunday, Feb. 14). Cantor joked that her next book should be "Mom, He Said She Did What to the President?"

**BUILDING BINGE**

Law professor **Walter Dickey**, a former Wisconsin corrections chief who headed the 1996 Thompson commission on prison overcrowding, says the state needs to try new approaches such as the "work house" plan to help convicts avoid returning to a life of crime. Gov. Tommy Thompson's proposals include creating two 150-bed inmate "work houses."

"Unless we' ve got the ability to break the cycle, I don' t see us on anything but an unending upward surge of prison building," Dickey told the Associated Press last week.

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FOR IMMEDIATE RELEASE

UW COMPREHENSIVE CANCER CENTER ONE OF TWO SITES NATIONWIDE SELECTED FOR CLINICAL TRIAL OF CANCER DRUG

CONTACT: Lisa Brunette, 608-263-5830, labrunet@facstaff.wisc.edu

MADISON - The University of Wisconsin Comprehensive Cancer Center has been chosen as one of two sites in the nation to conduct human tests of endostatin, a promising potential cancer treatment that seems to work in part by disrupting the growth of blood vessels that nourish tumor cells.

The National Cancer Institute (NCI) notified the UWCCC early this afternoon of its participation.

"We are honored and very excited to be taking part in these trials," said UWCCC Director Dr. John Niederhuber. "This is an important opportunity to answer some key questions about a very interesting compound."

Endostatin's potential value as a cancer treatment received worldwide attention after a May 1998 New York Times article described early results in mice in the laboratory of Dr. Judah Folkman of Harvard Medical School. In May 1998, the NCI called animal studies on the compound "encouraging" and later announced it would entertain applications from research organizations to conduct tests in humans.

In animal studies, endostatin inhibited the growth of already existing tumors and caused some to shrink to microscopic lesions. When researchers examined those tiny lesions, they found the endostatin had blocked the growth of blood vessels that nourished the tumors.

Researchers also conducted tests in which mice were given endostatin until their tumors shrank, at which time the treatment was stopped. Treatment resumed when the tumors began to grow back. In each case, the tumors in mice became smaller when endostatin was given. Significantly, the tumors did not develop resistance to endostatin even after six cycles of treatment.

The trials at UW will be "Phase 1" tests in which researchers will try to discover the maximum dose patients can tolerate without undue toxicity. Initially, three to six patients will receive small doses of the drug and will be carefully monitored for toxic effects. Additional patients will then receive graduated doses of the drug. All patients will be carefully monitored through a variety of complex tests.

"The research team will recruit patients with solid tumors that have failed to respond to treatment," said principal investigator Dr. George Wilding, director of the UWCCC experimental therapeutics and professor of medicine

at UW Medical School. Patients with renal cell carcinoma, mesothelioma, breast cancer and melanoma may be particularly suited to the trials because such tumors typically have a large number of blood vessels, the target of the drug.

Dr. Joan Schiller, UW Medical School professor of medicine, and Dr. James Thomas, assistant professor of medicine, will co-chair the study. Both are medical oncologists practicing at UW Hospital and Clinics and members of the experimental therapeutics program. Other collaborators include Kendra Tutsch of the UWCCC analytical lab; Dr. Robert Auerbach of the zoology department; Amy Harms of the UW Biotechnology Center; Drs. Fred Lee, Fred Kelcz, Scott Perlman, James Zagzebski and Thomas Grist of the UW Medical School radiology department; and Richard Chapell of biostatistics.

Wilding said the time at which patients will be enrolled is not certain. The study will need to go through several review processes, including the university's, the NCI's and the UWCCC.

Those who are interested should call the UW Cancer Connect line, 1-800-622-8922 or in the Madison area, 262-5223.
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THE WISCONSIN WEEK WIRE - March 31, 1999
for UW-Madison faculty and staff
(issue on Web at http://www.news.wisc.edu/wire/i033199/ )

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Selected stories from this issue of Wisconsin Week ...

(issue on Web at http://www.news.wisc.edu/wire/i033199/ )

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*Front Page*

FACULTY SENATE CONSIDERS RESETTING 'TENURE CLOCK'
Campus departments could get more flexibility in calculating how long new assistant professors can take to earn tenure under a proposal to be reviewed by the Faculty Senate.
(Full story in Wisconsin Week, page 1)
http://www.news.wisc.edu/wire/i033199/tenure.html

WORKERS SPRUCE UP CAMPUS LECTURE HALLS
A new remodeling program, called the Instructional Technology Improvements Program, targets large lecture halls for renovation, transforming them from drab, uninspiring chambers into bright, engaging learning environments with state-of-the-art teaching technology.
(Wisconsin Week, page 1)
http://www.news.wisc.edu/wire/i033199/remodel.html

LEADERSHIP INSTITUTE BROADENS PERSPECTIVES, PARTICIPANTS SAY
Participants in UW-Madison's Leadership Institute, a yearlong program to build leadership skills in junior- and senior-level faculty and staff, gain a keener awareness of self and others as they broaden their perspective as leaders.
(Wisconsin Week, page 1)
http://www.news.wisc.edu/wire/i033199/lead.html

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*Profile: Monty Nielsen*

BASEBALL ENERGIZES REGISTRAR
Buried deep in new registrar Monty Nielsen's vita is a curious reference to baseball. What does being a registrar have to do with baseball? Everything, if you're Nielsen.
(Wisconsin Week, page 4)
http://www.news.wisc.edu/wire/i033199/nielsen.html

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*Features*

TINY MEDICAL TOOLS GIVE NEW MEANING TO 'CUTTING EDGE'
They look more like stray computer parts than precision medical tools, but Amit Lal's research creations could give surgeons an incomparable new edge in medicine.
(Wisconsin Week, page 16)
http://www.news.wisc.edu/wire/i033199/memstools.html

150 YEARS:
INTERNATIONAL ALUMNI CONVOCATION PLANNED IN MAY
International alumni representing 30 countries and virtually all of the university's schools and colleges are expected to return to Madison May 3-7 for a convocation.
(Wisconsin Week, page 5)
http://www.news.wisc.edu/wire/i033199/intlconv.html

*Learning*

SERVICE LEARNING BROADENS EDUCATION

The idea of volunteering as coursework has been gaining momentum in the last several years, both at UW-Madison and other institutions. Next month UW-Madison will host a three-day national conference to explore the mission of land grant colleges and universities concerning service learning.

(Wisconsin Week, page 11)

http://www.news.wisc.edu/wire/i033199/service.html

DEMAND INCREASING FOR PHARMACY GRADUATES

America's burgeoning elderly population, which is using sophisticated drug therapies in record quantities, has helped make highly educated pharmacists one of the hottest commodities in health care, School of Pharmacy researchers say.

(Wisconsin Week, page 3)

http://www.news.wisc.edu/wire/i033199/pharm.html

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*Research*

MADISON STUDENTS IN UW PROJECT USE VIDEO TO EXPRESS DIVERSITY

A new School of Education project called the Kid-to-Kid Video Exchange Project aims to develop a network of K-8 classrooms that create and share videos as an essential element of their social studies curriculum.

(Wisconsin Week, page 6)

http://www.news.wisc.edu/wire/i033199/video.html

STUDY: CHILD ABUSE CAN ALTER BRAIN DEVELOPMENT

For children suffering from severe abuse, anger is a danger sign they dare not overlook. Spotting it early becomes a survival skill. A new study by a campus psychologist suggests that this survival skill is strong enough to actually trigger biological changes, altering the way the brain processes anger.

(Wisconsin Week, page 6)

http://www.news.wisc.edu/wire/i033199/brain.html

NEW APPROACH BOOSTS 5TH GRADERS' MATH AND SCIENCE LEARNING

University researchers have helped achieve a startling effect by using models to teach mathematics and science to elementary school students: Fifth graders are performing at 12th grade levels.

(Wisconsin Week, page 10)

http://www.news.wisc.edu/wire/i033199/model.html

NEW BOOK: SCHOOL CULTURE CAN BE TOXIN–OR TONIC

The culture of a school–a web of values, traditions and symbols–can be toxin or tonic for education reform.

(Wisconsin Week, page 10)

http://www.news.wisc.edu/wire/i033199/school.html

UW LEADS NATIONAL CLINICAL TRIAL OF CANCER DRUG
The Comprehensive Cancer Center has been chosen as one of two sites in the nation to conduct human tests of endostatin, a promising potential cancer treatment that seems to work in part by disrupting the growth of blood vessels that nourish tumor cells.
(Wisconsin Week, page 2)
http://www.news.wisc.edu/wire/i033199/endostatin.html

RESEARCH DIGEST
Acid linked to soil aging; study shows women's farm role; pesticide study grants offered.
(Wisconsin Week, page 6)
http://www.news.wisc.edu/wire/i033199/rd.html

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*Awards*

This issue of Wisconsin Week features the faculty, academic staff and classified staff who have been chosen from among their peers for outstanding achievement.

Distinguished Teaching Awards
(Wisconsin Week, page 7)
http://www.news.wisc.edu/wire/i033199/dta.html

Academic Staff Excellence Awards
(Wisconsin Week, page 8)
http://www.news.wisc.edu/wire/i033199/asa.html

Classified Employee Recognition Awards
(Wisconsin Week, page 9)
http://www.news.wisc.edu/wire/i033199/csa.html

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*Campus News*

U.S. SUPREME COURT PLANS TO DECIDE STUDENT FEE CASE
The U.S. Supreme Court agreed Monday, March 29 to decide whether the mandatory fees violate students' free-speech rights. Their decision will affect student fee systems at all public universities.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/i033199/segfees.html

PROGRAM SEEKS MORE MILWAUKEE STUDENTS OF COLOR
The university is stepping up recruitment of students of color in the state's largest city–with assistance from their school district and potential future employers. A new university initiative–the Pre-College Enrollment Opportunity Program for Learning Excellence, or PEOPLE–will enroll 100 Milwaukee ninth-graders beginning this summer.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/i033199/people.html

CONFERENCE FOCUSES ON BREAK-UP OF MULTI-ETHNIC FEDERATIONS
About 100 prominent Central and East European scholars and writers plan to gather on campus Friday, April 16, for a groundbreaking workshop examining the disintegration of multi-ethnic federations associated with the break-up of the former communist states.
(Wisconsin Week, page 2)
http://www.news.wisc.edu/wire/i033199/ethnic.html

U.S. NEWS RANKS GRADUATE PROGRAMS
The university received several high rankings in the 1999 rating of graduate programs released Friday, March 19 by U.S. News & World Report.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/i033199/rank.html

NEWSMAKERS
UW-Madison Libraries recognized for excellence; environmental toxicologist Warren Porter publishes a major pesticide finding; entomologist David Bowen touts natural pest control; and negotiations between students and administrators regarding ROTC's anti-gay discrimination policy is highlighted.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/nm.html

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*On Campus*
(Events calendar: http://calendar.news.wisc.edu )

WILLIAM BOWEN TO LECTURE ON RACE-SENSITIVE ADMISSIONS
William G. Bowen, co-author of the new book "The Shape of the River: Long-Term Consequences of Considering Race in College and University Admissions," will speak at UW Wednesday, April 7 at 7:30 p.m.
(Wisconsin Week, page 2)
http://www.news.wisc.edu/wire/i033199/bowen.html

PACK OF JOURNALISTS TO VISIT
April is showering the campus with high-profile visitors from the media, including Washington Post columnist David Broder, NPR science correspondent Richard Harris, Washington Post business correspondent Sharon Walsh and senior Financial Times correspondent Wolfgang Munchau.
(Wisconsin Week, page 16)
http://www.news.wisc.edu/wire/i033199/scoops.html

FORMER MISS AMERICA TO SPEAK ABOUT SEXUAL ASSAULT ISSUES
Former Miss America Marilyn Van Derbur will speak about sexual assault and her recovery from incest Tuesday, April 6, on campus.
(Wisconsin Week, page 13)
http://www.news.wisc.edu/wire/i033199/vanderbur.html

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THE WISCONSIN WEEK WIRE - February 24, 1999
for UW-Madison faculty and staff
(issue on Web at http://www.news.wisc.edu/wire/i022499/ )

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Selected stories from this issue of Wisconsin Week ...



(issue on Web at http://www.news.wisc.edu/wire/i022499/ )

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*Front Page*

UW RESEARCH FUELS GROWTH IN SPIN-OFF, STARTUP COMPANIES

Research at the university has fueled a swift rise in new technology-based business ventures in Wisconsin over the past five years, according a new study of spin-off and startup companies.

(Full story in Wisconsin Week, page 1)
http://www.news.wisc.edu/wire/i022499/tech.html

CAMPUS TOLD OF DISABILITY REQUIREMENTS
Complaints from several students with disabilities has prompted university officials to issue a policy related to classroom accommodations for students with disabilities. The policy, distributed widely across campus, reminds students and instructors that tables, chairs and other equipment provided for students with disabilities must not be utilized for other uses in classrooms.
(Wisconsin Week, page 1)
http://www.news.wisc.edu/wire/i022499/access.html

UW EXPERT WORKS TO UNCOVER BIAS IN MEDICINE
A new study on race and medicine may sadden and anger UW Medical School's Vanessa Northington Gamble, but it doesn't surprise her. Professionally and personally, she knows all too well that skin color and cultural background figure in medicine, as in every other aspect of American life.
(Wisconsin Week, page 1)
http://www.news.wisc.edu/wire/i022499/gamble.html

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*Profile: Larry Edgerton*

STAFFER USES ARTS TO INTRODUCE THE ACADEMIC EXPERIENCE
Larry Edgerton, a senior developmental skills specialist and writing instructor in the College of Letters and Science, uses music and other arts to give wing to the thoughts of the students he teaches in the Summer Collegiate Experience, a program that gives about 30 incoming minority freshmen an intense eight-week taste of college life.
(Wisconsin Week, page 4)
http://www.news.wisc.edu/wire/i022499/ledg.html

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*Features*

FACULTY, MUSEUM TEAM UP FOR A DAY OF DISCVOERY
Amid the recreated rain forests, ancient city streets and Egyptian temples of the Milwaukee Public Museum, nearly two dozen people brought another exotic world to life: UW-Madison research.
(Wisconsin Week, page 16)
http://www.news.wisc.edu/wire/i022499/whywow.html

150 YEARS:
EMERITUS PROF COLLECTS IMAGES OF UNIVERSITY HISTORY
You can take quite a trip through UW-Madison history by looking at the postcard collection of Herbert Kliebard, professor emeritus in the School of Education. Since the 1960s, he's been collecting historical postcards of Madison and the university, most of them between 1905 and the 1920s.
(Wisconsin Week, page 5)
http://www.news.wisc.edu/wire/i022499/postcard.html

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*Issues*

MADISON INITIATIVE HIGHLIGHTS GOVERNOR'S BUDGET RECOMMENDATIONS
Gov. Tommy Thompson's 1999-2001 biennial budget recommendations include a plan to boost UW-Madison funding over four years through a public-private funding effort.
(Wisconsin Week, page 7)
http://www.news.wisc.edu/wire/i022499/budget.html

UNIVERSITY TO TAKE TOUGH STANCE ON SWEATSHOP LABOR
The university will push for a tougher code of conduct for companies that produce university-licensed products as a result of an agreement between Chancellor David Ward and students.
(Wisconsin Week, page 15)
http://www.news.wisc.edu/wire/i022499/clccode.html

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*Learning*

MED SCHOOL PREPARES DOCTORS FOR PRACTICE IN MANAGED CARE
Most of tomorrow's physicians will find themselves working in some type of managed care setting, and the Medical School plans to ensure that doctors of the future are prepared to work in new practice environments.
(Wisconsin Week, page 8)
http://www.news.wisc.edu/wire/i022499/med.html

EDUCATION TUTORING PROGRAM EXPANDS IN MADISON
The SHAPE tutoring program in the School of Education has more than doubled its enrollment and expanded to an additional site in Madison's schools.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/i022499/shape.html

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*Research*

FEDERAL PROPOSAL WOULD REQUIRE DISCLOSURE OF RAW DATA UPON REQUEST
A looming change to a federal administrative provision could put one of academic science's most precious assets -- raw research data -- up for grabs.
(Wisconsin Week, page 6)
http://www.news.wisc.edu/wire/i022499/data.html

SATELLITE LASER TO TAKE THE PULSE OF WEST ANTARCTIC ICE SHEET
By shining a laser from space onto the Antarctic and Greenland, scientists may soon peel away some of the mystery surrounding the fate of the massive ice sheets that, through natural fluctuation or human-induced climate change, could drastically alter the levels of the world's oceans.
(Wisconsin Week, page 6)
http://www.news.wisc.edu/wire/i022499/icesat.html

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*Campus News*

ACADEMIC STAFF TO ELECT EXECUTIVE COMMITTEE
In mid-March, the university's 5,800 academic staff employees will elect three members to ASEC, the body that runs the Academic Staff Assembly's day-to-day operations and is the equivalent to the Faculty Senate's University Committee.
(Wisconsin Week, page 8)
http://www.news.wisc.edu/wire/i022499/asec.html

STUDENT REGISTRATION SYSTEM ADVANCES ANOTHER STEP
UW-Madison is making a major investment in information with a new $12 million student records system that organizers say will increase the access to and processing of information for students and staff.
(Wisconsin Week, page 8)
http://www.news.wisc.edu/wire/i022499/isis.html

NINE FACULTY RECEIVE MID-CAREER AWARDS
Nine professors have received prestigious Mid-Career Awards designed to provide a financial boost to faculty during what is often the most productive phase of their careers.
(Wisconsin Week, page 2)
http://www.news.wisc.edu/wire/i022499/midcareer.html

NEWSMAKERS
Two doctors with the Comprehensive Cancer Center are recognized by Good Housekeeping magazine; family specialist Mary Brintnall-Peterson on grandparents who have to raise grandchildren; communications professor Joanne Cantor on lasting effects of the impeachment scandal on families; and law professor Walter Dickey on solutions to stem prison overcrowding.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/nm.html

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*On Campus*
(Events calendar: http://calendar.news.wisc.edu )

LECTURES TO EXAMINE ISSUES OF JEWISH IDENTITY
Jewish identity in America owes much to the influence of memory, food and music, among other elements. How that identity was forged and plays out today will be the focus of this spring's Jewish Heritage Lecture series, sponsored by the Center for Jewish Studies.
(Wisconsin Week, page 9)
http://www.news.wisc.edu/wire/i022499/jhls.html

STAGING 'BACCHAE' THRILLS STUDENT DIRECTOR
Jeremy Kamps, a senior majoring in English who is assistant director of the University Theatre's production of "The Bacchae," is collaborating with two Nigerian theatrical stars-in-residence in the Department of Theatre and Drama.
(Wisconsin Week, page 10)
http://www.news.wisc.edu/wire/i022499/bacchae.html

SHALALA TO SPEAK ON ETHICS OF MANAGED HEALTH CARE
Donna E. Shalala, secretary of the U.S. Department of Health and Human Services, will be the keynote speaker at a symposium on ethical issues involved in managed health care to be held on campus Thursday, March 25.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/i022499/shalala.html

SCIENTIST, AUTHOR TO LECTURE ON HOW THE MIND WORKS
Scientist and author Steven Pinker will present a free public lecture on how the mind works as the second speaker in a lecture series presented by the neuroscience training program.
(Wisconsin Week, page 3)
http://www.news.wisc.edu/wire/i022499/pinker.html

Med - Comp Cancer Center

## Milestones

### Thomas J. Higgins, electrical engineering, dies at 87

Longtime electrical engineering professor Thomas J. Higgins, 87, died Sept. 11 at home.

During his 34 years at UW-Madison, Higgins was known for his devotion to teaching, his dedication to training future engineers, and for his achievements in research, including more than 200 papers in major journals.

But he denied being an expert. "I'm just another hardworking professor," he said in 1982, when he technically retired and moved to emeritus status.

Higgins supervised 142 master's theses and 55 doctoral dissertations during his teaching career. Previously, he had taught at Illinois Institute of Technology and Purdue and Tulane universities.

Born in Charlottesville, Va., Higgins earned his electrical engineering degree from Cornell University in 1932 and his master's degree in mathematics in 1937. He received his doctorate in electrical engineering from Purdue in 1941.

Experienced in industry as well as education, Higgins edited at least 120 textbooks in electrical engineering and related areas for publishing companies.

A member of 33 professional and cultural societies, his favorite area of research was the history of technology and physical sciences. Recently, he even helped the UW-Madison sesquicentennial committees.

Higgins is survived by his wife, Mary Ellen Roach Higgins, a professor of textiles and clothing; a daughter, Janet, a professor of art at Middle Tennessee State University; a son, James, an electrical engineer for Boeing; and a brother, Francis, of Lockport, N.Y. Funeral services were held Sept. 14. ■

### 'Kids with Courage' organizers issue book, create web site

Campus organizers of the Labor Day weekend "Kids with Courage" reunion for childhood cancer survivors want to share the reunion magic with others facing cancer.

A soft-bound book, *Kids with Courage: Thoughts and Stories About Growing Up With Cancer* features 90 stories by and about children with cancer, is available from The Wisconsin Clearinghouse, (800) 322-1468.

And a web site, (www.outlook-life.org) allows young survivors to create their own web page to share cancer-related stories and poems, or describe the impact of the disease to themselves, their families and their friends. It also features information on immediate and long-term issues resulting from childhood cancer. It was featured in the Sept. 8 list of *USA Today* "Hot Sites."

About 750 people from 10 states attended the "Kids with Courage" reunion for childhood cancer survivors over the Labor Day weekend. The gathering celebrated individual victories and the collective progress of 25 years of research, treatment, education and outreach by the faculty and staff of the UW-Madison Comprehensive Cancer Center. ■

### Handelsman to get Cabinet 99 recognition award


Jo Handelsman

Jo Handelsman, a professor in the UW-Madison plant pathology department, will receive the first Recognition Award by Cabinet 99, a Wisconsin Alumni Association-sponsored initiative. The $10,000 award is presented to a faculty or staff member in recognition of professional achievement and extraordinary commitment to furthering the status of women at the university.

Presentation of the award is scheduled at a luncheon Oct. 23, during the group's third national symposium, held Oct. 22–24. CBS correspondent Rita Braver, a 1970 UW graduate, will be the keynote speaker.

Professor Thomas German, chair of the plant pathology department, says: "Professor Handelsman is an outstanding scientist, educator, and leader in the academic community. She has earned the respect of all her colleagues and provides a particularly positive role model for women in science."

Tickets for the luncheon are $10 for students and $20 for faculty and staff. Symposium tickets are $70 for all UW-Madison students and employees. For information, contact Cabinet 99 at 265-8768, cabinet99@macc. wisc. edu. ■

## On campus

### Poet Karla Kuskin to deliver first Zolotow lecture

Karla Kuskin will deliver the first annual Charlotte Zolotow Lecture Oct. 1 at 7:30 p.m. in the Wisconsin Union Theater.

Highly acclaimed for her children's poetry, Kuskin received the National Council of Teachers of English Award for Excellence in Poetry in 1979. Her many books for children include *Dogs & Dragons, Trees & Dreams* (Harper & Row, 1980), *The Philharmonic Gets Dressed* (Charlotte Zolotow/Harper & Row, 1988), *The Upstairs Cat* (Clarion, 1997), and *The Sky Is Always in the Sky* (HarperCollins, 1998).

Established this year, the lecture was named to honor Charlotte Zolotow, a distinguished children's book editor for 38 years with Harper Junior Books. Zolotow wrote more than 65 books, including such classic works as *Mr. Rabbit and the Lovely Present* (Harper, 1962) and *William's Doll* (Harper, 1972).

Zolotow attended UW-Madison on a writing scholarship from 1933-36 where she studied with professor Helen C. White.

The Cooperative Children's Book Center, a library of the School of Education, administers the event, which each year will bring a distinguished children's book author or illustrator to the campus to deliver a free public lecture.

Prior to Kuskin's lecture, the first annual Charlotte Zolotow Award for outstanding writing in a picture book will be presented to Vera B. Williams for *Lucky Song* (Greenwillow).

For information, contact Kathleen T. Horning, Cooperative Children's Book Center, 263-3930, khorning@facstaff.wisc.edu. ■

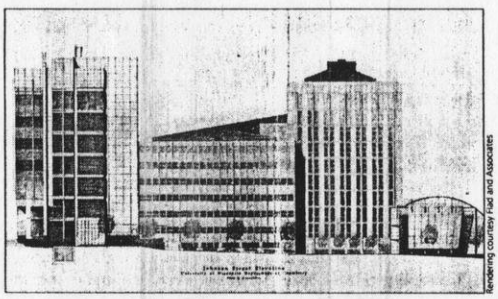
### UW band joins with 'very special' musicians

The nation's only collaboration between a university band, Very Special Arts musicians and high school peer coaches will provide the musical equivalent of a half-time hurricane when the football Badgers engage Northwestern at Camp Randall Sept. 26.

Over the summer, high school students from communities including Medford, Verona, Wisconsin Rapids, Oregon, Sun Prairie, Portage, Merrill, West DePere, Mosinee and more have been rehearsing with their partners, participants in Wisconsin's Very Special Arts Program. In addition to the half-time band performance, Very Special Arts choirs from around the state will open the game by singing, and interpreting in sign language, the national anthem.

Since 1985, the nonprofit VSA-Wisconsin has been expanding artistic horizons in dance, drama, creative writing, the visual arts and all kinds of music for persons with disabilities.

For more information about the event, contact Heather Pingel at VSA-Wisconsin, 241-2131. Game tickets are available through the UW Athletic Department ticket office, 262-1440. ■


Rendering courtesy Flad and Associates

### Public/private partners support Chemistry project

A capital project years in the making took a step forward Sept. 16 when ground was officially broken for construction of a seven-story addition to UW-Madison's chemistry facilities.

A new research tower, scheduled for completion in slightly more than two years, will be linked to the Mathews Chemistry Building at the corner of Johnson and Charter streets. A new 120-seat seminar hall will adjoin the Daniels Chemistry Building at the corner of Johnson and Mills streets.

Much of the existing buildings, constructed in the 1960s, will be renovated following construction of the tower, which will house synthetic chemistry research laboratories, chemical instrumentation and departmental offices.

A public/private partnership involving the university, state and federal governments, industry, alumni and friends will provide funding for the project. The result will enhance safety, increase collaborative efforts among faculty, staff and students, and improve the university's ability to recruit and retain outstanding students and faculty.

Contributing to the $38.9 million project are the state of Wisconsin, $17 million; the UW Vilas Trust, $13 million; the UW-Madison, College of Letters and Science and UW Foundation, $3.3 million; the Department of Chemistry through a gift fund endowment, $2 million; friends, faculty and alumni of the department, $500,000; the National Science Foundation and National Institutes of Health, $2.6 million; and the Dow Chemical Company, $500,000.

Leading donors among alumni and friends include C.V. Wittenwyler, Chapel Hill, N.C.; Clifford J. Burg, Appleton; Elizabeth S. Hirschfelder, Madison; and Irving Shain, Madison, emeritus professor of chemistry and former UW-Madison chancellor.

Flad and Associates is the project architect. The engineer is Affiliated Engineers, Inc. The general contractor is J.P. Cullen and Sons, Inc., of Janesville. ■

## NEWS MAKERS

**INDICT CLINTON?**
Law professor Frank Tuerkheimer recently briefed members of the U.S. Senate Judiciary Committee on the prospect of indicting a sitting president. He told members of a subcommittee that indicting a president while still in office would bypass the constitutional role of Congress.

"The power to remove the President should remain in the hands of the nation's elected representatives, not in the hands of appointed prosecutors, judges or juries of 12," he said.

Tuerkheimer, a former U.S. attorney and former associate special prosecutor for the Watergate Special Prosecution Force, spoke on one of two panels before the committee's Constitutional Law subcommittee in Washington, D.C.

The panels were established in the wake of Independent Counsel Kenneth Starr's investigation of President Bill Clinton. Starr's probe focused on allegations of obstruction of justice and perjury concerning Clinton's relationship with former White House intern Monica Lewinsky. Starr delivered his report to Congress Sept. 9.

**FORGIVE CLINTON?**
As President Clinton is asking forgiveness from several quarters, a faculty member's research specialty — forgiveness — has drawn national attention.

Robert Enright, professor of educational psychology, has pioneered in the field of forgiveness. His trailblazing work, in combination with President Clinton's troubles, has made Enright a media magnet. Recent media hits have included NBC Nightly News, CBS Radio, All Things Considered on National Public Radio, Wall Street Journal, Philadelphia Inquirer, Dallas Morning News and Prevention Magazine.

"We need to realize that forgiveness and justice can and do exist side by side," says Enright. "People who are angry about President Clinton's behavior can forgive him, but justice is in the hands of Congress and the courts."

In 1994 Enright founded the International Forgiveness Institute (www.forgiveness-institute.org), a clearinghouse of information on forgiveness. This year his edited book, Exploring Forgiveness, was published by the University of Wisconsin Press.

**SPACE ON THE SHELVES**
UW-Madison technology that has traveled from outer space to the nation's grocery stores drew attention from CNN's Science and Technology Week Sept. 12.

UW-Madison Engineer Marc Anderson has developed and patented a device that can rid enclosed spaces of ethylene, a chemical naturally produced by plants which, in high concentrations, causes unchecked spoilage.

Originally designed to keep plant growth experiments alive aboard the NASA space shuttle, the technology is being marketed nationally to grocery stores, with the hopes of extending the shelf life of fruits, vegetables and cut flowers.

For more on UW-Madison's news makers, visit: http://www.news.wisc.edu/wire/nm.html

# UW biochemist solves iddle of collagen stability

n Mattmiller

UW-Madison research team has overturned a central theory about the stability of collagen, a protein that acts like a "sol- to give the body its structure and shape.

new explanation of the phenomenon, published April 16 in the rnal *Nature*, could expand the potential of collagen in treating ous disease, healing wounds and repairing damaged organs, UW-Madison biochemist Ron Raines. It also holds promise ding new treatments for arthritis, the most serious collagen- d disorder.

We have essentially shown the way to create a stronger gen that would not be as susceptible to breakdown in body," Raines says. "This research marks a fundamen- ange in how we understand the structure and stability llagen."

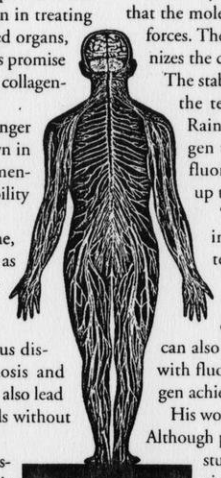
ollagen is an abundant protein found in skin, bone, ilage and tendons. It forms strong fibers and serves as nective tissue between cells. If scientists can devel- more stable collagen for human use, important ical therapies would be possible, Raines says.

ollagen breakdown is at the heart of many serious dis- such as arthritis, brittle bones, lupus, cirrhosis and ncers. Providing a stronger source of collagen could also lead velopment of a natural "solder" that heals wounds without or can strengthen frail bones.

ost people have heard of collagen in the realm of cos- surgery, where a purified form of bovine collagen is to provide fuller lips or smooth away wrinkles. But e improvements don't last, Raines says, because the rial starts breaking down after a few months.

ollagen loses its stability over time by actually unrav- at the molecular level, which makes it susceptible to mes that cause it to degrade. The aging process or tic abnormalities can cause this unraveling to occur, es says.

bout 25 years ago, biochemist Darwin Prockop cked some of the first clues to the molecular stability of colla- He found that the hydroxyl (or water-like) groups found in gen greatly increased the stability of the collagen triple helix. prevailing explanation has been that "bridging water molecules" ps hold the triple helix together.



Some scientists have posited that if the body were stripped of everything except collagen, it would maintain essentially the same form.

In 1994, scientists showed for the first time that those water bridges are present in collagen. But Raines' research team was skeptical of that explanation, since it would require seemingly too much order. Raines said the body would have to immobilize about 500 water molecules for every triple helix of collagen.

Raines' lab replaced the hydroxyl groups in collagen with fluorine, an atom that cannot form hydrogen bonds. The result was a dramatic increase in collagen stability.

Raines says the new explanation is based on an inductive effect – that the molecules are organizing themselves through electrostatic forces. The fluorine atoms are soaking up electrons, which organizes the collagen chains into a highly stable triple helix.

The stability of collagen is measured by its "melting point," or the temperature at which the strands begin to unravel, Raines says. In Prockop's experiment, he produced collagen that was stable at up to 58 degrees Celsius. But the fluorine-laced collagen in Raines' lab remained stable at up to 91 degrees, or 196 degrees Fahrenheit.

"This would make collagen of much greater value in biotechnology, because it would not degrade at temperatures so close to those of the human body," Raines says.

Raines' research, funded by the National Institutes of Health, will now turn to whether natural collagen can also be strengthened. Natural collagen cannot be treated with fluorine, but there likely are ways to make natural collagen achieve similar stability.

His work is also being supported by the Arthritis Foundation. Although prospects are well in the future, medical researchers are studying whether collagen replacement therapy could alleviate some of the damage caused by arthritis.

"In arthritis sufferers, the body's immune system is tricked into thinking its own collagen is a foreign entity that must be destroyed," Raines says. "That process might be triggered when collagen begins to unfold."

Collagen therapy could work much like bone or skin grafting, where new material replaces the lost or damaged tissue, he says. Some early, experimental studies are also looking at collagen as a raw material for heart valve or vessel repair, in reconstructing damaged cartilage or ligaments, and for corneal grafts.

Its sheer abundance in the body makes it an exciting and important area for medicine, Raines says. Some scientists have posited that if the body were stripped of everything except collagen, it would maintain essentially the same form. ■

# Researchers track energy oss in superconducting

an Mattmiller

High-temperature superconducting materials have almost limitless potential but e often less "super" in real performance, ce they lose as much as 95 percent of the rrent running through them.

A UW-Madison experiment has found surprising contributor to this energy sink pinpointing tiny defects that clog electical flow through the wires.

The study, published in the journal *ature*, provides promising evidence that ne of high-temperature superconductivity's iggest obstacles can be overcome. The nswer lies in devising new manufacturing ethods to eliminate the flaws.

"What is absolutely critical to high-temerature superconductivity's future is aking better, more efficient conductors hich have improved current flow," says avid Larbalestier, senior author of the udy and director of UW-Madison's pplied Superconductivity Center.

Larbalestier notes that today's materials ave a critical-current density — or total olume of current that reaches its destinaon — of only about one-fourth to ne-tenth of their potential.

"Unchecked damage during the produc- on of these materials is a major barrier to rrent flow," he adds. "This experiment rovides a map of what to do next to imrove high-temperature superconductivity."

Superconducting materials have the ability to conduct electricity with no loss of energy. It was first demonstrated more than 80 years ago that some materials cooled to almost absolute zero will lose all resistance to electricity. Absolute zero is zero degrees Kelvin or minus 460 degrees Fahrenheit.

Since 1986, the field has been energized by a flurry of discoveries of materials that superconduct at higher temperatures — a full 100 degrees "warmer." But the problem has been getting these materials to conduct energy efficiently across long wires.

While the race to achieve superconductivity at higher temperatures grabs most of the popular attention, Larbalestier says superconducting temperatures are high enough now to be commercially useful. The greatest hurdle remains improving the current density by manufacturing more efficient materials.

Larbalestier says superconducting current has a tendency to percolate through materials, rather than sailing through unimpeded, resulting in huge losses of energy. "One of the tricks of the technology has been to explain and understand this problem of percolation," Larbalestier says.

The Applied Superconductivity Center is in a unique position to study the problem by using a novel technology called magneto-optical imaging. Developed and patented by ASC scientist Anatolii Polyanskii, the device allows researchers to literally create a visual image of current flow and barriers through microscopic filaments of superconducting material.

Larbalestier says the research found that much of the energy loss comes from two sources. Some current is blocked by grain boundaries made when the material is crystallized. But an even larger "limiting factor" are the man-made defects introduced by the manufacturing process.

The research team tested one of the best samples of superconducting "tape" on the market, made by American Superconductor Corporation in Massachusetts. The tape is about 2 millimeters thick, and filled with 85 filaments only a few microns thick. Electric current passes through this honeycomb of tiny wires.

ASC scientist Cai Xue-Yu tested individual filaments extracted from these tapes and revealed cracks that were once invisible to scientists. Larbalestier says that cracks are difficult to eliminate completely from manufacturing, but this research points directly to new fabrication techniques to reduce the problem.

The current state of the technology is "marvelous but crude," he says, and its potential is enormous. Efficient superconducting wires could replace copper wire and provide 10 times the energy density of copper. The advances could solve problems associated with power industry deregulation by bringing more efficient power cables into city centers and placing transformers inside buildings instead of outside in power centers. ■

# Teaming up to fight cancer

## Two centers plan to merge efforts

Dian Land
Health Sciences Public Affairs

With a renewed federal grant and the foundation for consolidation with the UW Comprehensive Cancer Center, the McArdle Laboratory for Cancer Research is poised for the new millennium.

"We are very optimistic," says Norman Drinkwater, McArdle's director. "Recent advancements and current technology make this a very exciting time to do research."

The McArdle Laboratory has been funded as a National Cancer Institute "center" for nearly 35 years. NCI recently renewed the funding, providing $7.1 million for core resources during the next three years. McArdle's funding for two investigator research grants, totaling more than $15 million for five years, will also be renewed.

In 2001, McArdle and the UWCCC will join forces under one banner, meshing administrative and support capabilities and sharing common strategic goals. John Niederhuber, UWCCC's director, is spearheading the move to consolidate.

"The McArdle Laboratory is a major factor in our continuing commitment to making cancer research one of our highest strategic priorities," says UW Medical School Dean Philip Farrell. "We will benefit greatly from the carefully planned merger of these two outstanding entities."

When Harold Rusch founded McArdle in 1940, it was the first U.S. academic center devoted solely to basic cancer research. His vision also resulted in the 1973 creation of the UWCCC.

"By bringing McArdle's research strength into closer alignment with the talents of our clinical and research faculty, we expect to make the world-class Wisconsin initiative even better," says Niederhuber.

Over the years, McArdle faculty have discovered how environmental carcinogens start cellular changes that produce tumors. They developed the drug 5-FU, a commonly prescribed anti-cancer agent, and identified the Nobel Prize-winning phenomenon known as reverse transcription. McArdle also has earned a reputation as an outstanding training facility.

"Excellence in research has always been a top priority for us, but we are equally committed to educating the next generation of first-rate scientists," says Drinkwater, noting that McArdle's NCI training grant for doctoral students is the largest in the nation. McArdle alumni now hold positions at academic and research institutes around the world and have made key discoveries, such as finding a gene for breast cancer and isolating the gene for the dioxin receptor, he adds.

As the home of UW Medical School's department of oncology, McArdle has a culture of its own. The 200 faculty, students and staff members work closely in a communal environment near center of campus, where strong connections to all basic science departments at the university have been forged. From its UW Hospital base, the UWCCC involves a large pool of member investigators from other departments across campus.

Plans to consolidate the two centers began three years ago. With NCI grants now complete, the focus will be on identifying common research objectives. ■

Med
CCC

FOR IMMEDIATE RELEASE 4/20/98
CONTACT: Colin Jefcoate, (608) 263-3975

NEW FEDERAL TOXICOLOGY CENTER AWARDED TO UW-MADISON

MADISON - A new national Center in Developmental and Molecular Toxicology has been awarded to the University of Wisconsin-Madison for the next four years.

Funded by the National Institute of Environmental Health Sciences (NIEHS) - and one of a network of 26 in the country - the center will focus on the basic processes through which environmental agents cause disruption to animal development. The NIEHS award is for roughly $3 million over four years.

The center will concentrate its research on how environmental chemicals affect the human body. Many environmental agents, such as infections, pollutants, pharmaceutical agents, alcohol and smoking, have been linked to birth defects, cancer and a host of other health problems.

Colin Jefcoate, a pharmacology professor in the UW Medical School, will leave his current position as director of UW-Madison's Environmental Toxicology Center (ETC) to lead the new center. Richard Peterson, a professor in the School of Pharmacy, will serve as associate director.

Jefcoate is an expert on processes by which environmental chemicals are activated in the body into more toxic and carcinogenic forms. Peterson has an international reputation for his research on how Dioxin disrupts developmental processes.

The NIEHS center brings together extensive expertise at the UW-Madison campus. Specialists in developmental and reproductive biology are teamed with researchers who study the disruption to animal development by environmental agents and with health practitioners. Part of this collaboration includes a partnership with the UW Comprehensive Cancer Center to study early life environmental impacts on breast cancer.

On the national level, the center will be a part of the NIEHS extramural program and a network of other NIEHS centers sharing information. It is also building connections to other centers and departments on campus to best utilize the wealth of knowledge available here.

Center funding will be made available to researchers working to better understand disruption to animal development by environmental agents. In addition, the NIEHS center will fund efforts to communicate the basic concepts of environmental toxicology to K-12 schools and the general public.

For more information, contact Pat Dyjak at (608) 263-5557, or email at prdyjak@facstaff.wisc.edu.
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## Issues

### Academic-staff mentoring gains favorable reviews during first year

Still in its first year, the Academic Staff Mentoring Program is already a success, organizers say, and participants are being recruited for the pilot project's second year.

The mentoring program was established last spring as a way to develop more relationships, reduce isolation and encourage more involvement in shared governance among UW-Madison's 5,000 academic staff members.

Forty-eight pairs of staff members and mentors were matched for the program's first year, says Jean Meyer Buehlman, chair of the program's advisory committee.

"We've done an assessment of the participants, and the report is that the program is very successful," says Meyer Buehlman, an instructional program manager in the Department of Physics.

Staff members who were paired with mentors say they feel more connected to the university and appreciate the expanded networking opportunities, Meyer Buehlman says. Mentors say they are grateful for the opportunity to share their institutional knowledge, establish new relationships and gain fresh perspectives on the university, she adds.

"We're making a community out of the university, instead of little villages," says Char Tortorice, member of the mentoring advisory committee and associate director of testing and evaluation services.

The mentoring program has even garnered attention from outside the university. Meyer Buehlman says academic staff from the University of Colorado, the Massachusetts Institute of Technology and the University of Minnesota have contacted UW-Madison for more information about the program.

The deadline to apply for the program's second year is March 25. The advisory committee will match staff members with mentors and is still deciding how many pairs to establish. Staff members are expected to set their own goals for the relationship and meet at least two hours a month.

Applications and information about the program are available via the Internet at http://www.physics.wisc.edu/people/mentor/, or by contacting Steve Myrah, secretary of the academic staff, at 263-2985 or myrah@mail.bascom.wisc.edu. ■

### Drink up Union now selling water that fights breast cancer

Drinking water can be good for your health, and now drinking water at one of UW-Madison's Union cafeterias can be good for the health of others.

The Wisconsin Union is now serving bottled water from the Silver Creek Bottling Company in an effort to support breast cancer research. Silver Creek will donate a portion of each sale to the Breast Cancer Fund, a nonprofit organization founded by two-time breast cancer survivor Andrea Martin in 1992.

Money raised will support organizations nationwide that promote research, education, patient support and advocacy relating to the disease, such as the UW Comprehensive Cancer Research Center. The center has received $22,000 from the fund for pre-clinical research on a possible anti-breast-cancer compound derived from rainforest trees.

In its first four years, the fund raised over $2 million for breast-cancer research.

The non-carbonated, bottled spring water is available at all Wisconsin Union restaurants, delis and retail units in Memorial Union, Union South, Grainger Hall, Ingraham Hall and the Medical Sciences Building. ■

## Research

### UW prof assists national effort to curb Hispanic dropout rate

National attention is often the prelude to a national solution, and the high dropout rate among Hispanic students got a lot of attention at a recent Washington press conference.

Standing on the podium with Vice President Al Gore and Secretary of Education Richard Riley was Walter Secada of the School of Education faculty. Secada is the senior author of a report on the Hispanic dropout rate released by Gore and Riley called "No More Excuses."

In 1994 the overall dropout rate for Hispanics was more than double the rate for African-Americans and nearly quadruple that of non-Hispanic whites, the study found. Nearly one in five U.S. Hispanics between 16 and 24 who ever enrolled in a U.S. school left without either a high school diploma or an alternative certificate, such a[illegible]GED.

Hispanics now [illegible] nation's school-[illegible] become the larg[illegible] United States by [illegible]

"The problem [illegible] can be solved," says Secada.

"But first you must say it's a problem, and Vice President Gore and Secretary Riley did that at the press conference."

The Clinton administration wants to couple money with their concern about Hispanic dropouts. Officials have unveiled a Hispanic education plan that includes $66 million to train 20,000 teachers over five years to more effectively work with children with limited English skills. It also proposes spending $30 million to help schools with high dropout rates.

Secada led a panel of experts in producing "No More Excuses" at the request of U.S. Sen. Jeff Bingaman (D-N.M.). The report did point out problems in the schools but also looked at what others can do to help schools. For example, it asks the business community to support

Wisconsin Week
February 25, 1998

### HONORED

**Arnold Alanen**, professor of landscape architecture, **Sharon Elaine Hutchinson**, associate professor of anthropology, and **Brenda Gayle Plummer**, professor of Afro-American studies, have received support grants from the University of Wisconsin System Institute on Race and Ethnicity.

**Nicola Ferrier**, assistant professor of mechanical engineering; **Catherine Marler**, assistant professor of psychology and zoology; **Gail Robertson**, assistant professor of physiology; and **Mark Suchman**, assistant professor of law and sociology, have received 1997 Faculty Early Career Development Awards from the National Science Foundation.

**John D. Folts**, professor of medicine and director of the Coronary Artery Thrombosis [illegible]vention Laboratory at UW [illegible] was one of 16 scientists [illegible] world invited to speak at [illegible] Research Conference in [illegible]

History Professor **Stanley K. Schultz's** American History 102 Web site, produced by Broadcast Specialist **William Tishler**, received the "Madonna Award for Best-Dressed Course" in a study of the best- and worst-designed Web courses published in the fall issue of *Distance Education*.

### APPOINTED

**Tim Bald**, compliance coordinator for athletics at Iowa State University, has been named compliance coordinator for the Athletic Department, effective March 16.

Health Sciences Public Affairs Department
University of Wisconsin-Madison
758 WARF Building
610 Walnut Street
Madison, WI 53705

Phone: (608) 262-6343
Fax: (608) 263-6394

FOR IMMEDIATE RELEASE
Date faxed: Aug. 20, 1997

Contact: Scott Hainzinger
608/263-3223

## WEEKEND FORUM OFFERS RARE LOOK AT CANCER AND ITS TREATMENT
### UW Health slates public cancer forum at Monona Terrace Aug. 23

What do cancerous cells look like?

*What rewards have we reaped from America's cancer research program?*

Where can I quickly obtain current information about cancer and its treatment?

**How do our relatives' experiences with cancer affect our risk for the disease?**

What Aug. 23 event in Madison provides an inside look at cancer research and treatment and a look inside the city's hottest new gathering spot: the Monona Terrace Community & Convention Center?

MADISON—"Cancer Hope/Cancer Health," a free public event from noon to 4:30 p.m. Saturday, Aug. 23, at Monona Terrace provides answers to these and other questions by bringing cancer—and cancer experts—center stage.

The event, featuring a 30-booth cancer resource fair from noon to 4:30 p.m. and an all-star informational program from 1-3 p.m., gives people an opportunity to learn more about a disease expected to affect one in three Americans during their lifetimes.

The "Cancer Hope" informational program features an update on U.S. cancer research by National Cancer Institute Director Dr. Richard Klausner, a discussion of cancer risk when family members have cancer by UW Medical School cancer specialist Dr. Julian Schink and clinical genetic counselor Joanne Becker and remarks by Wisconsin First Lady Sue Ann Thompson and other cancer survivors, including retired minister Richard Ames of Racine, mountain climber Sara Hildebrand of Neenah and law professor Martha "Meg" Gaines of Madison.

-more-

The Cancer Health fair, from noon to 4:30 p.m., features people on the front lines of cancer hope: researchers, health professionals, survivors, support groups and advocates. Among the 30 exhibit and demonstration booths are a rare big-screen look at cancerous cells, an opportunity to talk with Madison-based cancer information specialists who answer more than 1,300 telephone calls each month from Midwest residents, as well as a score of UW cancer experts/researchers and representatives of several local cancer support groups.

The event is sponsored by the UW Comprehensive Cancer Center, the Dolores Buchler Women's Health Education Project, UW Medical School Department of Obstetrics and Gynecology, and UW Hospital and Clinics.

This program, which is free and open to the public, also features the music of Madison gospel/rhythm trio "Khemistry" and dulcimer player Gloria Hays. For information, contact event coordinator Linda Jameson at 608/263-7519.

# # #

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Phone: (608) 262-6343
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Date faxed: Aug. 22, 1997

NOTE TO ASSIGNMENT EDITORS & HEALTH REPORTERS

Contact: Scott Hainzinger, 608/263-3223 or via pager: 275-5027 (8/22-28 only)

# "Cancer Hope/Cancer Health"

**A community forum and cancer resource fair**
**Saturday, Aug. 23—Noon to 4:30 p.m.**
**Monona Terrace Community and Convention Center—Madison Ballroom**
**One John Nolen Drive, Madison**

This free public event celebrates the 25th anniversary of the National Cancer Act, the federal legislation that provided a blueprint for accelerated U.S. cancer research and for the birth of the UW Comprehensive Cancer Center in 1973.

The event provides several coverage opportunities:

- A 30-booth cancer resource fair includes a rare big-screen look at cancerous cells, interview opportunities with folks at both ends of the cancer researcher spectrum—basic scientists who pursue promising ideas and patients who benefit from new discoveries, and a chance to talk with Madison-based cancer information specialists answering hundreds of calls each week from Midwest residents. (Noon to 4:30 p.m.)

- Keynote remarks by National Cancer Institute Director Dr. Richard Klausner, the scientist responsible for keeping the president up to date on the progress of cancer research and treatment. (1:15-1:35 p.m.)
  Dr. Klausner may be able to accommodate a few interviews mid-morning Saturday. Call Scott, 263-3223 or 275-5027, for information.

- How is your risk of cancer affected when one or more of your family members have cancer? UW Medical School experts Dr. Julian Schink and Joanne Becker will explain the influence of genetics on cancer. (1:35-2:05 p.m.)

- What do cancer survivors have to say about the progress of research? Attendees will hear from Wisconsin First Lady Sue Ann Thompson and other cancer survivors, including retired minister Richard Ames of Racine, mountain climbing grandmother Sara Hildebrand of Neenah and law professor Martha "Meg" Gaines of Madison. (2:05-2:45 p.m.)

- What role has Wisconsin played in the national cancer effort?
  Dr. John Niederhuber, the former Stanford surgeon and scientist who came to Madison last month to direct the UW Comprehensive Cancer Center, will answer that question and outline the future of cancer research here. (2:45-3 p.m.)

Wisconsin IDEAS

September 1997

# Cancer Centers to Join Talents

*Consolidation to enhance basic and clinical research, training of researchers and physicians, patient treatment and care*

By Jonathan Henkes

In the war against cancer, a quiet revolution is occurring on the Wisconsin front. It holds the promise of enhancing UW-Madison's long-standing role as a leading research, training, and clinical care institution devoted to reducing the deadly disease.

By 2001, the McArdle Laboratory for Cancer Research and the UW Comprehensive Cancer Center (CCC) will merge in a reorganization effort that is potentially as significant as their respective impacts on the field of cancer research and patient care. Discussion of the need to consolidate the UW's two nationally recognized cancer centers began nearly four years ago.

Currently, UW-Madison is the only campus in the country with two distinguished cancer centers approved and funded by the National Cancer Institute (NCI).

The McArdle Lab is the first basic science cancer center in an academic institution in the U.S. and one of the first in the world. It boasts a number of

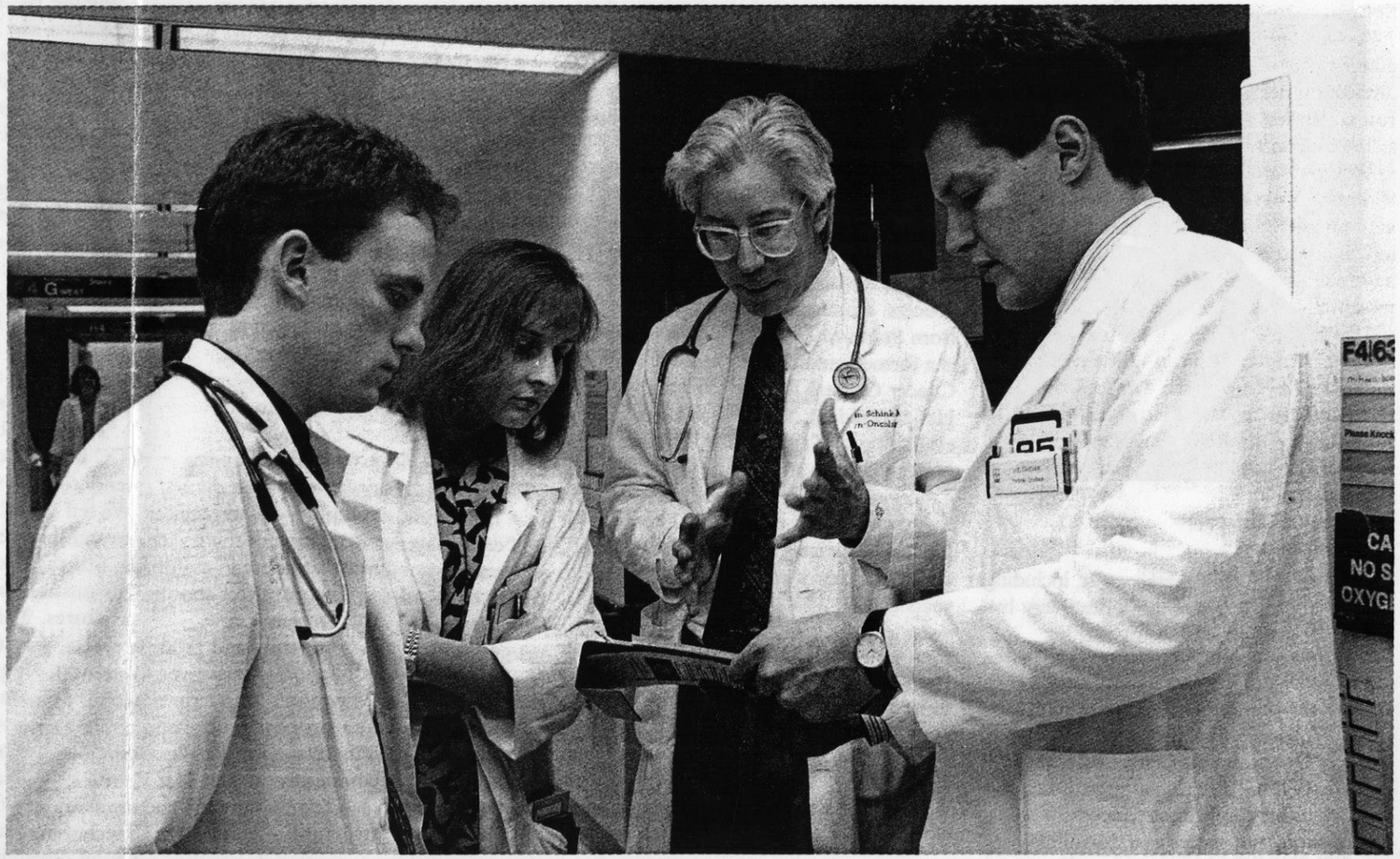
— and for its exceptional commitment to public service. Evidence of the latter is the CCC's sponsorship of the nation's first telephone-based cancer helpline. The CCC serves cancer patients from throughout Wisconsin, and is heavily dependent on federal grants and gifts from individual donors.

With increasing competition for limited federal support and recent changes in funding guidelines established by the National Cancer Institute (NCI), the move to consolidate is as much a result of prudent financial administration as it is a response to the evolving nature of the science itself.

"For several very good reasons, the consolidation is an element whose time has come on the UW campus," said Dr. John Niederhuber, hired by the Medical School to direct the consolidation as assistant dean of oncology. As the UW's top cancer researcher, Niederhuber will coordinate the activities of more than 500 researchers, staff and students from 30 academic departments.

"The science of cancer has caught up significantly with the problem, and the time is right to bring together faculty from both centers in a closer working relationship," Niederhuber explained. "Of course there are economic challenges driving this, but just as significant are the changes in cancer research that have stimulated scientists and the University to want to work together in new ways."

Niederhuber will be watching intently this fall as the NCI conducts on-site reviews at both McArdle and



DEL BROWN

**UW-Madison is world-renowned for its work in the fight against cancer. Above, Dr. Julian Schink, a gynecologic oncologist, confers with colleagues in a hallway alcove at the UW Comprehensive Cancer Center (CCC). By 2001, the CCC will merge with the McArdle Laboratory for Cancer Research.**

- improving UW-Madison's ability to attract future funding for cancer research;
- improving the visibility of, and public support for, cancer research, instruction/training, and clinical care;
- enhancing the translation of laboratory findings to the clinical setting;
- improving patient care through new clinical trials, treatment protocols and service delivery, and;

consolidated center to further encourage faculty collaboration. "Dr. Drinkwater and I will look at the various programs with an eye toward becoming more opportunistic in what we can accomplish together," Niederhuber continued. "We are both committed to bringing the McArdle and CCC talent pools together. If we do it well, what is accomplished working together will be greater than what we

consisting of subjects ranging from the most basic molecular biology to very practical clinical research," Rusch wrote in his book, *Something Attempted, Something Done: A Personal History of Cancer Research at the University of Wisconsin, 1934–1979.*

Were Rusch alive today, Carbone said, there's no question that he would be at the forefront of the dis-

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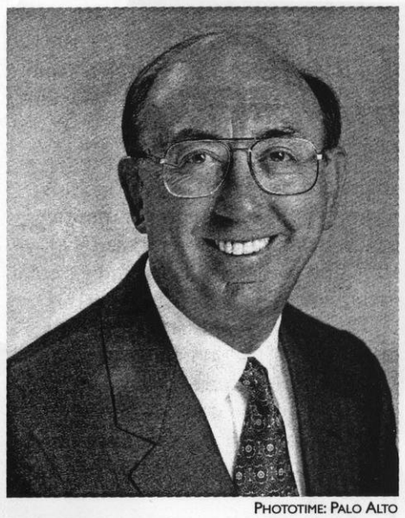


PHOTOTIME: PALO ALTO

**Dr. John Niederhuber**

major scientific breakthroughs, including the Nobel Prize-winning discovery by the late Howard Temin and his colleagues of the enzyme that explains how retroviruses cause cancer and AIDS. Its annual budget for research is approximately $13 million, most of which comes from competitively awarded federal grants. McArdle is known for the study of molecular biology and genetics of cancer-causing viruses, chemicals that activate cancer at various stages, and factors underlying the growth of tumor cells.

The nearby CCC was one of the first university-based comprehensive cancer centers created by the National Cancer Act of 1971 to excel in research, patient care, education and prevention. It holds an enviable reputation in each major area of cancer treatment — chemotherapy, radiation and surgery

administration as it is a response to the evolving nature of the science itself.

"For several very good reasons, the consolidation is an element whose time has come on the UW campus," said Dr. John Niederhuber, hired by the Medical School to direct the consolidation as assistant dean of oncology. As the UW's top cancer researcher, Niederhuber will coordinate the activities of more than 500 researchers, staff and students from 30 academic departments.

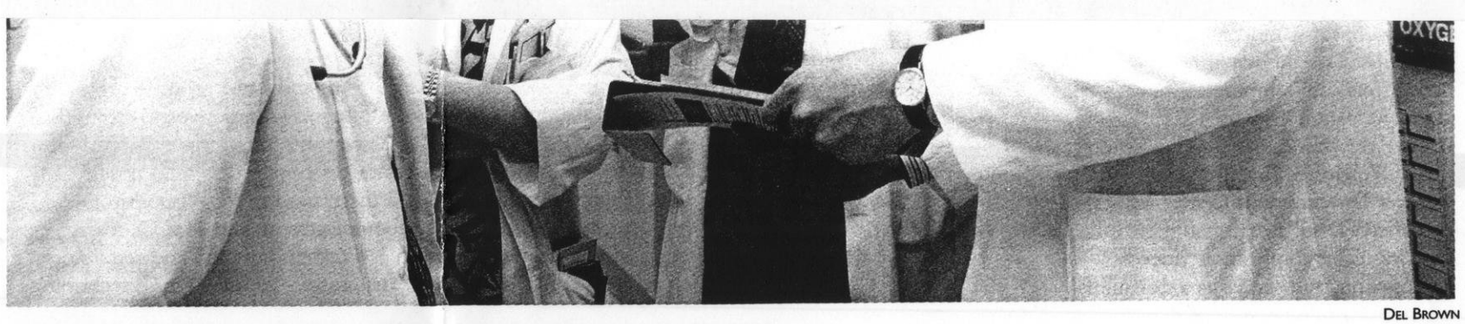
"The science of cancer has caught up significantly with the problem, and the time is right to bring together faculty from both centers in a closer working relationship," Niederhuber explained. "Of course there are economic challenges driving this, but just as significant are the changes in cancer research that have stimulated scientists and the University to want to work together in new ways."

Niederhuber will be watching intently this fall as the NCI conducts on-site reviews at both McArdle and the CCC — a crucial step in the funding process. Coming to UW-Madison from Stanford University, Niederhuber is a former member of the NCI Cancer Centers Review Committee. He is confident of a favorable NCI evaluation and strong financial support of both centers through 2000, and of a merged center in the years beyond.

In writing the newest NCI core grant applications, both McArdle and the CCC requested funding for three years (1998, 1999 and 2000) — two years less than the standard five-year funding cycle, with plans to submit a combined grant to begin in the year 2001. This demonstrates the strong commitment to a shared vision for future funding and collaboration, according to the director of McArdle Laboratory, Dr. Norman Drinkwater.

"The science of cancer research is changing, and it's clear that we need to develop new areas of strength and more flexible approaches to program development," Drinkwater said. "In short, we must broaden the horizon of what we do and open the door to more collaboration across campus."

Operating under a common banner and an updated, broader mission, the consolidated center is expected to break new ground in at least five key areas:



DEL BROWN

**UW-Madison is world-renowned for its work in the fight against cancer. Above, Dr. Julian Schink, a gynecologic oncologist, confers with colleagues in a hallway alcove at the UW Comprehensive Cancer Center (CCC). By 2001, the CCC will merge with the McArdle Laboratory for Cancer Research.**

- improving UW-Madison's ability to attract future funding for cancer research;
- improving the visibility of, and public support for, cancer research, instruction/training, and clinical care;
- enhancing the translation of laboratory findings to the clinical setting;
- improving patient care through new clinical trials, treatment protocols and service delivery, and;
- developing mechanisms for improved training programs for students and professionals.

How successfully these develop, Niederhuber explained, will depend upon a three-pronged strategy that includes:

- finding efficiencies and economies of scale in the merged operation;
- increasing scientific productivity by "encouraging, inviting and welcoming broader collaborative research activities among faculty," and
- developing "exciting new programs that draw expertise from both McArdle and the CCC."

Niederhuber said he envisions building a new ambulatory center that embraces an interdisciplinary approach to cancer diagnosis, treatment and care. Such a center will incorporate "under one roof" the patient services that are now loosely scattered throughout the UW Hospital and Clinics. "We'd simplify the entire process for cancer patients and their families, and improve the quality of care," he said, "while at the same time enhancing collaborative training and research opportunities for faculty and students."

Niederhuber also envisions the creation of "mini centers" within the consolidated center to further encourage faculty collaboration. "Dr. Drinkwater and I will look at the various programs with an eye toward becoming more opportunistic in what we can accomplish together," Niederhuber continued. "We are both committed to bringing the McArdle and CCC talent pools together. If we do it well, what is accomplished working together will be greater than what we could do alone."

In support of this new direction for UW-Madison, Dr. Paul Carbone, director of the CCC from 1978 until Niederhuber's appointment in May, offered this observation:

"For years, both McArdle and the CCC flourished because there was plenty to do," Carbone explained. "We fed off of each other, from a research perspective, to the benefit of all. But there were some limitations. Our missions and administrative structures, while similar in some respects, precluded the degree of faculty sharing and collaboration that would occur under consolidation.

"In the current competitive national funding environment," he continued, "with an increased desire to translate the findings of the lab to the clinic and improve training opportunities for young researchers, it makes sense to combine efforts in a more energetic and open manner."

Carbone said it is important to note that both centers were founded by the same individual, Dr. Harold Rusch, who, in the early 1970s spoke against a single, all-encompassing center supported by a single NCI core grant. "It would be complicated and confusing for site visitors to review a single grant consisting of subjects ranging from the most basic molecular biology to very practical clinical research," Rusch wrote in his book, *Something Attempted, Something Done: A Personal History of Cancer Research at the University of Wisconsin, 1934–1979.*

Were Rusch alive today, Carbone said, there's no question that he would be at the forefront of the discussion of how best to move UW-Madison forward in a changing era of cancer research, funding, and clinical care. Rusch, who served on a federal commission whose plan formed the basis for the National Cancer Act of 1971, knew that successful research requires creative thinking, diligent science and committed people.

Nobel laureate Howard Temin, a McArdle scientist, shared a similar vision. At a memorial symposium shortly after Temin's death, former NCI Director Samuel Broder observed: "Cancer is a formidable challenge, and we should have no illusions that major breakthroughs in the prevention, diagnosis, and treatment of this disease will come easily. If we maintain the tradition of excellence and the balance between creativity and scientific rigor exemplified by Howard Temin, we will assuredly make progress against cancer."

Maintaining an environment where research thrives and people are helped is what the centers' consolidation is all about, insists Dr. Niederhuber. "We must always be looking to the future." ■

Medical
-Comprehensive Health Enhancement Support System

# *News and Features*

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SUPPORT AND INFORMATION FOR BREAST CANCER PATIENTS

Breast cancer patients who are eligible for Medicare can now borrow computers — free of charge — to get the information and support they need, according to researchers at the University of Wisconsin-Madison. Providing breast cancer patients in five south-central Wisconsin counties with free in-home computers is part of a study to see whether the computers can help Medicare-eligible women deal with the problems that a breast cancer diagnosis creates.

"Our earlier studies tell us that the system is easy to use, even for those who have never used a computer. Once it is in the home, it is heavily used by women, older people and minorities," said UW-Madison industrial engineering professor David Gustafson, principal investigator of the project. The current 9-month study, which ends in September, has been funded by the federal government's Health Care Financing Administration through the Wisconsin Peer Review Organization.

A key aspect of the study is making the free system available to all Medicare-eligible breast cancer patients, in hopes that services like this can help them become more proactive in their treatments and recovery, as well as actually saving health care dollars in the long run, Gustafson said.

The system fills an important gap in the health care system. "We think computers can actually enhance the job that nurses and doctors do helping breast cancer patients. Patients

-more-

can take all the time they need with a computer, without feeling like they are being rushed or that they are wasting the doctor's time. They can ask about things they might be afraid or embarrassed to ask about in person. They can use our on-line services to talk to other breast cancer patients, or to ask questions of an expert. And they can get information and help in a number of different forms, which should make it easier for them to find what they need when they need it," said agricultural journalism professor Suzanne Pingree, co-principal investigator on the project.

Doctors who treat breast cancer in the five counties (Dane, Rock, Green, Jefferson and Dodge) are recommending the computer system to their patients. Women with a recent breast cancer diagnosis (or their families) can request a computer directly by calling 1-800-361-5481.

The breast cancer computer is part of a larger project at the UW-Madison Center for Health Care Systems Research nd Analysis called CHESS, or the Comprehensive Health Enhancement Support System. CHESS has been featured in Newsweek and on NBC network news programs as an exciting new development in health care delivery. Besides basic information about breast cancer presented in question and answer format, CHESS has a library of articles about breast cancer and its treatments, advice and training about being an effective health care consumer, stories of personal experiences of breast cancer patients, tools to help decide between treatments or plan changes in lifestyle, ways to track one's progress over time, and electronic mail to communicate with other breast cancer patients or breast cancer experts.

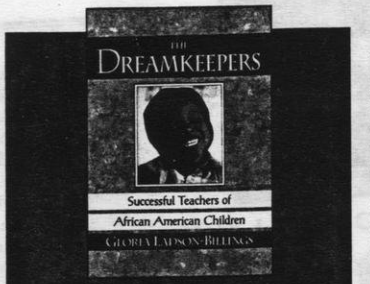
Physicians, nurses and breast cancer patients may contact senior researcher Fiona McTavish for more information at 1-800-361-5481.

###

rjc chess 4/96

"It was heaven to work with these teachers," says Ladson-Billings. "They really want to improve their practice. But the ethos of their school environments didn't support their efforts, so my research project was unique to them." Like many experts, she says they operate on a level of "automaticity," and relates a story about a baker of fantastic cornbread who, when pressed to write down the recipe, says one should "beat the ingredients until they look right." It's not until another chef watches the baker in action, or in this case, watches fellow educators of African American children, that the secret touch of the expert is revealed.

Previously, one of the only known experts in educating inner city children was Marva Collins. She has been profiled in *Time* magazine and on "60 Minutes" and in dozens of newspapers for twenty-some years. "Give me any class in any city," Collins has challenged. "Give me the lowest averaging students. Tell me nothing about those students, not even what they're studying, and I can go into that classroom and connect with those students."




"I told the teachers in my study that in three years, I didn't once hear them refer to a kid from a single-parent household or AFDC... The teachers said to me, 'What difference is that supposed to make?'"

Follow-up studies of this outspoken founder of Chicago's Westside Preparatory School show that she's been more than able to fulfill her promise. "According to the statistics on Collins' student population," says Ladson-Billings, "so many of them should now be in prison, so many should be dead, so many should be on welfare, and so on. But guess what? When '60 Minutes' did a follow-up story, they weren't in prison, they weren't dead, they weren't on welfare. They were doctors and lawyers and successful people who'd been to college."

The teachers in Ladson-Billings' study do not necessarily adhere to the content of Collins' instruction. But just as Collins' great success is said to be her ability to motivate children, so too does Ladson-Billings' research show that it's the way teachers *care* about children, even those from the worst streets of America, that makes them excel.

"I told the teachers in my study that in three years, I didn't once hear them refer to a kid from a single-parent household or AFDC," Ladson-Billings notes. "I know that was the situation for many of the kids in those classrooms. The teachers said to me, 'What difference is that supposed to make, if they have ten parents or no parents? I can't change that. The thing I can change is how I can help children learn.'"

What it comes down to is pedagogy, and by that Ladson-Billings means what it takes to engage a learner.

"Pedagogy is often thought of as instruction, but I think of it as action and the intent of teachers as they attempt to teach, the setting up of teachable moments. Great teachers believe that *every* moment is a teachable moment." In the schools she studied in northern California, a teacher would put up posters of say, Matisse or Monet, waiting until somebody would notice. Finally, a student would say, "What do you think that's all about? What are all those squiggles?"

The teacher would then say, "'I don't know. Let's find out,'" remembers Ladson-Billings. "'Here's a book about Matisse's life.'" Every question would lead to another. And even when the kids groaned, "More work!" they'd do it well, gaining confidence along the way.

"The good teachers are architects of how knowledge is constructed," Ladson-Billings discovered. "They don't teach as much as apprentice. By apprenticing, what you do is treat children like they know something."

The professor and mother of four relates this to the notion of teaching kids at home. "We don't give out a worksheet on how to make the bed," she says. "We treat our children like they are competent. The first time they make the bed, it's bumpy and lumpy, but what do we tell them? We tell them they did a great job, what a great help they were to us. We expect them to soon learn and get better at the task."

The problem in America's schools, Ladson-Billings surmises, is that teachers of African Americans do not believe the children are up to the task. Even open-minded graduate students at UW-Madison, some of the best Ladson-Billings has ever worked with, bring with them perceptions that can thwart successful education.

For example, in one of her classes she distributed an article on Joe Clark, the megaphone-and baseball-bat-carrying school principal upon which the main character of the film *Lean on Me* was based. She asked the group to rate whether they strongly agreed or disagreed that he'd be a great principal on a scale of one to five, with one being "strongly agree" and five being "strongly disagree." "The white students stood between one and two, and the African American students between four and five," says Ladson-Billings. "How could there be such a big split among the group?" When the white students were asked whether Joe Clark, who was also known to use strong language, would be a good principal in their high school, the whites all said no. "Yet somehow they perceived that this same model would be good for African American students."

As the first tenured African American woman in the School of Education (a fact that brought applause from the Cabinet 99 audience, but caused this forthright but gentle individual to say, "Please don't applaud, I think it's sad"), Ladson-Billings is not surprisingly a collaborator on other race-related research with faculty from many backgrounds. She is working with Bill Tate, a mathematics educator, on the issue of property rights and education (why bad schools are in bad neighborhoods, and why schools in high property tax districts command the marketplace for the best teachers). She is also co-director of the "Teach for Diversity" program, a graduate of which is now instructing this innovator's own child in Madison ("meaning that I now have all the more at stake in the program's success!" Ladson-Billings laughs).

Of all the research she's come across, she finds most telling a project in Kansas City where the children reported on what makes a good teacher: They said it was someone who looks them in the eye, who greets them in the hall, and who says please and thank you.

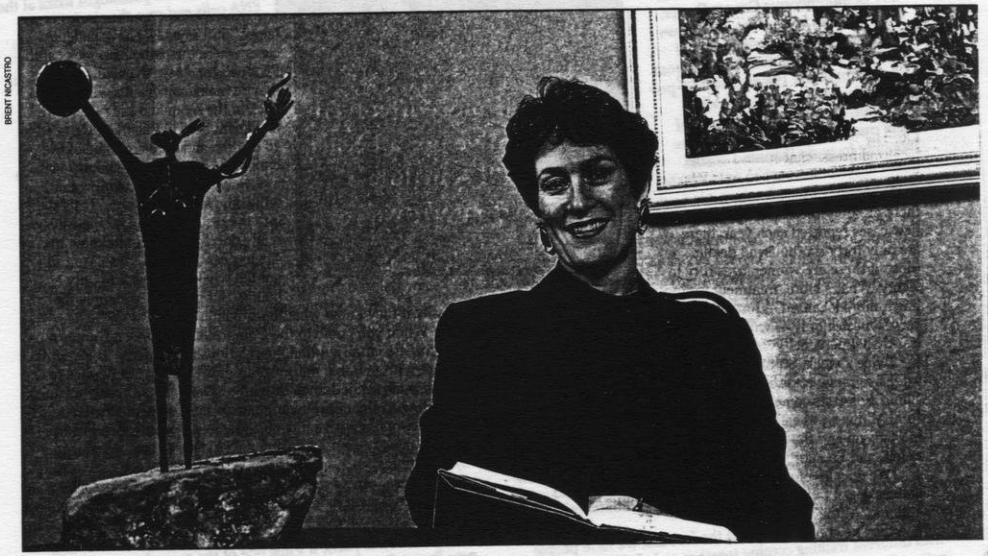
"It was heartbreaking," says Ladson-Billings, "because what they were describing was civility."

In *The Dreamkeepers,* the author explores how teachers relate to their students, nurturing in them a sense of self-worth and an appetite for learning. One of the teachers featured is Pauline Dupree, who explains to her students why they, too, should consider being teachers, even though it's true that teachers don't earn as much money "as basketball stars."

*Dupree:* "There really is more to work than earning money."
*Male student:* "Like what, Mrs. Dupree?"

*Dupree:* "Like getting the chance to work with the most important people in the world."
*Female student:* "Who?"
*Dupree:* "All of you. Every weekday morning when I wake up, I know I'm on my way to work with the most important people in the world. Do you know why you're the most important people in the world?"
(Silence.)
*Dupree:* "Because you represent the future. How you turn out will have consequences for us all. What you decide to do with your lives can help make this community and the world a better place."

It is the extent to which we believe in this dream, concludes Ladson-Billings, that determines whether African American school children will, or will not, succeed. □


BRENT MCASTRO

# CABINET 99
## SYMPOSIUM
### Judith Stitt, Medicine

"It involves a woman's family, the life cycle issues, other systemic and medical issues ... and hormone levels. It's a larger issue than, 'Do I have breast cancer?'"

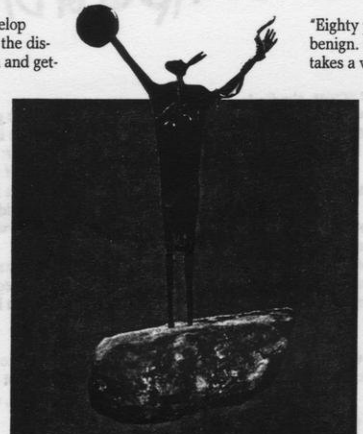
### *Fighting for Women's Lives*

"You've come a long way, baby." The words were scrawled across the T-shirt of a hip female figure drawn with shoulder length hair. Only upon closer examination, the figure was really more of a skeleton, teeth bared, withering in the fumes of a smoldering cigarette.

Lung cancer is the deadliest of cancers affecting women in this country, says Professor of Medicine Judith Stitt, one of the showcased faculty presenting at WAA's Cabinet 99 symposium. There are 70,000 new cases a year and 56,000 deaths. Yet breast cancer — her specialty — affects far more women, 182,000 a year.

"Eighty percent of women who develop breast cancer have no family history of the disease," she says. "Simply being a woman and getting older puts you at risk for developing breast cancer."

It's the kind of news no one likes to hear, but that draws one simultaneously forward in one's chair to catch every word. Stitt has a pragmatic voice with a current of compassion; she presents an image that is smoothly authoritative, yet feminine. She is the director of UW–Madison's new Breast Center, one of the few such centers in the country, and perhaps one of the very few to be directed by a woman. In an instant, you can't help but imagine yourself in her consulting room, steeling yourself for the worst. And you know that you wouldn't want the news to come from anyone else.



"We're far more involved than — 'You've got a breast lump. I'll schedule a biopsy tomorrow.'"

At the Breast Center, housed in the UW Hospital and Clinics with connections to the UW Medical School and UW Comprehensive Cancer Center, you'd be sure to hear the good news, too. The five-year survival rate for localized breast cancer has risen from 78 percent in the 1940s to over 90 percent today. That means that while there are hundreds of thousands of new cases reported each year, there are only forty-six thousand deaths. Most of these are women ages fifty to eighty. What's more, treatment is now much more localized — lumpectomy plus radiation treatments versus mastectomy — with the same likelihood of recurrence: less than 4 percent.

Twice a week, Stitt brings together a team recruited from an extensive range of disciplines for the Comprehensive Breast Clinic. Referrals come from many corners of Wisconsin and the rural Midwest, as well as from the UW Women's Health Center in Madison and the UW's family health clinics in Wausau, Beloit, and Freeport, Illinois.

"We do a lot of second opinions," Stitt says, "where the patient doesn't want to transfer care, but wants to discuss options." At the Comprehensive Breast Clinic, there's no question they've come to the right place.

On hand is Stitt, a radiation oncologist, as well as a surgical oncologist, medical oncologist, pathologist, geneticist, and nurses and counselors offering educational and emotional support.

"A strong part of our clinic is the fact that we have people with different training coming together on behalf of the patient," explains the team's medical director. "We're far more involved than — 'You've got a breast lump, I'll schedule a biopsy tomorrow.'" In fact, the clinic team is more likely to say, "This is what we're going to do here and now."

"The first thing we commonly want to do for a woman who has a mass is a fine needle aspiration, or FNA," Stitt says. On a typical morning, five patients might go through this procedure. If there's fluid, then the breast mass is diagnosed right there as a cyst, which puts the patient in with the majority of women.

"Eighty percent of lumps in the breast are benign. Most are cysts or fibroadenoma." It takes a while for the good news to sink in, Stitt continues, because patients are "just panicked, and for good reason." So later on, after they're dressed and reassembled with family members, when they "can hear you again," the clinic team goes over educational material and questions. Does a benign growth predispose you to having cancer? (The answer is no). Will these conditions likely reoccur, and do they run in families? (The answer to both is yes).

Part of the comprehensive nature of the clinic is that there's a geneticist on hand to help patients explore how their family might be at risk if they have the BrCa–1 gene. There's counseling along with management options. "And certainly," Stitt says, "we have patient cases where the pathologist looks at the FNA cells and says they look like they're malignant. That's when we go back in the room and say, 'There are malignant cells in this fluid, we need to go further, and here are some of the options for you to think about.'"

Now and again, a family member will come to Stitt and say, "'Let's step into the rest room, and by the way, we really don't want Mom to know that she has cancer,'" Stitt says, "We can't not tell what we know, I'm duty bound. But people can comply more easily if they know what the situation is."

When you come to the Comprehensive Breast Clinic, you begin, essentially, a lifelong relationship. Every year, patients meet with members of the team individually at intervals to review, as needed, their situation. Then once a year, they meet again with the entire team for a complete update. In 1994, 1,534 women with a diagnosis of breast cancer, one third of them new, were seen during 8,437 visits to the UW Hospital and Clinics.

"Breast cancer really lends itself to a unified approach," Stitt adds. "It's much more than diagnosing a benign or malignant disease. It involves a woman's family, the life cycle issues, other systemic and medical issues, predisposition to osteoporosis or cardiac disease, and hormone levels. It's a larger issue than, 'Do I have breast cancer?'"

Although the Comprehensive Breast Clinic has been in existence for several years, it's just one of the many facets of the new Breast Center. In addition to the clinic, Stitt will be directing research staff, outreach activities for education and counseling, and the evaluation of treatment outcomes.

"The most important thing to remember," Stitt said at the conclusion of her Cabinet 99 presentation, "is that early detection through regular mammograms translates directly into a survival benefit." Two members of the audience then stood up to endorse Stitt's work, revealing that they were grateful breast cancer survivors. Their vibrancy gave Stitt's speech a whole new life — and meaning. □ —*S.P.*



GLENN TRUDEL

## BEVERLY MORAN, LAW

CABINET 99

Wisconsin Alumni Association Women's Initiative

### *Expanding the Limits of the Law*

Beverly Moran is well known around the Law School. The third-year law class elected her to deliver their Commencement address, and minority students voted her "Teacher of the Year." But perhaps her most prestigious award came from recent law graduates who, five years after entering the real world, looked back and ranked the professors who really taught them what they needed to know. Their "Teacher of the Year" was none other than Beverly Moran.

But when this acclaimed professor spoke at the Cabinet 99 symposium, she chose not to highlight her own scholarly specialties, taxation and international law, but chose instead to focus on colleagues, past and present, who've changed women's lives through the law.

Take for example Margo Melli and June Weisberger. "They're the ones who wrote Wisconsin's marital property act," Moran says. "They not only wrote it, they lobbied for it, and they're the ones who got it through." Thanks to their efforts, a married woman in this state may own not only the property she brings to her marriage, but also half of all that is acquired between her husband and herself during their marriage. "It used to be that if a husband earned income and his wife didn't, all property would be owned by the husband."

Moran credited Carin Clauss for authoring a number of briefs aimed at companies that were keeping women out of certain higher-paying jobs. "In the case of Johnson Controls, the company wouldn't allow women in a position because it involved higher levels of lead, which they claimed might damage a woman's unborn child," Moran explains. "It was a practice that, number one, didn't keep everyone safe — What about the men getting exposed to higher levels of lead? How would that affect their fertility? — and number two, it was a practice that kept women out of higher — paying jobs." Professor Clauss helped change the law to make the workplace safer, with more equal opportunities for everyone.

In her presentation, Moran also highlighted the work of Wisconsin Supreme Court Justice Shirley Abrahamson, who teaches the Law School's judicial internship program and its judicial writing class, and the work of Pat Williams, who made a great impact while she was at Wisconsin. Her specialty is in critical race theory, which examines laws that seem racially neutral, but upon closer inspection, are not neutral in their effect. Moran's own scholarship draws on the application of critical race theory to taxation.

"For example, income taxes are considered a good thing, and not a bad thing, because they're based on economic class," Moran explains. "But what I've shown is that even if blacks and whites have the same income, whites pay less tax because the mortgage deduction is geared for whites who are homeowners." Why can't blacks make use of these same deductions, you ask? "They can," Moran insists. But because of an historic series of barriers — red-lining, racial steering, restrictive covenants, and lending patterns that tend to favor whites, she says, the end result is that fewer blacks own homes, and therefore pay higher taxes.

This professor of law likes to joke that nobody is interested in the interworkings of jurisprudence, yet she's able to engage an audience with her resonant voice and inclusive style. Her leadership skills have not gone unnoticed: she's also been chosen to head the university's new effort to create a combined degree in law and business with a focus on international studies.

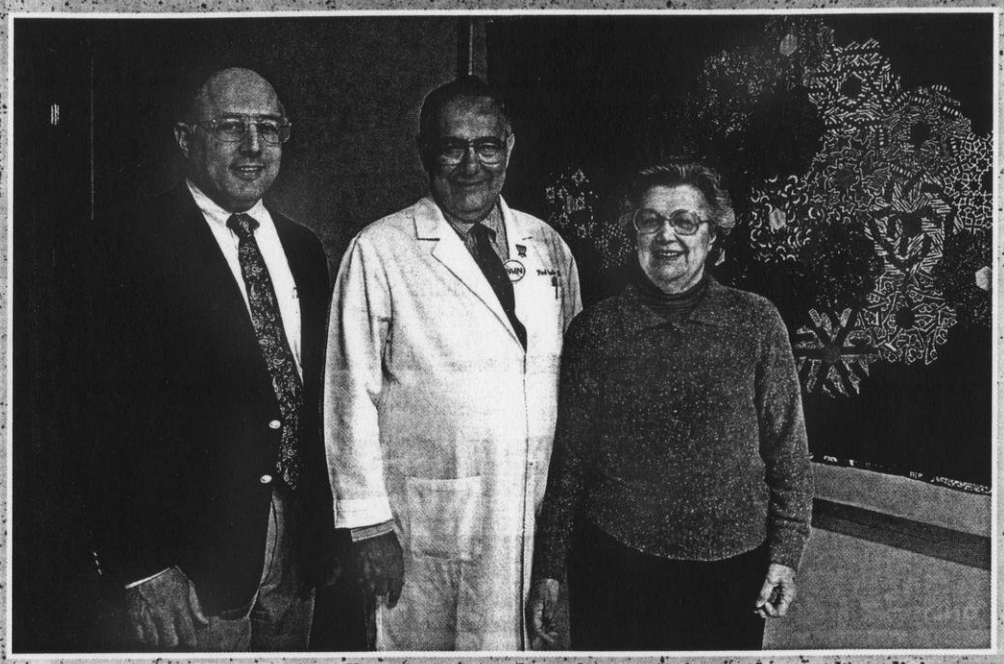
"In Chancellor David Ward's future vision statement, he suggests that the university should become a global university," Moran says, reasoning that just as state businesses export goods abroad, so too should the university increase its profitable exports: in this case, the training of internationals and the education of Wisconsin students who want to become more competitive in the international market.

"We already have the expertise here," Moran notes, giving kudos to her colleagues in African and European studies and in programs that specialize in the Pacific Rim and in international trade and taxation issues. However, she then brings up a national study, which ranks Wisconsin as one of the five best law schools for women. Instead of being elated, Moran finds this to be disheartening news because so many women law faculty leave UW–Madison not long after they arrive.

"What seems to be true is that women are leaving before their tenure decision," notes Moran. "We need to perhaps hire more women at the tenure level, and help junior professors get the mentoring they need."

What stays closest to this Teacher of the Year's heart is the happiness and success of her students. "Wisconsin may be a relatively good place for women students," she says, but the law curricula still tends to favor a learning pattern that's dependent upon combat and humiliation, which most women students do not thrive on. "Our challenge," concludes Moran, "is to find ways to teach women so that they can also continue to excel in law." □ —*S.P.*

*World-class oncologist Paul Carbone battles cancer with compassion and top-notch research at UW–Madison's Comprehensive Cancer Center*



BRENT NICASTRO

*"Daisy's Garden II," by Daisy Williamson. As a token of appreciation to the oncology clinic, cancer survivor Williamson (right) made this special quilt from Indonesian batiks and donated it to her caregivers. Like Frank Poggio, left, she says she owes her life to Dr. Paul Carbone, center.*

# Providing Comfort in the Cure

BY MOLLY ROSE TEUKE

When Dr. Paul Carbone addresses alumni and friends at the Wisconsin Alumni Association's showcase continuing education event, Spring Day on Campus, on May 12, he'll bring his compassion, warmth, and intimate knowledge to bear on the harshest of subjects: cancer.

The internationally acclaimed Carbone is director of the University of Wisconsin Comprehensive Cancer Center (UWCCC), which for twenty-two years has been making enormous strides in the prevention and treatment of cancer. The center's ground-breaking research, completed by Carbone and his colleagues, has focused on cancer's frightening specter; in the past twenty years, there's been a 117 percent increase in the number of reported cases of breast cancer. Likewise, the incidence of prostate cancer has risen by 41 percent while radical prostatectomy operations have increased by 1,000 percent. Cancer in one form or another will strike more than 1.2 million Americans in 1995, and accounts for one out of every five deaths in the U.S.

The news today is nevertheless hopeful. Next to behavioral factors, there are two primary explanations for the rising incidence of cancer. First, our population is growing older—50 percent of cancers occur in people over sixty-five—and second, as fewer people die of heart disease and infectious diseases, there is simply a larger population for cancer to strike. And, without a doubt, one of the most positive factors on the cancer front continues to be the UWCCC and Dr. Paul Carbone himself.

When Daisy Williamson turned seventy-five, her most treasured birthday greeting came from UW-Madison's acclaimed physician. "He's the reason I'm alive to celebrate," says Williamson, the survivor of four different kinds of cancer. "When they coined the word confidence," she adds, "I think they had him in mind. He's a very warm and personal human being."

Williamson isn't the only one to sing Carbone's praises.

"I'm not supposed to be here," says Peg Geisler, one of a growing number of women who have survived breast cancer. "He saved my life," she says, blunt in her admiration for this doctor who helped her fight the cancer with unusually aggressive radiation. "From an institutional point of view, he's done a superb job of bringing together resources and expertise and the needed federal dollars to create this Comprehensive Cancer Center," says Geisler. "But from a personal perspective — he saved my life."

For seventeen years, Carbone has been director of UWCCC, which was founded in 1973 as the Wisconsin Clinical Cancer Center, the brainchild of Dr. Harold M. Rusch, founder of the UW's McArdle Laboratory for Cancer Research. The UWCCC was among the

first of only twenty-seven cancer centers around the country designated "comprehensive," the highest rank conferred by the National Cancer Institute.

To earn this prestigious designation, a center must conduct basic laboratory research in several scientific fields (such as cell biology, immunology, molecular genetics, radiobiology, and others), must carry out a strong program of clinical research, and must be able to rapidly apply research findings to clinical patient care.

"For cancer patients and their families," says Carbone, "'comprehensive' means a patient is under the care of a medical team (doctors, nurses, pharmacists, and others) whose professional lives are devoted to combating cancer."

The team approach is important to Geisler. "It means I can be confident that when I have a problem, there's a whole group of experts sitting down and saying, 'What are we going to do with it?'" she says. "In my case, that team included both Paul Carbone and Al Greenberg and a host of others. They swung into high gear and the result is that splendid medical decisions were made on my behalf."

*"I feel like I'm wrapped in cotton batting, I'm handled so gently."*

In spite of an aging population and increasing environmental risks, mortality rates have been cut drastically in many types of cancer, thanks to early detection and more sophisticated treatment strategies. In 1992, the overall cancer mortality rate began to decline.

The fact that cancer is not a single illness, but one hundred different diseases, still makes it a complex and formidable foe. It can strike any human organ with rampant and destructive cell growth that can spread quickly throughout the body. That is why the multi-disciplinary approach of the UWCCC is so important; through the collaboration of more than one hundred sixty faculty and staff representing more than thirty UW academic disciplines, the UWCCC is able to plumb the deep complexities of cancer and shed light on ways to prevent, detect, and treat it.

For the two thousand new cancer patients who will be served by UWCCC in 1995, the care they receive there can mean the difference between life and death; many of them will follow one or more of dozens of innovative protocols (treatment plans) not available elsewhere.

"One of our greatest strengths, and a major reason for our reputation for excellence," says Carbone, "is our ability to translate laboratory findings into clinical use." Carbone himself was one of several investigators who formulated a successful treatment for the cancer known as Hodgkin's disease in the 1970s; until that point, Hodgkin's was considered non-curable. Today, UWCCC is renowned for its pioneering work in many areas of cancer research: developing new treatments for breast, prostate, and bladder cancers; bolstering depressed immune systems to ward off cancer; combining surgery, chemotherapy, radiation, and other techniques to more effectively treat cancer.

The leadership that facilitates such advancements clearly comes from the top. "If Mount Rushmore had an oncology equivalent, the face of Paul Carbone surely would be carved on it," wrote Steven Rosen, M.D., director of the Robert H. Lurie Cancer Center at Northwestern University Medical School in Chicago, in *Contemporary Oncology*. "The man is a giant in our field . . . He [has] published more original reports, book chapters, and reviews than did entire medical oncology divisions. He has made significant contributions to a broad range of areas, including cancer therapeutics, supportive care, treatment of geriatric patients, and chemoprevention."

Carbone succeeded Dr. Rusch as director of UWCCC after sixteen years at the National Cancer Institute in Bethesda, Maryland. He has taught at the Walter Reed Army Institute of Research, Stanford, Johns Hopkins, and

## *Answers are just a phone call away*

BRENT NICASTRO

When cancer strikes you or someone in your family, a kaleidoscope of questions beg immediate and thorough answers. That's the time to call the Cancer Information Service (CIS) at the University of Wisconsin — at 1-800-4-CANCER.

Thanks to support from the National Cancer Institute, this toll-free cancer information line at the UW Comprehensive Cancer Center has some answers. Certified Information Specialists staff the phones to help patients and their family members sort out their concerns, separate fact from myth, and learn about community resources that may be of help to cancer patients.

**The service provides information on:**

- The latest cancer treatments
- Clinical trials (studies to test new treatments)
- Early cancer detection
- Ways to reduce the risk of cancer
- Community services for cancer patients and their families

The service, which responds to anyone in the upper Midwest who calls with a question, is staffed during business hours by NCI-trained cancer information specialists who rely on an extensive library and an NCI database for up-to-the-minute information.

The anonymity and confidentiality of a phone call lets patients feel comfortable asking questions they might feel are inappropriate in a doctor's office. The service handles twelve hundred to fourteen hundred calls each month, and is consistently ranked by NCI as one of the best telephone response systems in the network.

For more information, call 1-800-4-CANCER (1-800-422-6237).

—*M.T.*

universities around the world. He has served as president of the American Society of Clinical Oncology and the American Association for Cancer Research. He has been honored with Mastership in the American College of Physicians who, in making the award, called him a resourceful, energetic, efficient and innovative administrator, and cited his impact on the development of new and novel cancer chemotherapeutic regimens. Carbone has also received the Rosenthal Award of the American Association for Cancer Research, the Medal of Honor for Clinical Research from the American Cancer Society, the Health Medal of the First Order from the Republic of China, and a host of others.

He has served on countless boards and editorial journals, maintains an active research practice, and yet makes time to minister to his patients.

Fighting cancer is an intensely personal pursuit for Carbone, a commitment his patients see reflected at all levels of care. "I feel like I'm wrapped in cotton batting, I'm handled so gently," says Daisy Williamson, who has undergone four major cancer operations and twice weathered the rigors of chemotherapy.

"Everything that is done for me is done with such care. From the social worker who gives me my next appointment to the tech who gives me the chemo, they're all very concerned with how I'm doing. And, you know," she adds, "that kind of attitude comes from the top. It comes straight from Dr. Carbone."

Indeed, Carbone preaches sensitivity to patients' needs for emotional as well as medical care. "If you go into medicine to cure people, you'd better go into obstetrics," he says. "Yes, we want to cure people of cancer, but we also want to help them through the process in the most humane way possible. That means recognizing the full spectrum of their needs."

Frank Poggio, who was referred to UWCCC in 1993 for a cancerous stomach tumor, has worked in health care administration for more than two decades, and he believes Carbone is unique in the breadth of his skills.

"The university has a real challenge in maintaining three often diametrically opposed objectives: teaching, research, and patient care. Keeping those three objectives in some kind of balance is not an easy task; if you're a doctor, you tend to focus on one of them. It's rare to find a physician who's really into all three, but Carbone does it, and he does it extremely well.

"He genuinely gives you the feeling you're number one," adds Poggio. "Here's a guy who's a department chair, he's won all kinds of awards, he's as busy as you can get — and he gives you his home phone number."

At UWCCC, patients are drawn inside the information circle to become full partners in decisions involving their health. At Poggio's first visit to UWCCC, he was pleased with the staff's willingness to share information and inform him about treatment alternatives and their implications. "They were so thorough," he says, "it got to the point where I wanted to say, 'Yes, I've heard all that before.' But, of course, their view that the patient should know as much as possible is an excellent approach, especially with something so frightening as cancer."

Patient education and community outreach is a strong component of activities at UWCCC. The Center's toll-free, five-state cancer information hotline is rated among the best in the nation (see sidebar, page 35). A concerted effort is made to inform and educate the public about cancer through speaking engagements, video programs, print and broadcast media, and a variety of special events, such as actress Cindy Crawford's appearance at a UWCCC anniversary dinner.

Through a series of partnerships, UWCCC serves as a resource for clinics and medical centers across the state. "The whole purpose of this cancer center is to make the latest technologies available to all the people of this state, the Midwest, and the nation," says Carbone.

For all his pioneering work on cancer treatments, Carbone believes the future lies in prevention; he is quick to point out that we now know that about 80 percent of cancers are preventable. Roughly 90 percent of the 800,000 skin cancers that will be diagnosed in 1995 could have been prevented by protection from the sun's rays. All cancers caused by cigarette smoking and heavy alcohol use could be prevented; in fact, according to the American Cancer Society, if lung cancer deaths were excluded, cancer mortality would have *declined* 14 percent between 1950 and 1990. We know that people with AIDS are more susceptible to cancer because of a weakened immune system.

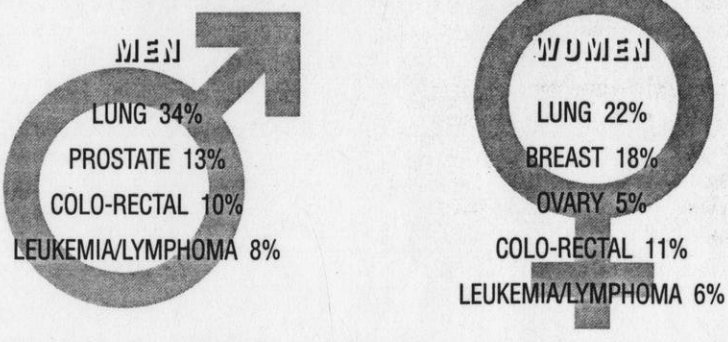
"It's important for people to understand that what they do to themselves will impact the outcome when it comes to cancer," says Carbone. "There are many things we can do to reduce our risk—we can stop smoking, we can alter our diet to increase the amount of fiber

*Continued on page 48*

## *Summary*

- Cancer is more than 100 different diseases.
- Cancer mortality has changed radically over the past 60 years.
- Most cancers result from what we do to ourselves, not from what is done to us.
- Smoking cessation can reduce cancer deaths by 30 percent, and cut medical costs and increase worker productivity.

## *1993—500,00 Cancer Deaths*



**Maslow**
*Continued from page 39*

Basically, Maslow argued that we all have innate needs for physical safety, belongingness, love, self-respect, self-esteem, and what he called *self-actualization*—the desire to become all that we can become in life. "It is quite true that man lives by bread alone—when there is no bread," he wrote. "But what happens to [our] desires when there [is] plenty of bread and when [our] belly is chronically filled? At once, other and `higher' needs emerge and these, rather than physiological hungers, dominate [us]. And when these in turn are satisfied, again new and still `higher' needs emerge, and so on. This is what we mean by saying that basic human needs are organized into a hierarchy."

Although Maslow's theory has influenced many fields ranging from marketing and organizational management to counseling and education, it first attracted little attention. But undismayed, he began to explore the traits of self-actualizing men and women—those individuals who seemed most fulfilled, productive, and creative in their daily lives. Such research, Maslow was sure, could offer psychology fresh insights into how all people can optimize their full potential.

Taking a leave from academia, Maslow spent several years working as plant manager for a branch of his family's cooperage business in Pleasanton, California. Besides supervising the coopers who repaired wooden barrels for a nearby winery, he was an energetic and outgoing salesman whose sense of humor proved ingratiating. Though eventually returning to Brooklyn College and later taking a position as psychology chairperson at Brandeis University, Maslow regarded the cooperage experience as teaching him invaluable lessons about management and motivation, marketing and sales.

Not long afterward, Maslow wrote *Motivation and Personality*, a brilliant work. "The science of psychology has been far more successful on the negative than on the positive side," he insisted. "It has revealed to us much about man's shortcomings, but little about his potentialities, his virtues, his achievable aspirations, or his psychological health. . . . We must find out what psychology. . . might be, if it could free itself [from its] limited, pessimistic, and stingy preoccupations with human nature."

Motivation and Personality catapulted Maslow to national prominence. The book was widely viewed as a major psychological achievement of the 1950s. Its ideas—the hierarchy of needs and self-actualization—began to penetrate other realms, particularly the budding field of management theory. To many people interested in psychology and its practical applications in everyday life, Maslow's name began to stand for an innovative and optimistic approach to human nature.

Douglas McGregor, a professor at the Massachusetts Institute of Technology, was among those influenced by Maslow's work. McGregor's landmark book, *The Human Side of Enterprise*, published in 1960, highlighted two distinct managerial perspectives: Theory X, which views people as inherently lazy and selfish, and Theory Y, which regards them as innately productive and cooperative. In outlining Theory Y, McGregor clearly subscribed to Maslow's optimistic view.

During the tumultuous 1960s, Maslow in his final decade achieved greatest acclaim. Besides authoring such influential books as Toward a Psychology of Being and Eupsychian Management, he continued to teach—and also consult for a growing number of companies and governmental agencies. Among his key notions was *synergy:* that organizational and employee goals needn't invariably conflict, but rather, through such innovations as team management and group decision-making to create a better product, personal fulfillment and organizational productivity can enhance each another. Certainly, Maslow knew that such ideal workplaces weren't yet common. But he was hopeful about this trend.

"The old-style management is steadily becoming obsolete," he said. "The more psychologically healthy [people get], the more enlightened management will be necessary in order to survive the competition, and the more [shackled] will be an enterprise with an authoritarian policy. . . . That is why I am so optimistic about enlightened management and why I consider it to be the wave of the future." □

*Edward Hoffman, PhD, is the author of* The Right to Be Human: A Biography of Abraham Maslow. *It is available through Four Worlds Press. (800) 408–4586.*

**Cancer**
*Continued from page 36*

we eat, we can be aware of the need for safe sex, we can have mammograms, pap tests, and colonoscopies."

Yet, as Carbone concedes, we don't know how to avoid all cancers. An estimated 182,000 women will be diagnosed with breast cancer in 1995, and an estimated 244,000 men with prostate cancer. Carbone concedes we know little about how to diminish our risk; the strides in these cancers are not only in prevention, but also in early detection and new treatments. While we are not altering the mortality rates yet, we are detecting cancer at earlier stages, when it is more treatable, and we're tailoring treatments to bring the greatest amelioration with the smallest negative consequence.

"It's good news that we're picking up tumors that are a quarter-inch or less, where before the average tumor size was an inch-and-a-half," Carbone says. "Mastectomy used to be the standard treatment for breast cancer, but in the last fifteen to twenty years, we have come to understand that lumpectomy is appropriate and safe. Today women can be treated and you can't tell which breast had the cancer.

"And here at Madison, we've been testing and administering tamoxifen for twenty years as a treatment. Right now we have more than forty women as part of a larger national trial involved in a five-year test to determine tamoxifen's effectiveness in preventing breast cancer.

"It begs the question of whether we're making any progress against denying or delaying death," says Carbone. "In some areas, the answer is yes, in others no. What we do know is that we are making the experience of cancer more humane by improving the quality of life for cancer patients, and that in itself is a significant step forward."

Paul Carbone will step down from his post as director of UWCCC within the year, but he will continue his active involvement in cancer research and patient care. "It's exciting to be at a place where we're learning and discovering and teaching others how to deal with the things we've learned, rather than reading about them. That's something I will always want to remain connected with." And something alumni and friends will stay connected with as well, through Carbone's enthusiastic involvement with continuing education events like Spring Day on Campus. □

Medical -
UW Comprehensive Cancer Ctr

## Public primarily uses cancer hot line

MJS 4.18.95

In a recent article describing sources of cancer information (April 3), the National Cancer Institute's Cancer Information Service (CIS) 1-800-4-CANCER line was described as being oriented toward researchers and the scientific community. In fact, the CIS is used predominantly by patients, their families, and the general public.

More than two-thirds of our calls come from patients or friends or family of patients. Most often, these callers are looking for specific cancer site information, explanations of technical terms, new treatments such as clinical trials, and referrals to local support services.

Information specialists are trained and certified to listen to callers' questions, assess their information needs and provide them with appropriate, reliable information. They are able to meet the health information needs of patients sensitively, confidentially and at no charge.

Patients in need of specific support services, such as support groups or screening locations, are referred by our staff to community agencies throughout the state of Wisconsin.

The Cancer Information Service (1-800-4-CANCER) is an important public service that has been used by thousands of Wisconsin residents in need of accurate, up-to-date cancer information.

We are an important link between the scientific community and the public. But it is the public that we serve daily.

Paul Carbone, M.D.,
director,
UW Comprehensive Cancer Center
Marty Pipp,
CIS project director,
Madison

# LETTERS

## ASM should stop the insanity

RH
4-18-95

**To The Herald:**

About 15 students enjoyed the nice weather and had a party inside the little cage in library mall. Some of them dressed like prisoners, but most of them didn't. They claimed it was a demonstration to protest Gov. Thompson's budget proposal. The proposal will cut the UW budget by 4 percent and use the money to build prisons. If Speaker Gingrich wants to subsidize farming instead of investing in education, who will the students dress up like? Mooooooo.

Just about the time that I was going to tell them to stop this ridiculous and childish behavior, I hesitated. The reason I hesitated is that I know that I may violate the First Amendment of the ASM constitution — freedom to socialize (or freedom to have a party). Since WISPIRG uses my tuition money to lobby political agendas that I don't agree with, I know the feeling of losing my freedom of speech. Since my freedom is taken away, I started to respect other's rights, especially "constitutional" rights.

I don't know who was the intelligent guy who copied 100 percent from what students in New York University did in February. Of course UW-Madison has a much better academic reputation (#14 in the nation) than New York University does (#41 according to the poll by U.S. News and World Report). But the reason that UW-Madison cannot make the top 25 schools in the nation is because of our student selectivity. The demonstration gave us the best example of our students selectivity.

Wisconsin taxpayers are very generous when it comes to providing education funds. They provide two-thirds of the total UW budget. I don't want my tuition to go up either, but in reality there are priorities. I came from New York City, a place where crime is so common that I did not know if I would be able to come home alive everytime I left my house. Do Wisconsin taxpayers, who are kind enough to pay two-thirds of tuition, deserve the fate I had in New York? The best way to fight crime is to stop it before it spreads. Gov. Thompson's proposal is going to do so. It is worthwhile if four percent of tuition increase can provide students and their parents a safer environment.

Leaders in ASM should think before they leap and should engage in activities such as voter registration or encouraging students to vote. Only such activities will let politicians hear students' voices, not an outdoor party.

Howard Liao

# STATE DIGEST

4/2/95 MJS

## UW music students to play film score

**Madison** — More than 60 music students at the University of Wisconsin-Madison will have a rare opportunity to re-create the past by performing for a special screening Friday of Charlie Chaplin's film "The Circus."

The students will play Chaplin's original score for the 1928 movie, to be shown at the Madison Civic Center. Conducting will be Gillian Anderson, music librarian at the Library of Congress, who discovered the Chaplin score at his estate in Switzerland.

The film will be part of the activities during the Sonneck Conference for American Music, sponsored by the UW-Madison School of Music, Wednesday through next Sunday at the Concourse Hotel.

## Controversial film to be shown at festival

**Madison** — A controversial film banned in Peru leads the list of several movies to be shown Monday through Wednesday at the University of Wisconsin-Madison's Latin American/Latino Spring Film Festival.

"You Only Live Once" ("La Vida es una Sola"), which portrays what happens to rural communities caught in civil war, will be shown Wednesday.

Ray Santisteban, a Latino director and winner of the U.S., San Francisco and Atlanta film festivals, will speak and show his "Nuyorican Poet's Cafe" on Monday.

Each event will start at 7 p.m., with second screenings at 9:30 p.m., at the Memorial Union.

## Robots to compete in Engineering Expo

**Madison** — Wisconsin's first all-robot athletic competition and more than 80 exhibits will be featured in Engineering Expo 1995, to be held April 21-23 on the University of Wisconsin-Madison engineering campus.

"Forging the Future" is a biennial, student-run event that displays recent developments in engineering and technology.

The robot triathlon will pit nine student-built robots in competitions held each day. Admission is $3.50 for the general public and $2.50 for senior citizens and students.

## Lawrence University hosts ethnic cabaret

**Appleton** — Lawrence University will host its 20th annual International Cabaret at 6 p.m. Saturday in the Buchanan Kiewit Recreation Center at the university.

Tickets for the event are $12, which includes ethnic food and entertainment. For more information, call (414) 832-6749.

# Cancer society plans new, improved hot line

### Group's president promises expert advice for everyday people

MJS 4.3.95

By Marilynn Marchione
of the Journal Sentinel staff

**New Orleans** — Saying that Americans are confused and frightened about cancer and don't know where to go for answers they can trust, the American Cancer Society plans to launch a multimillion-dollar information service designed for the average person.

The new service, which will ultimately offer information by telephone and computer, will be called The Cancer Voice of America.

The name reflects the society's desire to be "the voice to the public" on cancer matters, said LaMar McGinnis of Emory University Medical School in Atlanta, president of the cancer society.

The service will replace the society's (800) ACS-2345 line, which McGinnis termed "an embarrassment" because it hasn't been able to provide in-

*Please see* **Cancer** *page 9*

KNOW YOUR
MADISONIAN

# Doctor helps cognitively disabled

## Hollywood's 'dumb' trend worries her

WSJ 4/2/95

By Elizabeth Brixey
Wisconsin State Journal

Dr. Tina Iyama-Kurtycz has her own ideas about the movie "Forrest Gump," which won six Oscars last week, including Best Picture.

"Basically, I think Forrest Gump doesn't have a disability. He's meant to be Everyman, and his stories are little fables ... like Dorothy moving through Oz," she says. "Certainly, he is the most positively portrayed character with a mental disability in the movies."

She is worried, though, about the "dumb" trend that has produced such movies as "Dumb and Dumber" and "Billy Madison." "Why is it now OK to laugh at people who are cognitively impaired?" she asks. "It's like a return to Jerry Lewis."

Iyama-Kurtycz is a co-founder of the 5-year-old "Disability and Film" series at UW-Madison, and she is a developmental pediatrician there. Known more widely by her maiden name, Iyama spent most of the past decade working at the UW's Waisman Center. Now, she works out of UW Children's Hospital.

Iyama's specialty is diagnosing children who have a cognitive disability — for instance, autism or mental retardation. She sees a lot of confusion, even among disability advocates, about "what to do with people who are cognitively disabled. It's not as concrete as it is with people who have a physical disability.

"I am impressed that people with cognitive disabilities look a lot less disabled than they used to," she said. "That's a tribute to the parents, who have brought a lot of normalcy to these people's lives."

One of the most difficult parts of her job involves parents. "I would say the hardest thing to do is to deliver bad news to families or even to begin to suggest to them that something isn't right," she said. "On the other hand, if I do it well, I feel good about it."

Iyama, 44, has mixed feelings about her own motherhood that stem from juggling career and family. Years ago, she cut her UW schedule back to 60 percent and last year to 30 percent. Still, she fears her two sons see "a crazed woman pressed for time" rather than someone who really loves her work and her family.

"I haven't figured out how to have the big goals," she said thoughtfully. "There are a lot of little goals and little accomplishments when you are a working mom. There's just so much to do, and you do what you can depending on how much time you have."

Iyama has wanted to be a doctor since she was 11. Her interest in cognitive disabilities started later with the book "Flowers for Algernon," which ultimately led her to volunteer at a day school for retarded children, held in a church basement in a Cleveland suburb.

"When I look back on it, it was so primitive," she said. "But it was either that or they stayed home."

State Journal photo/L. ROGER TURNER

As part of her job at UW Children's Hospital, Dr. Tina Iyama-Kurtycz examines the newborns at Meriter Hospital-Park. "They are like little works of art," she says.

### Dr. Tina Iyama-Kurtycz

**Position:** Associate professor of pediatrics in the Department of Pediatrics at UW-Madison; formerly at the UW's Waisman Center; now works out of UW Children's Hospital, teaching, supervising students and working with children and newborns; helped launch public forums about how people with disabilities are portrayed in film and literature; founder of Rett Syndrome Support Group.

**Education:** College at Case Western Reserve University in Cleveland; medical school at the University of Michigan in Ann Arbor; residency in Kansas City, Mo.; came to the Waisman Center on a fellowship in 1979.

**Family:** Married to UW pathologist Daniel Iyama-Kurtycz; two sons — David, 13, and Jonathan, 10; the family lives on Madison's West Side.

**Hobbies:** science fiction reader and writer (she has had one story about dragons and a medical-related poem published), figure-skating and collecting Muppets. She admires Muppets creator Jim Henson because "his philosophy of how we should be with each other was how I wanted to be. And yet, he never took himself too seriously."

**If I could convince people of one thing, it would be:** "To carry a positive attitude, even when you don't feel like it."

Medical-
Comprehensive
Cancer Center

# Society plans to launch new, improved hot line

*From page 1*

formation "to the degree of expertise needed."

The Cancer Voice will be answered 24 hours a day by competent staff and will provide community-specific information on treatments or experiments, local cancer services and what hospitals and doctors are doing.

The line will be updated continuously and will be available on the Internet and similar computer services.

The cancer society has budgeted $3.5 million for The Cancer Voice's first year and expects to spend $7 million in the next three years to develop it, McGinnis said.

"The kind of information we've been giving out is just not meeting the need," McGinnis said.

"Women need information on breast cancer, and right now they're confused," agreed Harmon Eyre, the cancer society's medical director. "The same is true of men with prostate cancer."

Squabbles between groups over issues, including when women should have mammograms, only made the problem worse, they said.

"When you see authorities debate in the press, that creates confusion in the public's mind," Eyre said. Sometimes the cancer society wonders whether it does more harm than good to disagree with a National Cancer Institute policy decision if confusion and distrust result, he said.

McGinnis said: "We want this to be a current, reliable and state-of-the-art information highway."

In a related initiative, the cancer society plans to start a national registry of women who have or are concerned about breast cancer — the Breast Cancer Network.

Registered women would be sent quarterly updates on developments in the field ranging from research and treatment to insurance and policy issues.

The cancer society also hopes to use the registry as a tool to recruit foot soldiers to lobby against potential threats, such as insurance legislation that might discriminate against some breast cancer patients.

"We desperately need a grassroots group like the NRA (National Rifle Association)" to mobilize people and generate letters when the need arises, Eyre said.

As for the new communications initiative, some are concerned it will compete with a parallel road — the National Cancer Institute's long-standing (800) 4-CANCER hot line, which provides callers information on drug and other cancer experiments nationwide, plus general information about the disease.

McGinnis, of the cancer society, said The Cancer Voice would relate more to average people, and that the institute's line is more oriented toward researchers and the scientific community.

Ed Sondik, acting director of the National Cancer Institute, said, "I'm all in favor of getting more information out there, but I would be concerned about competing messages."

He acknowledged that the institute's focus was on research, but he said several databases operated by the institute are accessible to the public.

The society "has a major role in talking to people in communities," Sondik said. "[The institute] has no local organization that's there to help a woman when she learns she's just developed breast cancer."

William Donegan, professor of surgery at the Medical College of Wisconsin, chairman of surgery at Sinai Samaritan Medical Center and the chairman of the cancer society's breast cancer subcommittee, said the services from the government and the cancer society "would relate very well with each other."

"The [society's] strength is in providing lay person-type information" at the local level, he said. The institute, he said, "can't do the local-level thing at all."

But Paul Carbone, director of the University of Wisconsin's Comprehensive Cancer Center in Madison, said he was concerned about the quality of the service the cancer society would be able to offer.

Problems with uneven quality of society information services exist now because the lines are answered mostly by volunteers who vary greatly in their knowledge, he said.

Carbone administers the (800) 4-CANCER line for Wisconsin and four other Midwestern states.

The cancer society's McGinnis and Eyre agree better training would be a key to success for the planned upgraded information system. But they said national surveys by the society showed the society had high name recognition and trust with the public, and therefore was better positioned to become a public information source.

# OVERCOMING CANCER

UW COMPREHENSIVE CANCER CENTER
20
1973–1993

Del Brown

One in three people will face cancer during his or her lifetime.

When cancer struck Stephanie Brand of Delafield (left); Nicholas Hendrickson of Monroe (center) and Eric Wolfe of Madison (right), the University of Wisconsin Comprehensive Cancer Center was there to help. The UWCCC is known around the world for outstanding cancer care and research. Since 1973, the UWCCC has played an important role in the lives of more than 40,000 people, including Patricia Wimme of Woodruff, whose story appears on page 3 of this special publication commemorating the center's 20th anniversary.

## Alert doctor gives Nicholas edge in fight

MONROE - Sherri Hendrickson has no patience with parents who complain that well-baby check-ups are inconvenient or expensive.

It was one of these regular check-ups—and a pediatrician's thoroughness—that revealed a cancerous tumor that threatened the life of her toddler son.

There was, after all, little to indicate that Nicholas' life was in danger. He was a happy, very active 15-month-old child and the October 1991 appointment at Monroe Clinic was just a routine visit.

During the examination, Dr. Amy Johnson felt a lump near Nicholas' stomach. When blood tests and X-rays failed to identify the source of the bulge, Johnson sent Nicholas and his parents to St. Clare Hospital in Monroe for further tests.

An ultrasound examination revealed a tumor the size of a baseball on Nicholas' left kidney. Johnson immediately called the pediatric oncologist at UW Hospital and Clinics, then went to tell the Hendricksons.

"She had a horrible look on her face that I'll never forget," Sherri says. "I don't remember her exact words because I was thinking 'whatever it is, this is bad...'"

> **"You see such a large facility and you think: 'I'll just be a number,' but it was never that way."**
>
> **Sherri Hendrickson**

Johnson told Sherri and her husband Larry that an ultrasound test had showed a threatening growth on Nicholas' kidney. Ninety minutes later, Sherri, Larry and their son were at UW Children's Hospital in Madison, where a doctor awaited them. Nicholas quickly received a specialized doppler ultrasound, a CT scan, and blood and urine tests.

"What really surprised us was the speed with which they did everything," Larry says. "It was late afternoon into the evening, but they were going about their business and ordering tests just like it was regular daytime hours."

"They really rushed to get the results of those tests," Sherri adds. "By 6 p.m., Dr. (Susan) Wiersma was telling us the possible diagnosis and plan of action."

Wiersma, a pediatric oncologist and assistant professor of pediatrics at the UW Medical School, said Nicholas suffered from a Wilm's tumor, a cancer which occurs in about 400 U.S. children each year, most frequently children between ages 2 and 6. The survival rate for children with Wilm's tumors has improved dramatically in 30 years—from 30 percent in the 1960s to almost 90 percent today.

Nicholas' tumor was discovered at an early stage, but Wiersma says many childhood cancers can spread quickly. So Nicholas' treatment plan called for immediate removal of the tumor and prompt commencement of chemotherapy to combat any remaining cancer.

Dr. John Pellet, a UW surgeon, canceled travel plans and removed the cancerous kidney the next morning in a 45-minute operation. Ironically, it took less time to remove the tumor than to install a catheter through which Nicholas would receive his cancer-fighting drugs. Central venous catheters make it easier to administer chemotherapy and permit blood samples to be taken without using a needle.

With surgery over, Nicholas began a week of recovery and observation at the pediatric oncology unit, where patients—and their families—benefit from nurses trained specifically for the care of young cancer patients. Teaching parents about cancer, chemotherapy and other issues is part of their job.

"The nurses were great about explaining things, what they were doing and why," Larry says. "Even if they weren't directly working with us, they knew who we were and went out of their way to help."

The nurses and staff "worked to make Nicholas' room a good

**Continued on page 2**

Greg Anderson

**During chemotherapy in November 1991, Nicholas was nervous despite the reassurances of Jan Lehmann, an oncology nurse clinician who educates parents.**

## UWCCC: Tops in treatment, research—and caring

### A commitment, not just a place

The University of Wisconsin Comprehensive Cancer Center has become more a commitment than a place during its 20-year evolution.

The "bricks and mortar" are there: The center's physical aspects include specialty clinics, treatment facilities, research laboratories, classrooms and more. And UWCCC doctors and staff use the most advanced technical equipment available to plan and deliver innovative treatments with pinpoint accuracy.

But people whose lives are touched by the UWCCC as patients, or as family and friends of patients, say they know *exactly* why the center is internationally recognized for cancer treatment and research.

It's because UWCCC director Dr. Paul Carbone didn't turn his back on a 95-year-old Madison man with a rare and challenging liver cancer,

...because researchers like Dr. Michael Gould are tenaciously testing unusuai compounds like orange peel and lavender oil—and finding cancer-fighting chemicals.

...and because oncology nurse clinician Deb Chicks takes her job so seriously she'll dress up as a clown now and then to bring a smile to the face of a child.

No, the center's successes aren't due solely to Carbone, Gould or Chicks. Its triumphs are shared by the more than 350 people—doctors, nurses, scientists, technologists and staff—who provide first-class patient care, top-notch research, exceptional education for physicians and health professionals, and innovative prevention and outreach initiatives. The UW Comprehensive Cancer Center is successful because of people for whom health care is a passion, rather than an occupation.

### World-class teamwork

Passion—and compassion—led UW cancer researcher Dr. Harold Rusch in 1973 to assemble a team of health professionals to combat the more than 100 deadly diseases we call cancer. From Day 1, the UW Comprehensive Cancer Center had the advantage of more than 30 years of UW leadership in cancer treatment and research (see *History* at right).

The center's most visible role is providing the best available cancer treatment to some 2,200 new patients each year. In recent years, the center and several of its affiliated physicians have appeared atop lists of the best cancer centers and the best doctors in America.

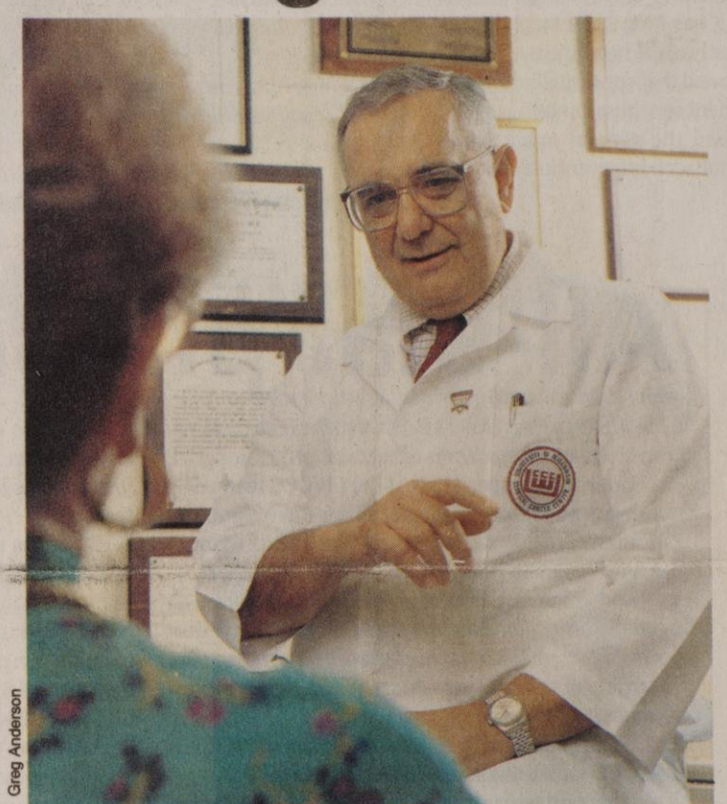
The same physicians who provide this excellent personal care are involved in laboratory experiments, epidemiological studies and other research projects aimed at dousing cancer's fire. That's a primary reason for UWCCC's treatment successes: they know the enemy very well.

Center activities bring together staff and resources from UW Hospital and Clinics, the UW Medical School and McArdle Laboratory for Cancer Research as well as scores of teacher-researchers in a dozen colleges of the UW-Madison.

**Deb Chicks, an oncology nurse clinician, entertains a friend during the 1992 Cancer Survivors Day.**

The resulting interaction between physicians at the front lines of the cancer battle and researchers in the forefront of specialties like biostatistics, immunology and microbiology has borne much fruit. The UWCCC is internationally known for research uncovering new treatment approaches for breast, prostate and bladder cancers.

It is a leader in designing new treatments that bolster a patient's immune system against cancer and is a pioneer in combining the cancer-combating power of surgery, chemotherapy, radiation and other techniques. National and local media frequently seek out center researchers for their experience in lessening the incidence of cancer and finding ways to prevent it from occurring.



Greg Anderson

**UWCCC Director Dr. Paul Carbone speaks with Eleanor Anderson of Madison, who has battled three separate cancers with help from UWCCC physicians.**

### One of 28 in the nation

The center is one of just 28 in the U.S. recognized as "comprehensive" by the National Cancer Institute (NCI) and National Institutes of Health. For cancer patients and their families, "comprehensive" means a patient is under the care of a medical team (doctors, nurses, pharmacists and others) whose professional lives are devoted to combating cancer. Since research is an integral part of NCI's standards for comprehensive centers, the UWCCC is frequently among the first to apply new laboratory breakthroughs as successful cancer treatments. The center usually provides up to 80 protocols, or treatment plans, that a patient would find at only a handful of U.S. medical facilities.

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

"One of our greatest strengths—and a major reason for our reputation for excellence—is our ability to translate laboratory findings into clinical use," says Carbone, an international breast cancer expert. "We work on problems relevant to humans and are finding answers to the questions that have hindered discovery of effective therapies."

For example, during the last year, the cancer-fighting chemicals tamoxifen and taxol have received detailed coverage in the national news. But these drugs, and hundreds of others, are nothing new to the UWCCC, whose researchers have been carefully testing and administering tamoxifen for more than 20 years. The center conducted initial studies in the mid-1980s to determine the safest, most effective doses of taxol for treatment of breast cancer. Today UWCCC doctors have more than 40 women involved in a five-year test to determine tamoxifen's effectiveness in preventing breast cancer. Next month, UWCCC research will be featured at two of the nation's most prestigious gatherings of cancer physicians and researchers.

On April 1, the center began receiving five more years of support from the National Cancer Institute's highly competitive "core grant" supporting two dozen research projects. The UW-Madison retains its distinction as the only campus in America with both world-class comprehensive and basic research centers—the UWCCC and the McArdle Laboratory for Cancer Research.

## A history of making history

UW-Madison's prominence in cancer research, treatment and education arises from more than five decades of diligence and discovery by UW Medical School professors, especially those working at the McArdle Laboratory for Cancer Research (McArdle) and the UW Comprehensive Cancer Center (UWCCC):

**1930s**

Dr. Frederick Mohs, professor of surgery, developed a surgical technique to remove external tumors, such as mouth, lip and skin cancer. Mohs Micrographic Surgery relies on careful small dissections instead of the gross removal of tissue, allowing surgeons to work precisely, sparing normal tissue.

**1936**

The University of Wisconsin's first formal foray into cancer research came with the university's sponsorship of a conference of American and European investigators.

**1939**

Dr. Harold P. Rusch, professor of oncology and human oncology, showed that a high-fat or high-calorie diet accelerated the production of cancer in mice.

In 1941, he found the wavelength of ultraviolet light that produces skin cancer. Rusch played a singular role in elevating UW to world renown in cancer research and treatment; he was the founding director of both the McArdle Laboratory for Cancer Research (in 1940) and the UW Clinical Cancer Center (in 1973)—forerunner to UW Comprehensive Cancer Center.

**1951**

Dr. Van R. Potter of McArdle Laboratory developed the concept of combination drug therapy, now the most widely used form of chemical treatment for cancer. Potter correctly surmised on the basis of his own experiments that administering several drugs, chosen according to knowledge of the chemistry of the cell, could be more effective than single-drug therapy.

**1950s**

Studies by Dr. Roswell Boutwell of McArdle Laboratory shed light on the mechanisms by which control of caloric intake protects against cancer, especially breast cancer.

**Continued on page 2**

## Celebrating 20 years of innovation and excellence

**The University of Wisconsin Comprehensive Cancer Center (UWCCC) bustles more than ever this year as its employees and the community celebrate its 20th year in operation.**

**Founded in 1973, the UWCCC was one of the early National Cancer Institute (NCI)-funded comprehensive centers. During the past two decades, about 40,000 people—more than you'll find in most Wisconsin towns—have come to the cancer center as new patients seeking treatment or consultations. They come because UWCCC doctors, nurses and medical researchers are making significant strides in diagnosing, treating and preventing the more than 100 types of disease called cancer.**

**Now one of 28 comprehensive cancer centers recognized by NCI, the University of Wisconsin Comprehensive Cancer Center is a national leader in cancer research, treatment and education. The year-long celebration of UWCCC's—and patient's—individual and collective victories over cancer includes public and physician education programs, an employee recognition event, a community dinner-dance on Oct. 2 and a cancer symposium.**

**This newsletter was produced by the CHS Public Affairs Department for the UW Comprehensive Cancer Center and UW Hospital and Clinics with the support of the UWCCC Committee of 100.**

UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
**600 Highland Avenue, Madison, WI 53792**
**(608) 263-8600**

# How do you whip cancer?

**"It's not the new gadgets that make the difference, it's the expertise of the health care team and the way in which you utilize that cumulative expertise."** Dr. Timothy Kinsella

# T•E•A•M•W•O•R•K

Dr. Timothy Kinsella, an internationally recognized radiation oncologist, can talk technology with the best of them. Asked about the UWCCC's success, however, he goes straight to the heart:

"It's not the new gadgets that make the difference, it's the expertise of the health care team and the way in which you utilize that cumulative expertise," says Kinsella, chairman of the human oncology department whose professors provide much of the drive to the UWCCC chariot. "The advancements are coming from the pooling of human resources."

A major strength of a comprehensive cancer center like the UWCCC, particularly one attached to a major academic institution, is its ability to quickly gather experts from diverse medical fields. This "gathering of experts" occurs both in the clinic, where patients come for treatment, and in the laboratory, where the goal is to develop, test and apply new knowledge for the clinic.

UW Hospital and Clinics and the UWCCC have created several multidisciplinary clinics so that an existing team of experts is available to quickly and efficiently provide diagnosis and treatment. Clinical teams are in place for six tumor sites and one disease, and more are being organized.

These clinics offer advantages not only to patients, but to physicians in private practice. Dr. Alan Gustin, an Oconomowoc gynecologist, says he feels like "part of the team" when he refers patients to the UW Hospital and Clinics and the UW Comprehensive Cancer Center.

Gustin identifies the problem, refers the patient to the appropriate team of specialists and is advised of the treatment given and its ramifications upon the patient's continued care. Gustin says he resumes his role as the primary doctor once the therapy is completed and does all follow-up care.

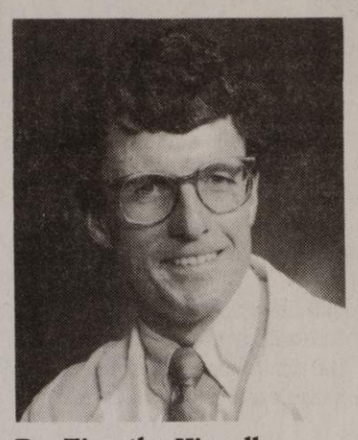
"The UW is at the cutting edge of each major area of cancer treatment: chemotherapy, radiation and surgery," Gustin says. "They have a team approach and are comprehensive, multifaceted."

The multidisciplinary theme is common to many UWCCC endeavors. The center's organization ensures that doctors who treat patients with a particular type of cancer, colon cancer for example, interact with members doing research that affects that area.

Frequently, the same physicians who treat cancer are studying ways to improve treatment or prevent cancer from starting. For example, smoking has long been tapped as a major cause of cancers, particularly of the head and neck. And research released in January showed that continued smoking interferes with radiation treatment for these cancers.

The news may have surprised the general public, but UWCCC radiation oncologists, tobacco intervention experts and psychologists had already pooled their expertise for a successful program to encourage people with head and neck cancers to stop smoking.

That's the proactive approach that Kinsella likes to see. "It's not enough just having a team of experts and providing a high standard of care... Comprehensiveness, to me, means all this is done in a caring environment," Kinsella says.



**Dr. Timothy Kinsella**

## "Multi-D" provides team of experts

The best way to identify and treat cancer is to pool the knowledge and resources of a variety of experts. The UW Comprehensive Cancer Center and UW Hospital and Clinics operate several multidisciplinary, or "Multi-D," clinics that offer patients and referring physicians the advantage of shared insights and offer diagnostic and treatment options that aren't readily available elsewhere.

**Brain cancer clinic** Provides diagnosis, treatment and consultations on brain tumors as a service to patients and physicians. Its services are popular with primary physicians seeking a second opinion; the UWCCC brain tumor board, which includes specialists from several medical fields, reviewed more than 370 tumors last year.

**Breast cancer clinic** Provides diagnostics, information and options for women confronted with breast cancers or breast abnormalities. Provides fine needle biopsy and immediate pathologic interpretation, mammographic diagnosis and interpretation, surgical intervention and postoperative radiotherapy or chemotherapy. Offers services of medical, radiation and surgical oncologist.

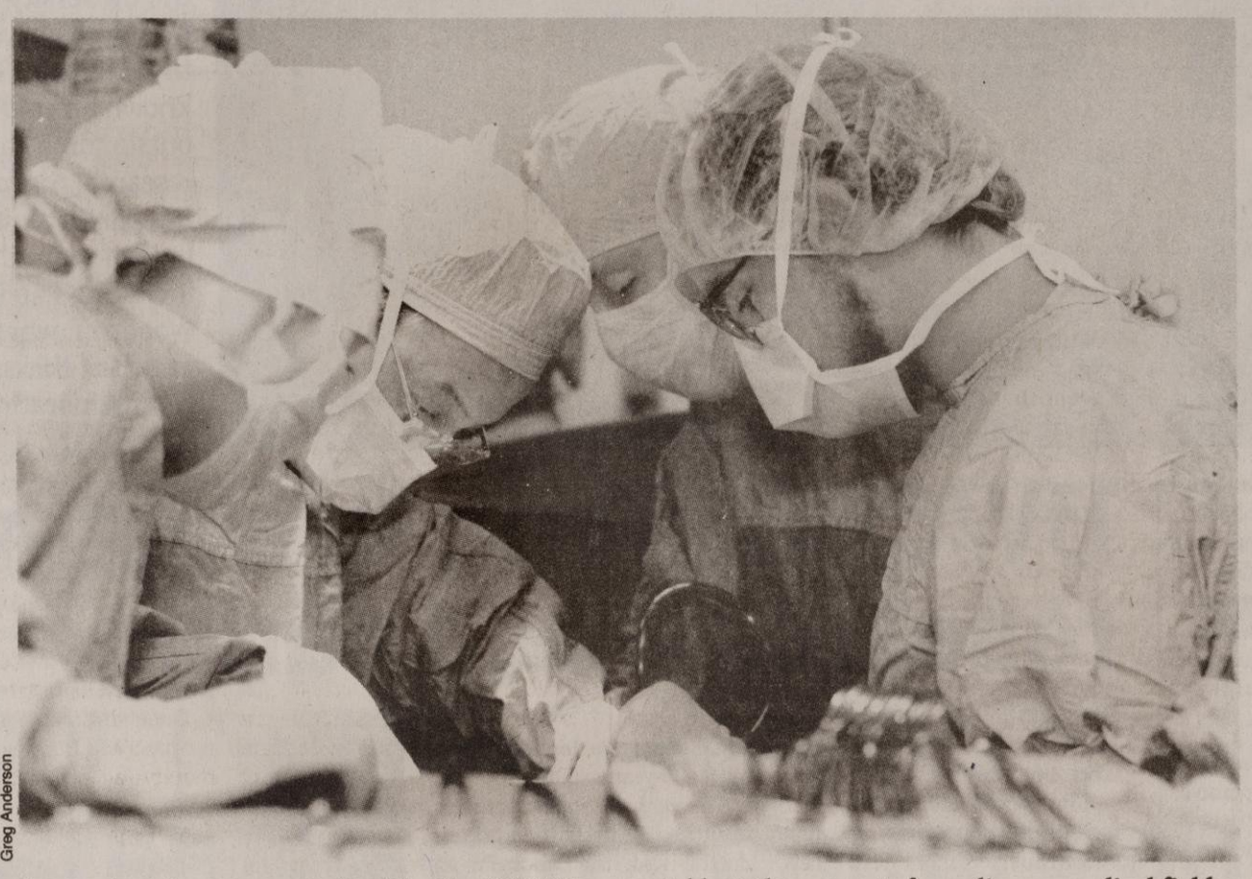
**Children's cancer clinic** Diagnoses and treats, or makes treatment recommendations for infants, children and adolescents with leukemia, other blood disorders and solid tumors. Helps parents understand and participate in their child's care. Collaborates with pathologists, radiologists, surgeons and radiotherapists. Participates in a national group involving 28 major pediatric oncology centers.

**Gynecologic tumor clinic** Serves patients with tumors of the vagina, cervix, uterus and ovary. Provides multidisciplinary team and advanced treatments such as high-dose-rate intercavitary radiation, where radiation is delivered directly to the tumor source.

**Head and neck cancer clinic** Evaluates cancer of the face and neck, skin, eyes, ears, nose, mouth, throat and neck. Oncologists and appropriate specialists, such as ear, nose and throat specialists; dentists; plastic surgeons; speech and swallowing experts and therapists review patient information (records and test results) and make recommendations each Friday. Treatment may be pursued at UWCCC or with the patient's primary physician.

**Lung cancer clinic** Physician team reviews new patient's records every Wednesday to recommend treatment or provide second opinions. Team includes a medical and radiation oncologist, a thoracic surgeon and a clinical nurse specialist. Treatment plans may include the use of innovative radiation treatments, such as brachytherapy, where a short, powerful dose of radiation is administered as close as possible to the cancer site, or unique treatments combining surgery, radiation and/or chemotherapy.

**Prostate cancer clinic** Focuses on providing answers to people with questions such as what PSA results mean or what to do when a biopsy shows small traces of cancer. Enhances existing interaction among UWCCC urologists, medical oncologists and radiation oncologists. A single clinical setting is being pursued so that patients see specialists and obtain X-ray and other radiology examinations during one visit. Enables patients to seek examinations and/or second opinions for a suspected, but unconfirmed diagnosis of prostate cancer, or discuss treatment options.



Greg Anderson

**Comprehensive cancer centers like the UWCCC can quickly gather experts from diverse medical fields.**

## History...

**Continued from page 1**

**1957**
The anti-cancer drug fluorouracil was synthesized by Dr. Charles Heidelberger of McArdle Laboratory. Known as 5-FU, the drug is used extensively to treat a variety of cancers.

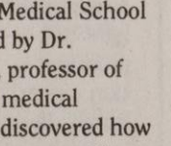
**1950s, '60s**
Drs. Elizabeth and James Miller of McArdle Laboratory markedly advanced understanding of how certain chemicals cause malignancy. The Millers found that many known carcinogens must be "activated" in the body to initiate cancer.

**1960s**
The research and advice of Dr. Derek Cripps, professor of medicine, laid the foundation for the U.S. Food and Drug Administration adoption of "Sun Protection Factor" ratings, now found on suntan and cosmetic products.

**1968**
A team of UW Medical School researchers led by Dr. Richard Hong, professor of pediatrics and medical microbiology, discovered how to predict the success of bone marrow transplants, giving new hope to patients with leukemia and immune deficiency diseases.

**1969**
Dr. George T. Bryan, professor of human oncology, found evidence linking cancer in laboratory animals with saccharine and cyclamates, artificial sweeteners used in soft drinks and other foods. Both substances were subsequently banned.

**1970**
Dr. Howard M. Temin of McArdle Laboratory and his coworker discovered reverse transcriptase (independently discovered by Dr. David Baltimore). This enzyme explains how retroviruses cause cancer and AIDS. Temin's work in this area led to his selection as a co-recipient of the 1975 Nobel Prize in medicine.



**Continued on page 3**

# All-star physician team joins Eric's battle

MADISON - Eric Wolfe's battle with brain cancer has involved an all-star team of medical professionals.

Brain cancer specialists at the UWCCC teamed up with top guns from medical facilities in Milwaukee, Minnesota and Texas to identify Wolfe's brain tumor as a rare and aggressive mixed histology cancer.

And Wolfe's treatment at the UWCCC involved an equally impressive team: radiation and medical oncologists, radiotherapists, pharmacists, nurses and a variety of technicians—more than a dozen professionals.

Wolfe considers Dr. Minesh Mehta, a soft-spoken UWCCC radiation oncologist, the team MVP.

"Dr. Mehta was very welcoming. I had the feeling that he was taking me under his wing and would get me through this," Wolfe says. "He explained what was going to happen and how it was going to work, so that I knew what was going on. I never left feeling that I couldn't call him with more questions."

• • •

It was almost Christmas 1991 when Wolfe, 23, began experiencing brief sensations of disorientation that left him with an overpowering headache. Wolfe thought the attacks were due to stress. It was finals week at UW-Madison, and he was busy with a graduate design project and his work as a designer at Hoot Communications in Madison.

By the time he got home to Menomonee Falls for the semester break, however, he was having what he called "little episodes" five times a day. On the day after Christmas, he consulted a Milwaukee neurologist and was hospitalized for three days of extensive testing.

The tests revealed an unidentified growth in his brain just behind his right temple. When doctors there were not convincing in their treatment strategies, Wolfe explored other options by getting a second opinion. When doctors at a second medical center recommended radiation treatment, Wolfe chose the UWCCC. He wanted to be treated in Madison, where he could keep working and attending classes—and be close to his family and friends.

Wolfe is one of nearly 400 people whose brain tumors were reviewed by Mehta and his colleagues during 1992. After studying Wolfe's medical records, the UWCCC team concluded that his tumor was more complex and harder to treat than most. Further testing and a flurry of phone calls, faxes and special deliveries were required to convince other members of Wolfe's multi-state, multidisciplinary medical team.

"It was a 'diagnosis by committee,' which happens rather frequently," Mehta says. "We recognize that, although we are a big and comprehensive cancer center, we don't have expertise in all areas. We'll go out of our way to seek other opinions. Our advantage as a big center with national connections is knowing where to go and whom to ask."

With the diagnosis clarified, the focus shifted to identifying the most effective treatment for the unusual tumor. Mehta searched cancer journals and studied reports until he found a preliminary Canadian study recommending both radiation and chemotherapy. Mehta and UW medical oncologist Ian Robins, who together planned and carried out Wolfe's treatment, chose to begin the attack against the brain tumor with radiation, since its powerful cancer-killing effect often lingers after treatment ends.

Wolfe's radiation treatments were planned using three-dimensional treatment planning, an approach available at only a handful of hospitals. This system combines MRI scans and a powerful minicomputer to create life-like images of patients and tumors. The system allows a radiotherapy team to fine-tune the duration and angle of radiation beams used in treatment before the beams themselves are ever turned on—minimizing radiation's impact upon "friendly" tissue.

"I had a few concerns since the tumor was so close to my eyes—as a designer they're my livelihood," Wolfe says. "But my doctors told me all about the 3-D planning and how they were able to stay pretty tight to the tumor itself."

During the treatments, Wolfe benefited from the UWCCC's use of the immobilization mask, a technique brought to the UWCCC from Arizona by radiation oncologist Dr. Paul Harari. A custom-made plastic mesh cast of Wolfe's face and head was used to anchor him to the treatment table, providing precise targets to guide the radiation beams. Without the mask, Wolfe's head would have been taped down during treatment, with indelible ink "target marks" on his face and head throughout the six weeks of treatment.

"With the mask, I was in position almost immediately," Wolfe says. "It's just a matter of lining the laser beam up with targets on the mask.

"People were amazed at how well I appeared to get through radiation," he adds. Wolfe experienced some side effects, but got through with humor and flair. For example, when he lost the hair on the sides of his head during radiation, he improvised: "I gave myself a five-inch Mohawk to make it look like I had done this on purpose. You'd be surprised what a UW-Madison student can get away with..."

He also lost most of his energy. "I started joking that I was basically good for one task a day," Wolfe says. "If it was Saturday and I had to do laundry, that was my day."

But there were positives: Halfway through radiation, the seizures declined from several each day to one or two a week. "It was a nice break," he says. "There were actually times when I forgot about my head."

When Wolfe finished radiotherapy, Mehta used an experimental imaging system called proton spectroscopy to study the chemistry of Wolfe's tumor. "We got results that we had not seen in any other cancer," Mehta says. "That verified that this was not a run-of-the-mill tumor."

**When he lost the hair on the sides of his head during radiation, he improvised: "I gave myself a five-inch Mohawk to make it look like I had done this on purpose. You'd be surprised what a UW student can get away with."**

**Eric Wolfe**

More importantly, the examination showed that the growth had shrunk slightly.

"I was surprised and happy to see that the first time through," Wolfe said. "I had come to believe that when—*if*—the tumor was going to respond, it wouldn't show up on a scan for months, even years."

So Wolfe started chemotherapy with an emotional boost. Robins placed Wolfe on a three-drug regimen with one drug given daily and two others given on alternate weeks.

He received the drugs every other month for six months, finishing in September. Subsequent tests showed the size of the tumor had dwindled still more.

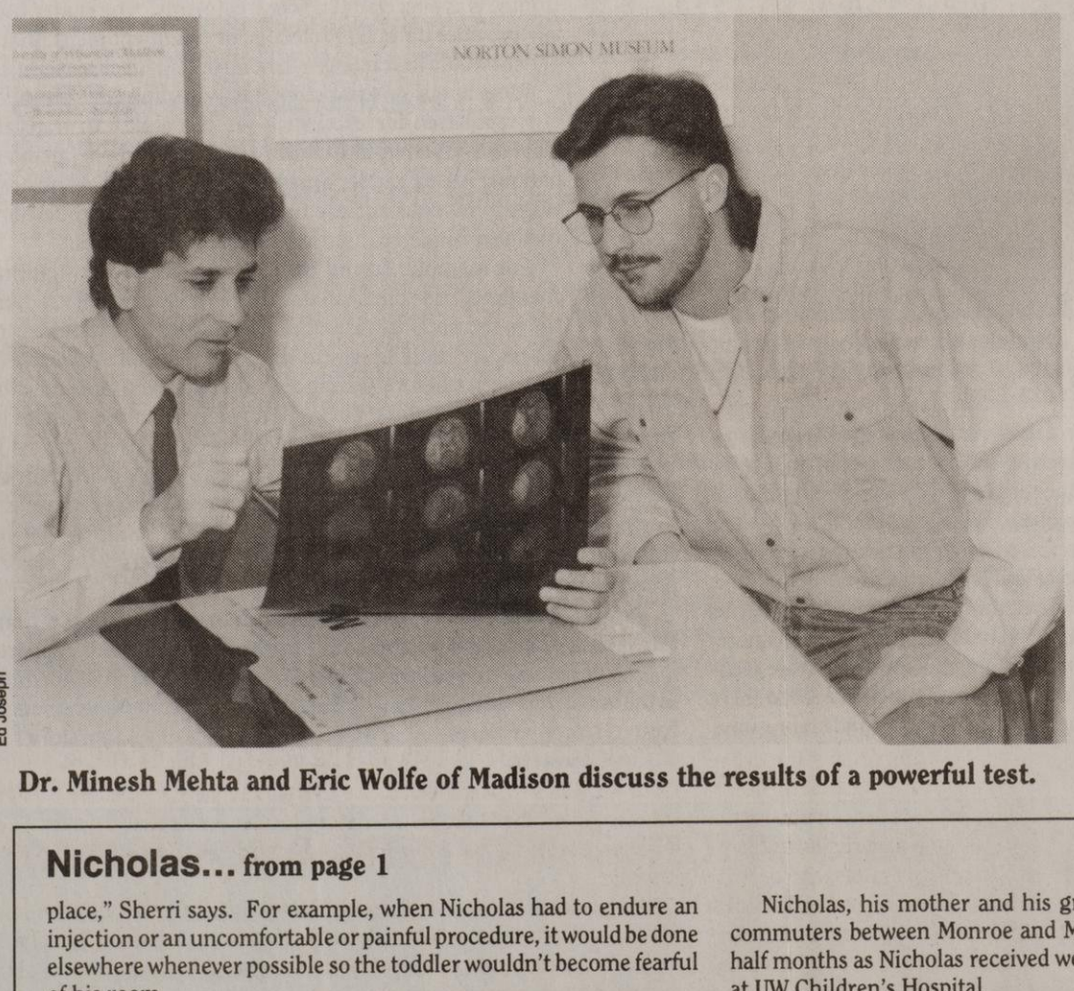
Wolfe, who sees Mehta and Robins every four months for follow-up testing, is positive about his treatment at UWCCC.

"Cancer is a long-term disease, so the care is more hands-on," Wolfe says. "Your doctors and nurses are more familiar with you. People remember your name as you walk by. Small things like that make it a more pleasant day—if you can consider going to a hospital every day pleasant.

"I was getting the best care right here, which is very fortunate on my end, because I live here," Wolfe says. "And so does my strength: my girlfriend Michelle, Mom, Dad, Cara and The Boys—my roommates.

"This whole thing really hasn't taken me that far out of my game or life-style," says Wolfe, (a racquetball player who snuck in games during treatment despite his doctors' recommendation.)

"I'm feeling better all the time and I look forward to moving ahead with my life. The last year has been a physical trial and an emotional awakening to what is important to me, my relationships with loved ones, my faith as a Christian and my desire to live."



Ed Joseph

**Dr. Minesh Mehta and Eric Wolfe of Madison discuss the results of a powerful test.**

## Nicholas... from page 1

place," Sherri says. For example, when Nicholas had to endure an injection or an uncomfortable or painful procedure, it would be done elsewhere whenever possible so the toddler wouldn't become fearful of his room.

"When the doctors came around, they were dressed casually, not in white lab coats," she continues. "They went out of their way to make it a non-threatening environment. We were really impressed with the whole staff."

Three days after surgery, Nicholas was "running up and down the hallway," his mother says. His heightened energy was a sign of his rapid recovery from the operation, which meant he was ready for chemotherapy. He was given his first dose of cancer-fighting drugs five days after surgery and was released a day later.

Nicholas, his mother and his grandmothers then became regular commuters between Monroe and Madison for the next four-and-one-half months as Nicholas received weekly, then biweekly chemotherapy at UW Children's Hospital.

The strong drugs eventually caused Nicholas to lose both weight and hair. But the chemotherapy worked; testing at the conclusion of chemotherapy in April 1992 and more recently reveal no trace of cancer.

In addition to watching for tumor recurrence, Nicholas' physician team is keeping an eye on Nicholas' "good kidney," Wiersma says, since it is now doing the work of both kidneys. Nicholas has passed each check-up with flying colors.

"You see a large facility like UW Hospital and Clinics and you think 'I'll just be a number,' but it was never that way," Sherri says. "We're very lucky to live so close to a facility like this. There were people there from all over the U.S. because this is the only place they can get (a particular) treatment.

Sherri's employer, the Parkview School Board, gave the high school teacher permission to split time with another teacher, allowing Sherri to be present when Nicholas needed her. Coworkers at the high school collected money to help meet other needs.

"Things like this give you a chance to see just how supportive people can be—our families, friends, church, everyone," Sherri says.

"When this began, I remember thinking it would be a difficult thing, that we'd never make it through," Sherri says. "But everyone helped out and it seemed much easier than it might have been."

# Providing fast, free information when people face tough decisions

When you're told that you or someone you love has cancer, information is at a premium. Suddenly, you want to know all you can about the disease and its treatment.

Fortunately, help is just a telephone call away at UW Cancer CareLine, a toll-free, anonymous hotline that provides fast, accurate information to approximately 200 callers per month.

"We spend a lot of time explaining the basics of diagnosis and treatment and defining terms like 'clinical trial,' 'oncologist,' and 'chemotherapy,'" says Jan Sullivan, CareLine's supervisor and one of three clinical cancer counselors.

She attributes CareLine's effectiveness to accessibility and anonymity. "Even in a hospital bed, you have a phone," she says, adding that counselors receive calls from as near as the lobby of UW Hospital and Clinics and as far away as California.

Knowing they need not give their names, callers feel more comfortable expressing their fears or questioning the care they receive.

For example, one caller was told he probably had cancer and should have radiation treatment. But a physician couldn't obtain a positive biopsy proving that the problem was cancer and another physician refused to provide treatment until the cancer was positively identified.

Counselor Jane Malz referred the caller to Dr. David Mahvi, a surgical oncologist at the University of Wisconsin Comprehensive Cancer Center, who persevered until he confirmed the presence and location of the cancer, a large malignant pancreatic tumor. "By the time he had shown symptoms, the cancer would probably have spread to other parts of his body," says Malz. Instead, the caller received relatively early treatment at UW Hospital and Clinics. Malz, who rarely hears back from callers, was glad to know that this conversation led to an improved quality of life, if not life itself.

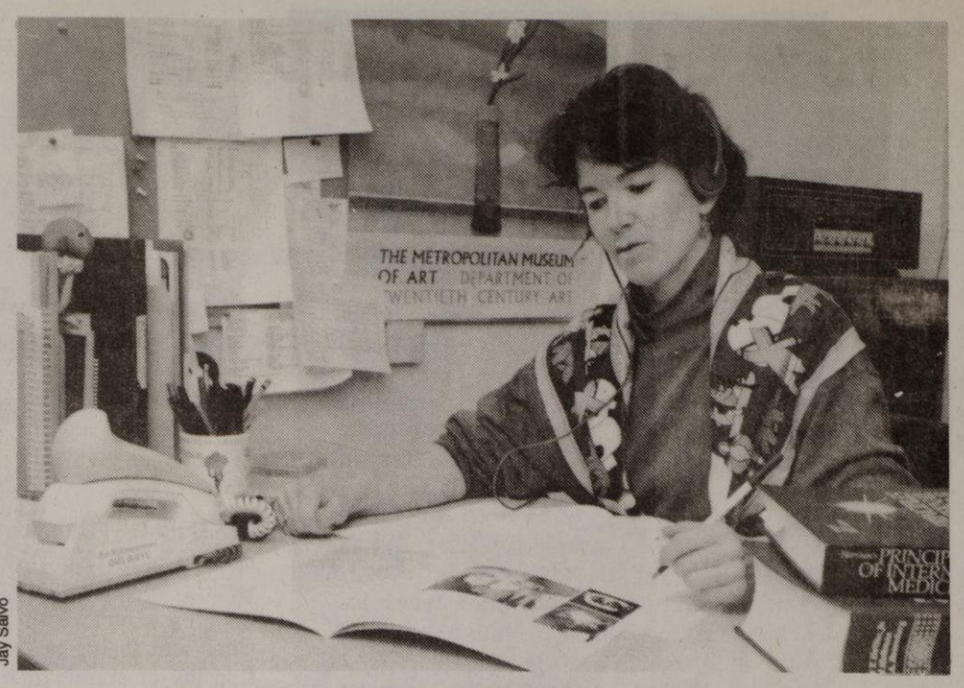
CareLine callers also seek help in finding nutritionists, hospice services, pain management advocates, even the source of information about available wigs for patients who have lost their hair during treatment. And counselors frequently confront the fears callers have about cancer, a word many associate with certain death.

"Callers often have preconceived notions, many of which are wrong, and they may be very frightened," says Betta Owens, a CareLine counselor for seven years. "The essence of our service is providing accurate information and helping them find their way through the system."

If the counselors' experience and the bulging office library don't provide an answer to a caller's query, the counselors turn to Medline, the National Library of Medicine's on-line index to medical, nursing and dental research, and to Physician's Data Query, a source for information on new treatment approaches being tested in the U.S.

"For some people, we're the only resource they have, certainly the only one that will coach them on how to get information from their doctor, help them arrange for a second opinion or inform them about alternatives outside their immediate locale," says Sullivan. "We're there with information as people face tough decisions."

The UW Cancer CareLine is sponsored by UW Hospital and Clinics and UW Comprehensive Cancer Center.




Jay Salvo

University of Wisconsin
Cancer CareLine
1-800-622-8922
In Madison, 262-5223

**Betta Owens takes a call from one of the more than 200 people who call each month seeking the best information about cancer and its treatment.**

# Taking 'The Wisconsin Idea' to the world

MADISON, Earth—The UW Comprehensive Cancer Center is a place without boundaries, geographical or otherwise.

UWCCC caregivers and researchers frequently expand "The Wisconsin Idea," a philosophy urging university programs to serve the entire state, by sharing their scientific and clinical advancements with colleagues across the nation and throughout the world.

Even so, Wisconsin residents are usually the first to benefit from the center's innovative services and research. UWCCC activities in Madison provide easy access to and from Wisconsin's major population centers. And UW physicians, researchers and educators use a variety of methods to make UWCCC initiatives available to communities and physicians throughout Wisconsin.

Cooperative agreements like those with Wausau Hospital in Wausau and Beloit Memorial Hospital in Beloit bring UWCCC physicians, staff and services directly to outlying communities. For example, UWCCC radiation oncologists travel to Beloit each day to treat patients and to confer with local physicians. Patients benefit by having the expertise of UWCCC cancer specialists close to home.

Just as important as its local presence are the UWCCC's regional and national activities. UWCCC staff are active as officers and members in more than a dozen national and international organizations. The center's participation in the Eastern Cooperative Oncology Group, for example, unites as many as 200 hospitals across the nation and throughout the world. And UWCCC specialists are frequently asked to share their findings at national and international physician conferences.

UNIVERSITY OF WISCONSIN
COMPREHENSIVE
CANCER CENTER

"The whole purpose of this cancer center is to make the latest technology available to the people of this state, the Midwest and the nation," says Dr. Paul Carbone, UWCCC director.

Sometimes, the cancer center sparks the growth of new organizations which join in the fight against cancer. For example, the UWCCC played a lead role in the creation of Wisconsin Cancer Council, which unites more than 50 statewide cancer organizations, including societies of cancer researchers, nurses, medical oncologists, and radiation therapists.

The Wisconsin Cancer Pain Initiative, a frequent UWCCC collaborator, has attracted worldwide support and attention for its crusade to develop programs that will spread knowledge about effective pain treatment. The WCPI, chaired by UW pharmacologist June Dahl, is the first state effort recognized by the World Health Organization. The WCPI is a national demonstration site for a role model program that teaches teams of health care providers how to manage cancer pain.

The UWCCC also has excellent relations with the state Department of Health (DOH), providing expert help when needed, as well as supporting the DOH in developing statewide activities in pain control, smoking cessation, tumor reporting and more.

The UWCCC Advisory Board, comprised of community leaders from throughout the state, helps the center with patient and community relations and securing private financial support.

# UWCCC, taxol hearten Woodruff woman

WOODRUFF— It's unusual for a 31-year-old woman like Pat Wimme to have breast cancer—and frightening when it keeps coming back.

Wimme has lost both breasts to cancer; she doesn't want to lose her life. She and her doctor turned to the UW Comprehensive Cancer Center for advice on the newest, most effective treatments for breast cancer.

The cooperation between Wimme's local oncologist, Dr. David Jenkins of Wausau Regional Cancer Center, and UW medical oncologist Dr. James Stewart is an outgrowth of a partnership that has existed between Wausau Hospital and UW Hospital and Clinics since 1987.

It's also an example of a crucial UWCCC role: providing second opinions and consultative services to local physicians.

The call to the UWCCC last fall continues a long-standing participation by the UWCCC on Wimme's behalf. Jenkins and other physicians who've assisted her since 1988 have each sought the advice of UWCCC specialists.

"Ever since I've been back in Wisconsin, my doctors have been in contact with Madison, beginning when I lived near Green Bay," Wimme says. "They (UWCCC specialists) have known of me for a while.

"I've felt good about that all along," she says. "My doctors have been aggressive and really willing to seek a second opinion or to consult with Madison," Wimme says. "Medicine isn't just a science. There's an art to it, and it's helpful when a physician can discuss it with someone else and get another opinion."

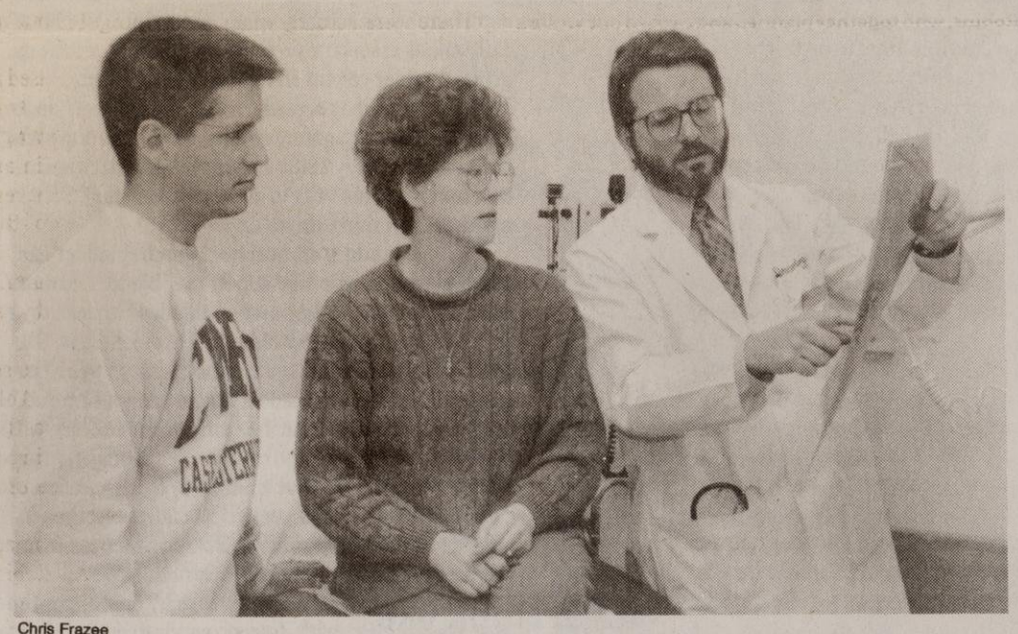
Her doctors have used a variety of methods to battle the breast cancer, which she discovered as a suspicious lump on one breast in late 1988. She has since had two modified radical mastectomies in which most of each breast has been removed along with cancerous cells, surgery to treat a cancer-related obstruction, radiation treatments and several chemotherapy combinations. Each treatment has improved her condition—for awhile.

After surgery in October 1992 to alleviate complications caused by an abdominal tumor, Wimme asked Jenkins to look into new treatment options. That inquiry brought her to Stewart at the UWCCC. Stewart, Jenkins and Wimme agreed to try taxol, a drug primarily used against advanced ovarian cancer.

"The chemotherapy I had before the taxol appeared to have stopped working," Wimme says. "My husband and I said: 'We're not ready to give up, we're ready to try other things out there.' And that's when they called Madison to see if I would be eligible for the taxol protocol."

Wimme was eligible and every three weeks, she checks into UW Hospital and Clinics overnight to receive a dose of taxol. She's encouraged by improvements she attributes to taxol.

"I had a lot of problems breathing because cancer cells had spread to the lining of my lungs. And I've definitely seen an improvement in my breathing," Wimme says. "I know it's not a miracle drug, but I'm definitely better now than I was before I started the taxol."



Chris Frazee

**Kristopher and Patricia Wimme of Woodruff discuss her options in fighting breast cancer with Dr. James Stewart, a UWCCC medical oncologist.**

# Stopping cancer long before it starts

### An ounce of prevention

On a Thursday evening, seven strangers meet in a sterile white room in the basement of UW Hospital and Clinics. They've gathered to close the door on a habit that, in many cases, has ruled their lives: tobacco smoking.

Three have been smoke-free for seven weeks, another for about one. The others have selected their quit date for the following week. Dr. Tim Baker, a clinical psychologist who leads the smoking cessation clinic, lends words of encouragement.

Almost immediately, those ready to quit begin launching questions at those who've crossed the smoke-free line. "How crabby did you get when you stopped?" "Did the nicotine patch make it easier?" "What do you like about not smoking?" The discussion turns to the reasons people reach for a cigarette. "Smoking can mask a lot of feelings," Baker explains. "It's also a way of coping that can kill you."

In a number of ways. Studies show tobacco use can cause cancers of the lung, mouth, throat, stomach, kidney, pancreas, cervix and bladder. "Tobacco use accounts for 130,000 deaths a year," says Dr. Michael Fiore, director of the UW Medical School's Center for Tobacco Research and Intervention and assistant professor of medicine. "All are preventable."

Since the U.S. Surgeon General first detailed its dangers in 1964, tobacco use has declined. However, 27 percent of Wisconsin adults still smoke; and for every person who quits, one child begins. "If we're going to prevent tobacco-related deaths, we have to stop that from happening," says Fiore.

Despite the long-running campaign against smoking, the move toward cancer prevention actually began after a 1986 *New England Journal of Medicine* report suggested deaths from the disease were increasing and that researchers weren't making progress in fighting it. "The National Cancer Project in the '70s suggested that investing in biological research would pay off. That hasn't happened," says Dr. Richard Love, director of UW Hospital's Cancer Prevention Clinic.

### Biggest bang for the buck

With health care reform in the future, prevention is quickly becoming the buzzword when talking about cancer, heart disease, AIDS and other costly medical problems. "To get the biggest bang for our buck in terms of the total population, we have to focus on prevention," says Love, who is also a professor of human oncology, medicine and family medicine at the UW Medical School. "Smoking is a frustrating problem, but so is lung cancer. It can't be cured. If we put a fraction of the money into anti-smoking programs that we put into finding a cure, we'll see progress."

Love has witnessed some progress firsthand. He's worked with more than 600 families who are at risk for cancer over the last 10 years in the Cancer Prevention Clinic. At the clinic, Love and colleagues evaluate each individual's medical history, family health history and life-style. They then discuss changes a person can make to help prevent the disease. Their suggestions may include breast feeding, which is believed to ward against breast cancer later in life, not smoking, making dietary changes or wearing sunscreen and a hat on sunny days.

While preventive medicine has its advantages, it won't guarantee a person can avoid cancer. Love compares the disease to a car accident, explaining that a number of factors may have led to the crash. Pinpointing one factor or a combination of several isn't always possible. "We know a lot about the causes of cancer," he says, "but we don't know how they fit together."

### Chemoprevention

Investigators at UW Comprehensive Cancer Center (UWCCC) and McArdle Laboratory are moving toward chemoprevention — a method by which they look for drugs that can attack characteristics of developing cancer cells. One agent they're studying, DFMO, slows the enzyme that stimulates tumor growth. Love says they're currently examining the drug's effectiveness against bladder, prostate, colorectal and skin cancers.

Although physicians still stress the importance of early detection—doing breast self-examination, looking for changes in moles, and being examined for growths in the rectum and lower colon, for instance—Love says true early detection can be difficult. "Cancer takes a long time to develop. It can take 10 years before you can diagnose it. So taking preventive measures is really the best thing you can do."

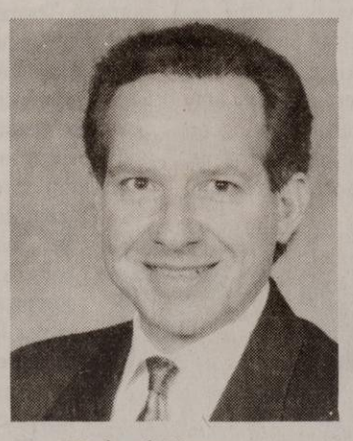
### Smoking is #1 cancer cause

Still, when discussing ways to avoid the disease, Fiore and other experts continue to emphasize the effect of smoking, which is believed to cause 30 percent of all cancer deaths and more than 80 percent of lung cancer deaths, not to mention deaths from heart disease, emphysema and other illnesses. Through the Center for Tobacco Research and Intervention, Fiore and colleagues continue to lobby for increasing the excise tax on cigarettes, advocating health insurance discounts for non-smokers, banning advertising and promotion of cigarettes, and barring smoking in public places. They also help people quit by conducting programs like the weekly smoking cessation clinics.

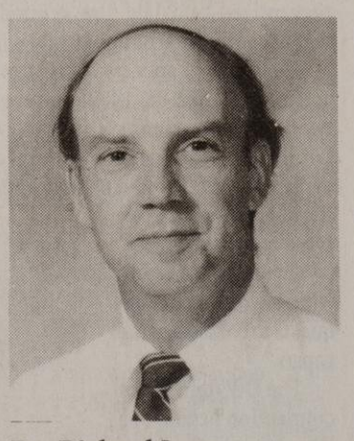
As the seven members prepare to leave, Baker reminds the Thursday night group how harmful the habit can be and how easily they can let their minds seduce them when they get the urge to smoke. "One puff and odds are 90 percent you'll return to smoking," he says. "Then you'll once again open that door you've worked so hard to close."

**"If we put a fraction of the money into anti-smoking programs that we put into finding a cure, we'll see progress."**

**Dr. Richard Love**



**Dr. Michael Fiore**



**Dr. Richard Love**

## Prevention's no buzzword at UWCCC

Over the years, researchers at the UW Comprehensive Cancer Center (UWCCC) and the McArdle Laboratory for Cancer Research on the UW campus have been pioneers in finding ways to prevent forms of cancer. For example:

- In the late 1950s, Dr. Roswell Boutwell helped establish the link between a high-calorie diet and cancer. He later conducted landmark research that determined that vitamin A and aspirin could prevent skin cancer in laboratory mice. He also discovered an enzyme called ODC that set off a chain reaction stimulating tumor growth.
- In the 1970s, Dr. Derek Cripps developed a method of rating sunscreens for effectiveness. His work laid the foundation for the U.S. Food and Drug Administration's adoption of the sun protection factor (SPF) ratings.
- More recently, Drs. V. Craig Jordan and Douglass Tormey discovered that the drug tamoxifen could prevent breast cancer from recurring in certain women who have previously had cancer. Tamoxifen blocks the action of estrogen, which accelerates cancer cell growth. Their findings laid the groundwork for a current national tamoxifen study.

## History...

**Continued from page 2**

### 1970s, 1980s

Dr. Douglass Tormey, former UW professor of human oncology and medicine, explored the use of anti-estrogen drug tamoxifen that decreases the chances of breast cancer recurring. Tormey's findings drew upon research begun in the 1970s by Dr. V. Craig Jordan, UW professor of human oncology and pharmacology.

### 1973

UW Clinical Cancer Center was established as the focal point for cancer care coordination and clinical and laboratory research, as well as public, professional and student education for the UW and surrounding region. The UWCCC is a comprehensive center recognized nationally and internationally for research in biologic therapies, biostatistics, pain and symptom control, and prevention research. Its physicians are recognized as national experts in treatment of breast, prostate, kidney, brain and lung cancer.

### 1976

Dr. Paul P. Carbone comes to Madison to chair the Human Oncology Department. In 1978, he became director of the UWCCC. Madison became the headquarters for Eastern Cooperative Oncology Group (ECOG), an organization that links 200 hospitals for national clinical testing.

### 1979

UWCCC and ECOG develop pioneering new studies involving adjuvant therapy, administering treatment when cancer is suspected but cannot be proven, for the treatment of breast cancer using tamoxifen and chemotherapy after surgery.

### 1980s

Under Dr. Ernest Borden's leadership, UWCCC performed the first clinical trials using two types of interferon produced by recombinant DNA. Interferon is a natural substance that helps stimulate the body's defense mechanisms to fight cancer.

### 1980s

Dr. Ian Robins, an associate professor of human oncology, medicine and neurology, developed a safe system to treat cancer with systemic hyperthermia. This approach to heating patients (to 107 F) using radiant heat technology was successfully used for the first time with radiation and immunotherapy.

### 1984

UWCCC investigator Dr. Donald Trump conducts one of the first studies determining the safest, most effective dosage of taxol, a cancer-fighting drug derived from the bark of Pacific yew trees.

### 1986

Dr. Richard Love, associate professor of human oncology, medicine and family medicine and practice, directed the first study in the U.S. to determine the long-term effects of the drug tamoxifen on postmenopausal women who have had cancer.

**Continued on page 4**


Del Brown

**Stephanie Brand**

# by STEP STEP

DELAFIELD – Fighting ovarian cancer once left Stephanie Coe Brand too weak to climb stairs to her apartment.

"My goal for an entire year was to climb four flights of stairs without stopping or crawling," Brand says. "When I finally made it, I started screaming and yelling. All of the other tenants came out of the building to see what was wrong."

Today the 40-year-old cheesecake and specialty baker is a ball of energy, but her victories over the stairs—and the cancer—are bittersweet. In the four years that she has been cancer-free, the disease has killed many people she loves, including her mother and two close friends.

That's why Brand spends her spare time helping new cancer victims.

"I'm a cancer survivor and my heart is there. I got four years of wonderful life out of my determination to survive. I feel very serious about giving my time, my story and my support to the next person...

"I know from experience that it helps to have someone looking after you, getting a laugh and a smile."

For Brand, that special supportive "someone" was a role shared equally by her mother and University of Wisconsin Comprehensive Cancer Center (UWCCC).

Brand thought the flu was causing the nausea and weakness that interrupted her work in newspaper ad sales in February 1988. But her gynecologist, Dr. Alan Gustin of the Wilkinson Medical Clinics in Oconomowoc, discovered that her problems were actually due to a malignant ovarian tumor. Gustin removed the tumor and recommended that she immediately begin chemotherapy to lessen the chance of recurrence.

The cancer and rapid turn of events were a surprise to Brand, who was a health conscious swimmer, hiker and boater. And there was no history of cancer in her family.

"The shock, the anger and the fear are overwhelming. They keep many people from relating to doctors and medical people," Brand says. "Since the cancer was very advanced, I wanted to know as much as possible. I had a zillion questions and a million emotional traumas."

Brand told her doctor that she wanted more information about cancer and her alternatives. Gustin referred her to Dr. Dolores Buchler, a UWCCC gynecologic cancer specialist and Gustin's mentor while he was a gynecologic resident at UW Hospital and Clinics in the mid-1970s.

"Dr. Buchler is the best physician I've ever seen," says Gustin. "And UW is at the cutting edge of each major area of treatment: chemotherapy, radiation and surgery. They have a team approach and are comprehensive, multifaceted."

Buchler and others explained to Brand in detail what was occurring in her body and discussed her treatment options. The UWCCC team designed a chemotherapy treatment plan that was administered by an oncologist in Oconomowoc.

"The people at UW helped me along medically and emotionally," Brand says. "They let me know that I had options, that I could make decisions about my care. That's really important since you feel like you have so little control over your life when you have cancer."

Brand's mother, Nancy Coe Heaney, was extremely supportive. The two women talked by phone "at least three times each day." Brand frequently spent weekends at her mother's home in Oshkosh.

**Dr. Dolores Buchler**

The powerful chemotherapy drugs caused Brand to feel ill and to lose her hair. "I used to stand on my balcony and brush my hair and it would fall out in clumps. We joked that all of the bird nests around our house were lined with my hair," Brand says, laughing. "If you don't have a sense of humor going through cancer, you'll go out of your mind. But you can't pull your hair out—there's none there."

The chemotherapy treatments ended in July. But during a "second look" surgery in September, Dr. Gustin found and removed small residual tumor lesions. Brand was referred to Dr. Marcia Richards, a former UW oncologist with a practice in Milwaukee. Brand received radiation treatments in Milwaukee five days a week for eight weeks. Her yearning to take control of her life led her to make the 50-minute drive alone despite fatigue and nausea from the radiation.

When radiotherapy ended, Brand went to work as a retail buyer. Things went well until December 1989, when she developed peritonitis and her appendix "blew up to balloon size." She again consulted UW Hospital and Clinics and spent four months recuperating there. During the long hospitalization, she developed lasting friendships with many UW nurses and aides: "They were wonderful to me."

Brand returned to work two months later, but her association with UW and cancer didn't end. In September 1991, her mother was diagnosed with Burkitt's lymphoma, a rare and extremely aggressive cancer that affects a patient's white blood cells. Brand insisted her mother be cared for at UW.

It was then that Brand and her mother met Helen Whitman-Obert, an oncology nurse supervisor who leads a weekly support group at the hospital for cancer patients and their families. "They come in—IVs, catheters, wheel chairs, bald heads and all," Brand says. "It was there that my mother and I realized our emotional differences and the irony of our position. First she was there for me, then I was there for her.

**"The people at UW helped me medically and emotionally. They let me know that I had options and that I could make decisions about my care. That's important since you feel like you have so little control over your life when you have cancer."**

Stephanie Brand

"Support is very important. A person can't possibly do this alone; there are too many unknowns, too much fear, too much anxiety."

Brand's mother outlasted the odds, living a year and one week after the Burkitt's diagnosis. "I firmly believe my mother lived a lot longer than she should have statistically because of the collective skills of her team of doctors and caregivers. And I was there spurring her on, always putting a carrot at the end of the stick—just like she'd done for me.

"I've lost a parent and many friends but I haven't lost my spirit," Brand says. "Without my personal struggle with cancer, I never would have realized the strength of humankind—its greatness, its capability, its endurance through thick and thin—and I **do** mean thin."

Brand recently joined the UWCCC Advisory Board, which helps with development and community relations for the center.

"I've survived three life-threatening experiences for some reason. I feel that reason is to help people get through what otherwise is an unbearable circumstance."

## History...

**Continued from page 3**

**1986**
UWCCC takes part in the first clinical trials with DFMO, (difluoromethylornithine), a potential cancer-preventing agent that slows an enzyme that stimulates tumor growth. The early trials were done by Drs. Paul Carbone and Richard Love. UWCCC researchers are currently examining the drug's effectiveness against bladder, prostate, colorectal and skin cancers.

**1986**
Under the leadership of Dr. Paul Sondel, UWCCC conducted the first study on the safest, most effective dosages of interleukin-2, a natural substance that bolsters the body's immune system.

**1986-1992**
Dr. Edward Messing, professor of urology and human oncology, is the first to document that home screening for blood in the urine is a feasible way to detect early stage urologic malignancies.

**1987**
Dr. Catherine Reznikoff, associate professor of human oncology, transforms commonly found human cells into an immortal, cancer-like growth in the laboratory.

**1987**
Dr. Timothy Kinsella is named chairman of the department of human oncology, a department of the UW Medical School that includes many UWCCC physician researchers. Kinsella, a nationally recognized radiation oncologist, expanded the center's research initiatives in radiation oncology and clinical radiotherapy.

**1990**
UWCCC medical physicists develop the belly board, a new, inexpensive device that helps minimize harmful side effects (weight loss, nausea) caused by radiotherapy treatment of pelvic and abdominal cancers.

**1991**
Following more than 20 years of research into the carcinogen dioxin, Dr. Alan Poland and his McArdle team cloned the cDNA for a soluble cellular protein, *Ah* receptor, that binds and transports dioxin and like-acting carcinogens. The research provides new clues to the mechanisms of dioxin's effects on the cell.

**1992**
Dr. Ian Robins, associate professor of human oncology, medicine and neurology, successfully combines chemotherapy and systemic hyperthermia in a way that increases effectiveness without increasing side effects.

**1992**
Drs. Judith Stitt and Dolores Buchler of the UWCCC, describe the results of high dose rate brachytherapy for the treatment of cervical cancer with outpatient radiation therapy.

**Future**
UWCCC researchers are pursuing exciting new areas, seeking ways to overcome drug and hormone resistance, to strengthen patients' immune response to cancer, to develop safe and effective methods to prevent cancer and most importantly, to decrease the pain and stress and other effects of cancer upon patients.

# Research links laboratory and clinic

**"Research flourishes best in an environment where a number of people are intently engaged in interesting, fruitful fields of activity."**

**Harold P. Rusch, 1983**

Harold Rusch knew research and researchers; he created two of the nation's most productive cancer research centers, the McArdle Laboratory for Cancer Research and the University of Wisconsin Comprehensive Cancer Center.

While Rusch would probably be interested in most of the 80-plus cancer-related research projects now under way at the UWCCC, it's a sure bet he would heartily enjoy its pacesetting successes with tamoxifen and growing model tumors in the laboratory.

### From bench to bedside and back

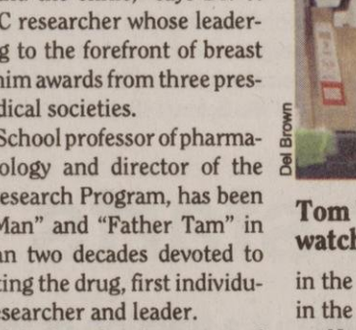
Few medical research ventures are as rewarding as the UWCCC's involvement with tamoxifen, the most widely used treatment for breast cancer.

"I like to think of tamoxifen research as a conversation between the lab and the clinic," says Dr. V. Craig Jordan, the UWCCC researcher whose leadership in bringing the drug to the forefront of breast cancer recently brought him awards from three prestigious international medical societies.

Jordan, a UW Medical School professor of pharmacology and human oncology and director of the UWCCC Breast Cancer Research Program, has been called "The Tamoxifen Man" and "Father Tam" in recognition of more than two decades devoted to investigating and promoting the drug, first individually, then as a UWCCC researcher and leader.

After proving in the lab that the drug stopped breast cancer, Jordan inspired a UWCCC physician-researcher to bring the drug into the clinic and show that it worked in patients. That done, a UWCCC team revealed tamoxifen's potential as a breast cancer preventive—and laid the groundwork for the recently begun international trial with 16,000 women.

Tamoxifen's success even surprises Jordan: "It's sort of exploded. In 1969, there were probably only two or three scientists in the world working on tamoxifen, and a handful working on anti-estrogens, while today there must be hundreds of people around the world working on tamoxifen and anti-estrogens. I can't keep up with the number of requests to do talks or write papers."



**"I like to think of tamoxifen research as a conversation between the lab and the clinic."**

**Dr. V. Craig Jordan**

The UW tamoxifen connection begins in a laboratory in England, where Jordan was examining the drug's cancer-fighting capabilities as part of his doctoral studies. As an anti-estrogen, tamoxifen acts as a "chemosuppressive," depriving cancer cells of the estrogen they rely upon for growth. A simple concept, but difficult to study.

"Tamoxifen's biological properties are complex and often perplexing; it is an estrogen in the mouse, an anti-estrogen with estrogenic properties in the rat and human, and a complete anti-estrogen in the chick," Jordan says.

Nevertheless, he eventually proved that tamoxifen could inhibit the growth of breast cancer in rats. In 1977, while visiting Madison on an extended lecture tour, Jordan and UWCCC physician/researcher Dr. Douglass Tormey talked about trying the drug in humans. Tormey translated Jordan's research into treatment, demonstrating over a 10-year period that the drug kept breast cancer from recurring in women who'd had mastectomies. Tormey's pacesetting study also demonstrated the long-term safety of tamoxifen and provided basic data on effective drug amounts.

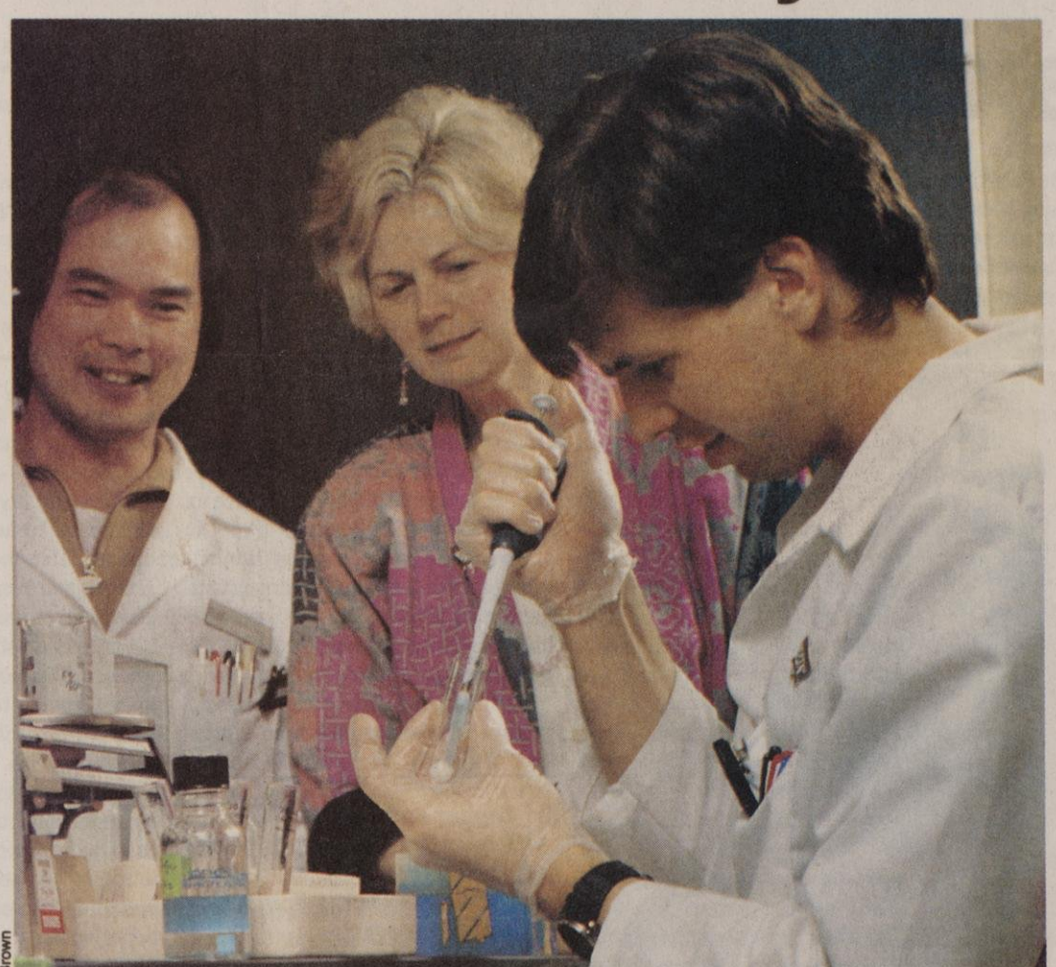
In 1980, Jordan joined the UWCCC and set up a laboratory program to closely study tamoxifen: how it works, how it is handled by the body, and its long-term effects. Together, Jordan and Tormey refined a system of using tamoxifen in combination with other drugs to prevent breast cancer from recurring.

Meanwhile, another UWCCC researcher was uncovering other advantages of tamoxifen. From 1986-1990, Dr. Richard Love, director of the UWCCC Cancer Prevention Program, examined the effects of tamoxifen on women. Love found that tamoxifen lowered cholesterol levels and lessened the risk of heart disease. A year later, Love published a study showing that tamoxifen preserved bone. He found that half the women taking tamoxifen suffered from menopausal-like symptoms, but nearly all of these women kept taking the drug.

UWCCC's tamoxifen-related research continues in several studies:

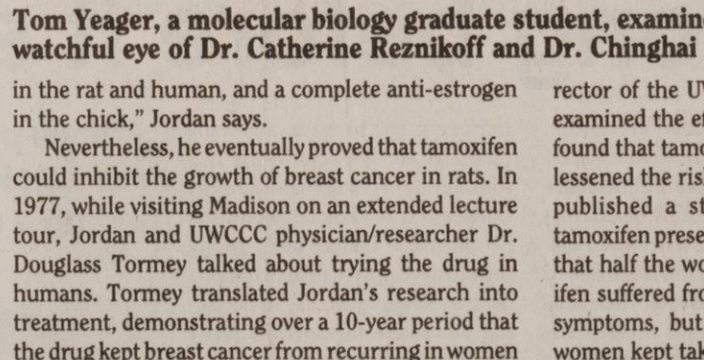
- The five-year international study, known as the Breast Cancer Prevention Trial, that will assess tamoxifen's effectiveness as a cancer preventing agent and examine reported side effects. Jordan directs the UWCCC portion of a study that will involve 100 women whose family history and other factors place them at a high risk of developing breast cancer.
- Jordan and pharmacologist Dr. Timothy Mulcahy are studying the interaction between tamoxifen and radiation.
- Jordan and Dr. Henry Pitot of the McArdle Laboratory for Cancer Research are testing tamoxifen and several of its analogs in both short- and long-term toxicity studies in rats. By comparing these compounds, they hope to find clues telling them how to alter the drug's structure to increase its effectiveness and eliminate toxicity.

The UWCCC's Breast Cancer Program seeks to develop new laboratory leads and to take the resulting ideas to the clinic. The breast cancer program is just one aspect of the UWCCC multidisciplinary approach to cancer, which combines laboratory and clinical research, treatment and education in fulfilling its objective of reducing the incidence of and mortality from cancer. One floor below Jordan's labs, another UWCCC research team is exploring the basic building blocks of life in experiments with exciting clinical potential.



Del Brown

**Tom Yeager, a molecular biology graduate student, examines a genetic change under the watchful eye of Dr. Catherine Reznikoff and Dr. Chinghai Kao, a postdoctoral student.**




**UWCCC researcher Dr. V. Craig Jordan, upper left, is the world's leading expert on the breast-cancer blocking drug tamoxifen, now being studied as a cancer preventive.**

### Green thumb fosters experimental growth

When admirers praise Dr. Catherine Reznikoff's "green thumb," they're talking about something much more significant than her begonias. Reznikoff, a UW Medical School associate professor of human oncology, grows bladder cancer in her fertile laboratory.

While that may sound unglamorous, even mundane, the lab-grown tumors allow researchers around the world to study cellular and genetic mechanisms that may apply not only to deadly bladder cancers, but to other common human cancers.

"A longstanding clinical question in bladder cancer research is whether superficial bladder tumors are forerunners of aggressive bladder cancers or a separate, less-aggressive disease," Reznikoff says. "Despite recent advances in chemotherapy, many patients with metastatic bladder cancer cannot be cured."

Reznikoff hopes that her lab-grown tumors will provide new insights into cancer. The model in many ways duplicates the development and progression of cancer in people. That sequence, called carcinogenesis, "is a multi-step process that occurs over many years, maybe many decades," Reznikoff says.

The project, now in its 14th year, demonstrates how researchers with diverse specialties can positively shape an experiment. For example, Dr. Michael Newton, a biostatistician, was consulted when Reznikoff's scientists wanted a quantitative assessment of reams of data describing the chromosomes affected as the tumors developed. Newton analyzed the data mathematically and identified three chromosomes most frequently affected. Reznikoff then learned that another research team obtained similar results in a study of human colorectal cancers. That team, led by Dr. Bert Vogelstien's group at Johns Hopkins University in Baltimore, was looking for a laboratory system to test the biological significance of the loss of those genes. Together, the two laboratories accomplished a goal neither could achieve alone. "Together we can ask questions that may eventually come over into the clinic to help with prevention, diagnosis and prognosis," Reznikoff says.

**"Together we can ask questions that may eventually come over into the clinic to help in prevention, diagnosis and prognosis."**

**Dr. Catherine Reznikoff**

Her experiment started in the laboratory with urinary tract epithelial cells, representative of the type of cell from which 90 percent of human cancers develop. Left alone, the cell would die, but Reznikoff added DNA from the human papilloma tumor virus or the simian virus 40, which "immortalized" the cell, or gave it the ability to thrive in tissue culture.

Once immortalized, the viral cells were exposed to environmental carcinogens, substances known to cause cancer. The immortalized cells then grew uncontrollably and formed tumors in a way Reznikoff describes as "having the accelerator switched on and the brakes taken off."

Reznikoff's research team has "generated" more than 100 experimental lab tumors, all from a single immortalized cell. The team studies the common genetic changes in these tumors using cytogenetic and molecular genetic techniques.

This study has shed new light on the chromosome regions and genes altered in human cancers. Reznikoff's lab has identified a region on Chromosome 9 that may house a gene whose loss is important in early stage bladder cancer. Dr. Chinghai Kao is attempting to clone this candidate tumor suppressor gene.

Medical-
UW Comprehensive Cancer Center

CANCER PREVENTION PROGRAM

# THE UNIVERSITY OF WISCONSIN CANCER PREVENTION CLINIC

There is a lot in the news about people who are affected by cancer and about all the progress being made toward its cure.

How do you keep from becoming part of this problem? How do you learn what information is important to you?

The University of Wisconsin Cancer Prevention Clinic will teach you the newest developments in cancer prevention. After a visit, you will know the most up-to-date ways to stay cancer free.

*A visit to our clinic provides the solution: cancer prevention and peace of mind.*

## *Who should come to the clinic?*

All individuals and families concerned about preventing cancer and detecting it early can benefit from the services of the Cancer Prevention Clinic.

We specialize in helping individuals and families who may have an increased risk of cancer due to a familial or personal history of the disease.

**If you:**

- have been cured of a cancer, or
- have a close relative who had cancer, or
- are a heavy smoker, or
- are considering special surgery to prevent cancer, or
- wonder what your personal risks are for cancer and want to reduce them,

**then our clinic can be of assistance to you and your family.**

## *For an appointment or more information, contact:*

**The Cancer Prevention Clinic**
**Medical Science Center**
**1300 University Avenue - Room 7615**
**Madison, WI 53706**
**tel: (608) 263-6919**
**Director: Richard R. Love, M.D.**

## *What can the clinic do for you?*

The clinic offers services which consist of:

A comprehensive educational program for individuals and families. The program includes information on:

- Preventive health education covering general aspects of cancer prevention and nutrition for cancer prevention.
- Specialized counseling for prevention and early detection of specific cancers, such as those of the breast, uterus and ovaries, colon, skin, including malignant melanoma, lung and other smoking-related cancers.
- Cancer risk assessment and personalized counseling about cancer prevention and detection tests.

## *Clinic Fees*

Comprehensive educational program
for individuals and families.
Includes medical consultation.

| | |
|---|---|
| - Individual | $75.00 |
| - Family | $125.00 |

(Fees are to be paid on day of clinic visit)

Medical - uwccc



# PROFILE

## MICHAEL WISEMAN

Bill Clinton and Michael Wiseman both grew up in the Arkansas of the 1950s and early 1960s. A place of natural beauty and — in some parts — widespread rural poverty, the state shaped a sense of mission in both men.

Clinton's life path took him into public service and politics. Now, as the 42nd president, he's proposing health care, crime, welfare and public service programs designed to help America's poor. Wiseman, now a professor of public affairs, urban and regional planning and economics at UW-Madison, chose to devote his life to teaching and trying to improve the lot of America's poor.

Wiseman traces his concern in part to his Razorback roots.

"I was raised in a rural, poor area in the Ozarks of Arkansas," says Wiseman, a nationally known expert on poverty and welfare reform, who has spent much of his time working on research projects for UW-Madison's Institute for Research on Poverty and the LaFollette Institute for Public Affairs. "My hometown population was 2,217, and the town (Mountain Home) was the largest town for 50 miles. I went to school with many kids who were very poor. My family is very religious — my brother and sisters and I were taught that caring for others is a divine mandate. I think that concern supported my academic and policy interest in poverty."

JEFF MILLER

In fact, it was an interest in doing research on poverty that drew Wiseman to UW-Madison, where, after graduating with a bachelor's degree from Texas Christian University in 1966, he received his Ph.D. in economics in 1972. "Of course," he jokes, "it didn't hurt that at the time I was looking for a dissertation topic — the late 1960s — there was lots of money in poverty."

His first teaching position was in the Department of Economics at the University of California at Berkeley, a job he began in the fall of 1970. Wiseman remembers that his doctoral work at UW-Madison had one memorable glitch: Part of his dissertation was destroyed in the 1970 bombing of the Army Math Research Center by anti-war demonstrators. "After that," he says, "it was a relief to reach the calm of Berkeley."

Wiseman taught at Berkeley for 18 years, returning to Madison in 1988 as the first outside appointment to the faculty of the LaFollette Institute. Since coming "home," he has developed a research program that ranges from school finance to economic development. The accomplishment in 1993 of which he is most proud, he says, was the recruitment of a high-technology employer for Platteville, Wis., a development that already accounts for 100 new jobs in the area and could lead to more than 300.

When he's not doing research on urban economics, public finance, and welfare policy, Wiseman is teaching. This semester he is teaching two graduate courses, including a Department of Urban and Regional Planning (URPL) workshop.

Workshop students are collaborating with the Madison Planning Department on a strategic plan for the city's Tenney-Lapham neighborhood. The plan will be used to guide policy choices for neighborhood development. Wiseman acts as teacher, facilitator and group discussion leader, frequently using humor to draw students into the intellectual fray. His students, he says, remind him of those he taught back in the more active days at UC-Berkeley. "I find the students here to be very good and very activist. They are a challenge to teach," he says.

The broad focus of the URPL and LaFollette programs enables Wiseman to indulge many of his varied interests, especially those related to public policy. "I like the close connections between the university and state government here. It sometimes sounds trite to say so, but the 'Wisconsin Idea' is very real and very important," he says.

An avid, year-round motor scooter rider, Wiseman says he's braved rain, sleet and snow to get to campus. But the recent cold snap forced him to keep the scooter parked in the garage. "Somehow," he says, "two wheels on ice diminishes one's sense of security."

*— Bill Arnold*

# Open Letter to the University Community

Dr. Abdul Alim Muhammad, the First Minister of Health and Human Services for the Nation of Islam, addressed the Madison campus on Thursday, Feb. 24, 1994. His address, titled "AIDS: A Black Perspective," was sponsored by the Wisconsin Black Student Union, and the U.W. Multicultural Council.

We realize that controversy surrounded Dr. Muhammad, and we do not condone discrimination of any people in any form. Our invitation to Dr. Muhammad was not an endorsement of the philosophy of the Nation of Islam. Rather, it was an expression of our interest in Dr. Muhammad's work and ideas. As university students we treasure the opportunity to be exposed to many viewpoints and to form our own opinions. Our concerns for our dying African-American brothers and sisters afflicted with AIDS, our intellectual need to be informed, and our roles as future leaders made it necessary for us to hear Dr. Muhammad's unique approach. We will continue to fight bigotry and discrimination against other oppressed groups whenever and wherever it occurs.

However, we also realize that our Jewish and homosexual friends felt outraged and hurt by Dr. Muhammad's real or perceived anti-Semitic and/or homophobic remarks. While many empowering portions of his speech may have been uplifting to some members of the university community, the unintended infliction of pain or shame on others only weakens the tenuous bonds that exist between us all.

We sincerely apologize to those members of our university family who were offended by Dr. Muhammad's speech, yet we embrace his message of self determination for our people. Our commitment to the dialogue inspired by this event is strong. We anticipate steady improvement in our relationships and interactions with all others engaged in the struggle for justice, equality, and true freedom.

***Wisconsin Black Student Union***

# Elections for new student government likely to be held after Spring Break

**By Bill Arnold**

After voting last week to restore student government at UW-Madison, students will likely wait until after Spring Break to elect their new representatives.

Roger Howard, associate dean of students, says chances are good a student Referendum Commission will recommend that elections be held after students return to classes on April 5. Earlier plans called for elections to be held as early as March 15 to select the first 33 members of the new legislative body. The commission is releasing a four-page report on the referendum this week.

*'The Referendum Commission did a good job of organizing an election under very difficult circumstances with no rules to follow.'*

"We're awaiting the final report, which will be a review of the referendum and concerns or possible problems that have been pointed out," says Howard, adding that the commission is scheduled to meet with Chancellor David Ward to discuss the report today.

On Feb. 22 and 23, students passed a referendum that establishes the Associated Students of Madison (ASM) as the new student government at UW-Madison. A total of 1,926 students (61 percent of those who voted) voted in favor of a constitution put forth by ASM, and an alternative constitution proposed by the Wisconsin Badger Association called "Madison Manifesto" garnered a total of 89 votes, or 3 percent of the vote. Student disfavor for the two proposed constitutions was evident when a total of 1,052 students (33 percent of those who voted) voted for "none of the above." In all, about 8 percent of the UW-Madison student body took part in the referendum.

Last year, a student turnout of 3 percent voted to disband the Wisconsin Student Association. Howard says that the Referendum Commission made this year's referendum work. "It appears to me that the Referendum Commission did a good job of organizing an election under very difficult circumstances with no rules to follow," he says.

Two other ballot issues were also approved by students. The first allows the current budget for segregated fees to be continued for the 1994-1995 fiscal year. The second continues a mandatory 75-cent-per-student refundable fee to fund United Council, a group that represents UW students systemwide.

For the first time in any UW student government election, the referendum voting was done electronically, enabling students to cast their votes via computer.

The new system was confusing for some students, but the Referendum Commission members helped to solve nearly all concerns and questions, says Judy Caruso, director of applications technology for the Division of Information Technology.

"The overall bottom line is that the system worked great and the technology is excellent. I think the major increase in voter turnout is evidence of how well the system worked," Caruso says, adding that the commission is collecting suggestions on ways to improve the system.

# Widow donates $2.5 million for cancer research

A Milwaukee widow's desire to find a cure for the disease that killed her husband will result in a gift of more than $2.5 million to the University of Wisconsin Foundation for the benefit of the UW Comprehensive Cancer Center.

When Harvey W. Spettel died in 1970 at age 68 of cancer, Irma Spettel was determined to mount a battle against the disease that had taken her husband of 35 years.

In 1972, she learned about the work being done at the UW's Comprehensive Cancer Center. That year, she included the center as a beneficiary in her will. In 1990, Mrs. Spettel met with Paul Carbone, director of the Cancer Center, and soon established a charitable remainder trust with $200,000 in securities. At the time, Mrs. Spettel said, "People are dying of cancer by the thousands. My gift is a way of helping to find a cure."

Until the time of her death, Mrs. Spettel — with no formal financial training — personally managed the securities, increasing their value to almost $3 million. She died on Dec. 25, 1993. The funds from her trust will be transferred to the Harvey W. and Irma M. Spettel Memorial Cancer Research Fund, an endowment fund administered by the UW Foundation. Fund income will be distributed to the Comprehensive Cancer Center.

"The Cancer Center serves people throughout the state so this generous gift will have a significant and far-reaching impact," said Carbone.

*— Tracey Rockhill*

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# NEWS

UNIVERSITY OF WISCONSIN–MADISON

Medical - Comprehensive Cancer Center

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News & Information Service
19 Bascom Hall • 500 Lincoln Drive
Madison, Wisconsin 53706–1380

FOR IMMEDIATE RELEASE 2/22/94

**CONTACT: Fred Winding, (608) 263-5554**

**MILWAUKEE WIDOW DONATES $2.5 MILLION FOR CANCER RESEARCH**

MADISON — A Milwaukee widow's desire to find a cure for the disease that killed her husband will result in a gift of more than $2.5 million to the University of Wisconsin Foundation for the benefit of the University of Wisconsin-Madison Comprehensive Cancer Center.

When Harvey W. Spettel died in 1970 at age 68 of cancer, Irma Spettel was determined to mount a battle against the disease that had taken her husband of 35 years.

"Cancer is such an insidious thing. Harvey virtually had no warning and died within a year. At first I was very angry. He was such a healthy, vigorous person," she said in a previous interview.

In 1972, she learned about the work being done at the UW's Comprehensive Cancer Center. That year, she included the center as a beneficiary in her will. In 1990, Mrs. Spettel met with Dr. Paul Carbone, director of the Cancer Center, and soon established a charitable remainder trust with $200,000 in securities. At the time, Mrs. Spettel said, "People are dying of cancer by the thousands. My gift is a way of helping to find a cure."

Until the time of her death, Mrs. Spettel — with no formal financial training — personally managed the securities, increasing their value to almost $3 million.

"She was determined to make a significant gift to the center, and skillfully managed

-more-

her funds to bring about that result," said John Vergeront, an attorney at Davis & Kuelthau, S.C. and a trustee of the trust created by Mrs. Spettel. Mrs. Spettel died on Dec. 25, 1993. The funds from her trust will be transferred to the Harvey W. and Irma M. Spettel Memorial Cancer Research Fund, an endowment fund administered by the University of Wisconsin Foundation. The income from the fund will be distributed to the Comprehensive Cancer Center.

"The Cancer Center serves people throughout the state so this generous gift will have a significant and far-reaching impact," said Dr. Carbone.

One of 21 multidisciplinary comprehensive centers funded by the National Cancer Institute, the UW-Madison Comprehensive Cancer Center offers standard and innovative cancer treatment to patients. The center's research focuses on common cancers such as breast, lung and prostate and also emphasizes disease prevention. The research is heavily dependent on federal grants and gifts from individual donors.

###

— Tracey Rockhill, (608) 263-3468
UW Foundation

Medical-
comprehensive Cancer Center

# NEWS & NOTES

■ **Reading room honors Petrovich** — The memory of Michael B. Petrovich, a mainstay of the Department of History since 1950, will be celebrated through the dedication of a special reading room.

Petrovich, who died in 1989, was a distinguished scholar of Russian and Balkan history, and held the department's Evjue-Bascom Professorship between 1982-87.

In recognition of his contributions to the university, the UW Board of Regents and the UW General Library System have named a reading room after him. Dedication of the Michael B. Petrovich Reading Room, 212 Memorial Library, will take place on what would have been his 71st birthday on Oct. 18.

Speakers will include Ken Frazier, director of the GLS; Phil Certain, dean of the College of Letters and Science; and Moishe Lewin of the University of Pennsylvania, discussing "Benefits and Pitfalls of Comparing 20th Century Russia and Germany." Events will begin at 3:30 p.m., and there will be a reception following the lecture.

A founder and chair of UW-Madison's Russian Area Studies Program, Petrovich organized the first international Bulgarian conference, held in Madison in 1973. An acknowledged master teacher, he received the first Kiekhofer Memorial Teaching award in 1953, a Danforth Distinguished Teaching Award in 1966, and a citation from the Standard Oil Foundation in 1969. In 1978, he headed a university-wide task force to study the retention of minority students. In addition, he was a civic leader and active in the Russian Orthodox church, for which he composed a number of liturgies.

For more information about the reading room dedication, contact Pat Hepner in the Department of History, 263-1808.

■ **NIH grant boosts Biotech Center core facilities** — A $337,000 shared instrumentation grant from the National Institutes of Health has been awarded to Ronald Niece, director of the UW Biotechnology Center's Nucleic Acid and Protein Facility. The core facility modernization grant has enabled the center to purchase a new DNA synthesizer and capillary electrophoresis equipment. Other upgrades include a new protein sequencer, three peptide synthesizers, a high-performance liquid chromatograph and DNA sequencer upgrades. For complete information on available services and fees, as well as plans for new services, call 265-2421.

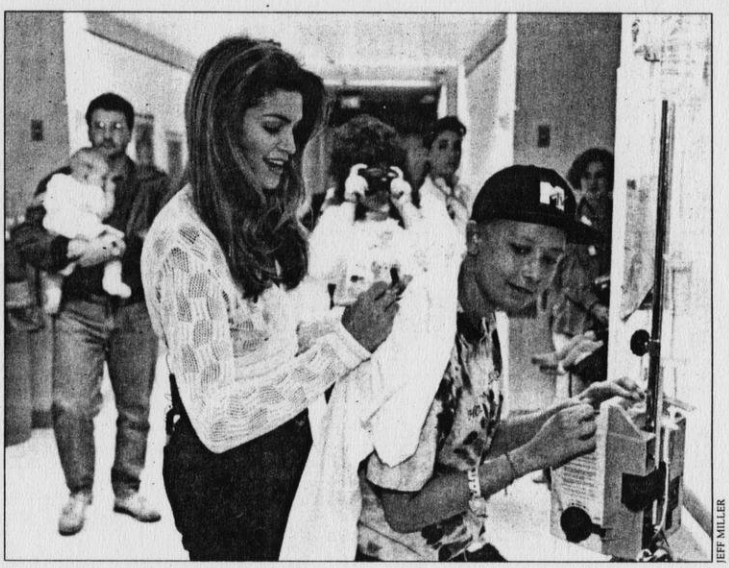
## Hairy field experiences? We'd like to know

It is the rare field scientist who hasn't had at least one close shave in the quest to expand the margins of human knowledge.

From Africa's Rift Valley to the Arctic, Wisconsin researchers have risked life, limb and liberty to conduct field studies on everything from bromeliads to zebras.

Often with students in tow, these intrepid men and women have dodged bullets, been held at spearpoint, fallen from trees, and been laid low by the effects of tropical disease and parasites. Some have suffered the caprice of corrupt government officials, and others have had to face down bull elephants and poisonous snakes — all in the name of knowledge.

It seems that almost everyone who has worked in the field, particularly in a remote area, has a chilling tale or two to tell. If you have such stories and would be willing to share them with 250,000 UW-Madison alumni and friends through the magazine *On Wisconsin*, please contact Terry Devitt, science editor at the Office of News and Public Affairs. He can be reached at 262-8282, or by e-mail at tdevitt@macc.wisc.edu.



JEFF MILLER

## *Special visit, special kids*

**Supermodel Cindy Crawford stopped to autograph a T-shirt for patient Chris Landsverk during a visit to the UW Children's Hospital. Crawford gave patients and their families a weekend to remember when she visited campus Oct. 2 and 3 to lend her support to activities honoring the UW Comprehensive Cancer Center's 20th anniversary. She hosted a reunion for 160 current and former childhood cancer patients and their families, and was the special guest at the "Cause for Applause" Dinner Dance, which raised $25,000 toward research into breast cancer and childhood malignancies. The next morning, Crawford and her husband, actor Richard Gere, visited hospital patients. Her younger brother, Jeff, fought an unsuccessful battle with leukemia as a UW patient in the 1970s.**

■ **Extension Library changes** — The Extension Library will close its doors on Nov. 1, merging most of its collections with UW-Madison's General Library System and making more information available electronically.

According to John Schmidt, UW-Extension's dean of continuing education, the main objectives of the initiative are "to position the Extension information resources unit on the leading edge of electronic retrieval and distribution of information and to establish stronger linkages to UW System libraries, public libraries and other sources of electronic and print information."

Transfer of Extension Library materials to the UW-Madison General Library System (GLS) is already underway, according to Ken Frazier, GLS director.

"We anticipate that the vast majority of the Extension collection will be housed in Memorial Library, Steenbock Library, or the Instructional Materials Center," notes Frazier. "Items not selected by one of these three libraries will be offered first to other campus libraries and then to other UW System libraries.

"Campus librarians very much welcome the transfer of the Extension Library holdings to their collections. Doing so provides us with a unique opportunity to acquire a number of important duplicates for our collections and assures that resources unique to the Extension Library remain available on this campus."

In addition to the library closing, Schmidt explained that the transition to a new information resources unit will require stronger relationships with both UW System and public libraries, better linkage to Extension's Distance Education and Information Technology Council, and a more thorough assessment of equipment and software for the new unit.

Extension hopes to have the new information resources unit fully operational by July 1994.

■ **Nair named Price Waterhouse Professor** — R.D. Nair has been named the Price Waterhouse Professor of Accounting and Information Systems at the School of Business. Nair is a leading educator and researcher in the field of financial accounting. He has been chair of the business school's Accounting and Information Systems department since 1991.

The new professorship is the result of a $250,000 gift from the accounting firm of Price Waterhouse, New York, and Price Waterhouse employees who are business school alumni. The funding will be used to support research and scholarly activities with an emphasis on developing innovative technology for the classroom.

"R.D. Nair's prominence in the classroom and his dedication to the students is well known," said Business School Dean Andrew Policano. "The professorship from Price Waterhouse provides an excellent level of support for the use and development of innovative technology in the classroom. This gift is especially important as we settle into Grainger Hall, where we have one of the most technologically sophisticated facilities in the country."

Through gifts from individuals and businesses channeled through the UW Foundation, the School of Business has 32 named chairs or professorships, the most in the school's history.

■ **Urban Land Economics Center receives mortgage grant** — The Wisconsin Center for Urban Land Economics Research is one of five winners selected in national competition to receive a $60,000 grant from the Mortgage Bankers Association of America (M.B.A.).

The grant, presented to Center Director Kerry Vandell at a recent M.B.A. Board of Governors' conference, will be used to study various aspects of the mortgage industry over the next three years.

This grant will allow the center to fund a research fellowship, scholarship aid, and a lecture series. Issues that will be addressed in the series include: access to mortgage credit, mortgage pricing, analysis of default and prepayment risk, and securitization of commercial mortgages.

This fall's series will bring eight speakers to the UW-Madison campus. "The series will allow students to interact with top professionals and academics, while addressing current, relevant issues," Vandell said. "Both the students and speakers will gain much from the dialogue."

As a component of the UW-Madison's real estate program, the Wisconsin Center for Urban Land Economics Research acts as a catalyst to encourage research, education, and service activity in real estate and urban land economics.

■ **Student directory delivered** — Distribution has started on the *Student Directory*, delivered this week by University Directories, Chapel Hill, N.C. Deans, directors, administrators, department chairs, and department secretaries each receive a copy. The Office of News and Public Affairs, which coordinates production of the book, also distributes a limited number, based on previous year requests; call 262-8281. Departments may purchase additional copies from University Stores (stock item 3227). For personal use, the directory is on sale at campus area book stores.

The *Staff Directory* is being printed. Distribution, one per telephone, should begin about Oct. 25. The Departments section is available on WiscINFO.

UNIVERSITY OF WISCONSIN MADISON

*Wisconsin Week*

**Vol. VIII, No. 19, October 13, 1993**

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Medical (~~UWCCC~~ CCC)



# Cancer Center maintains comprehensive status

By Marc Kennedy
Clinical Cancer Center

The UW Clinical Cancer Center (UWCCC) has won approval for continued status as a comprehensive cancer center under new criteria established by the National Cancer Institute last year.

The institute determines comprehensiveness based on eight criteria measuring the scope and success of programs involved in conducting research, treating patients and educating professionals and the public about cancer and how to diagnose, treat and prevent the disease.

The UWCCC had previously earned a comprehensive designation under guidelines issued in 1973.

"We're pleased about the review, which should motivate us to continue to fulfill our mission," said Dr. Paul P. Carbone, UW Medical School professor of human oncology and medicine, and UWCCC director. "As the state's only comprehensive center, we have an obligation to work with other medical institutions to improve methods of controlling and preventing cancer."

The designation is good news for the state, said Dr. William L. Donegan, president of the American Cancer Society Wisconsin Division board of directors.

"Cancer is a major health problem that requires efforts of volunteers and health care professionals throughout the state," said Donegan, also chief of surgery at Sinai Samaritan Medical Center in Milwaukee, and professor of surgery at Medical College of Wisconsin. "Both the UWCCC and ACS are committed to reaching Wisconsin citizens, particularly underserved populations such as the poor and the elderly."

UW-Madison Chancellor Donna E. Shalala called the designation "an important measure of the outstanding effort made by many talented and dedicated people at the UWCCC.

The UWCCC, along with seven other institutions, was reviewed by the National Cancer Advisory Board under a new peer review system and guidelines established in January 1990. The NCI had designated those eight cancer centers as comprehensive under guidelines issued in the early 1970s. There currently are 24 so-designated cancer centers in the nation that have either been approved as comprehensive, or are being reviewed.

The UWCCC employs more than 350 doctors, nurses, scientists, technologists and support staff. The majority of its $14.8 million budget for 1990 comes from research grants, awards and contracts from the NCI, pharmaceutical companies and the ACS.

## UWCC meets national cancer institute criteria

The eight criteria used by the National Cancer Institute to determine the nation's comprehensive cancer centers, along with examples of how the UW Clinical Cancer Center fulfills them:

• *A strong core of basic laboratory research.* UWCCC research programs encompass medical oncology, radiation oncology, biological therapeutics, biostatistics, breast cancer, urologic cancer and etiology and prevention, among others.

• *Integrating basic research with clinical care.* UWCCC physicians are involved in laboratory research programs in biotherapeutics, pediatric oncology, urologic oncology, radiation oncology, breast cancer and hematology to ensure that promising advances are available to patients as soon as determined safe and effective.

• *Innovative clinical research.* The cancer center last year had 114 adult and 25 pediatric clinical protocols active. Examples include intensive chemotherapy for advanced breast cancer, using monoclonal antibodies to better target cancer cells, and using drugs to sensitize cancer cells to radiation.

• *High-priority clinical trials.* Working through the Eastern Cooperative Oncology Group—headquartered at the UWCCC—the center works with affiliates and referring physicians to help find patients for promising studies.

• *Cancer prevention and control research.* UW studies investigating the effectiveness of the drug tamoxifen in preventing breast cancer, and a simple method of detecting urologic cancers at home are recognized nationally as pioneering methods of cancer prevention.

• *Research training and continuing education.* The UW Graduate School, Medical School and Nursing School confer degrees for UWCCC students and faculty. UW Hospital, the Medical School and UW extension offer a variety of programs for private practice physicians in Wisconsin.

• *Cancer information services.* Together with UW Hospital, the UWCCC is now operating the "Cancer CareLine," a toll-free telephone information service providing up-to-date news about cancer.

• *Community service and outreach.* The UWCCC is collaborating with various state and private agencies as part of the Wisconsin Cancer Council, to support the governor's Cancer Control Initiative and through epidemiological research that helps identify cancer risks for state citizens.

# Road to Brown, video teleconference, set

UW System in cooperation with UW-Extension is hosting a video teleconference from 2 to 4 p.m. Monday, Feb. 25. The 50-minute video, Road to Brown, is a biographical sketch of the late Charles Hamilton Houston, chief counsel for the NAACP legal defense fund, whose campaign against segregation helped launch the modern Civil Rights movement. Through his work, Houston helped ruin the "Jim Crow" policies of the old South. His efforts ultimately led to the landmark 1954 Brown vs. Board of Education decision. The Road to Brown also looks into the "New South," reviewing integrated schools and Black elected officials as it reconsiders the issues of equality and social justice in America.

After the video, statewide viewers will be linked with a panel of UW System scholars to discuss the implications of Brown and the ongoing struggle for civil rights.

The panel will be moderated by Debra Mims, host of Wisconsin Public Television's "Prime Time Wisconsin." Panelists include Daniel Bernstine, dean of the UW-Madison Law School; Professor Walter Farrell, chair of the Department of Community Education, UW-Milwaukee; Barbara Shade, dean of the School of Education, UW-Parkside; and perhaps two others. An 800 call-in line will facilitate state wide discussion with audience participants.

The presentation will be broadcast live from Studio A, 2nd floor, Vilas Hall; participants must be at the studio by 1:45 p.m. and stay until the program ends at 4 p.m. Alternate sites at UW-Madison are 254 Van Hise Hall and class of 1924 room at the Memorial Union.

PRO

JOHN W

John Webster talks coolly and precisely with issues that often generate heated em electric chair.

Last month, the veteran professor of who specializes in biomedical engineerin ana court case to determine if the state's e cause excessive mutilation and burning?

He testified and demonstrated, he th electric chair inflicts "cruel and unusual p the U.S. Constitution.

Webster's demonstration used a wo head and a chamois cloth soaked in salt w the electric chair was turned on, sparks sh acknowledge that the model wasn't perfe chair would excessively burn and mutilat

The case, heard in federal court in L death row inmate. Webster was hired by a to overturn the death penalty.

Webster, himself, objects to electrocu usual punishment,'" Death by electrocutio takes about a minute. The body is heated t

But he views the matter of capital pu in his own mind, an unsettled matter. In fa tant in his decision to take the case. "If I ha turn the case down," he says.

He suspects that attitude added to hi the case.

He clearly hopes his testimony helps punishment. "Maybe I've done something whether the death penalty is 'cruel and unu

Webster, a faculty member for more t devices to analyze heart rhythms and count increasing interested in larger and broader are questions whose answers, he says, have proof found in the problems faced in electri course in ethical problems.

Webster's interest in the humanities a terest in it has taken he and his wife, who t on the other side of the lectern. He explains ground in the humanities was weak, as a re tions. He said that they had intended to del humanities, after they had laid down their

But, says Webster, who will be 59 this wait for retirement. Consequently about five in on art courses at the university, taking on Webster is learning about the art of ancient

He describes steeping himself in art an pleasure."

"I go because I want to go," he says, ad sample several lecturers before deciding on

# UW lands grant for Upward Bound

WI.Week 7/26/89

**By Chuck Nowlen**

Beginning this fall, 50 promising low-income minority teens in Madison will get a boost toward high school and college degrees, thanks to a new $140,000-a-year federal Upward Bound grant obtained by UW–Madison educators.

The program will target promising Madison-area high school freshmen who would otherwise be unlikely to seek a college education. Students selected for the program will then take part in individually tailored educational counseling, tutoring and other programs for the rest of their high school careers.

Any program graduate eventually accepted for study at UW–Madison will be offered free tuition, said Chancellor Donna E. Shalala, who first suggested that the university compete for the grant.

Andrew Porter, director of the UW Center for Education Research (W.C.E.R.) that will administer the three-year program, said even the brightest low-income minority youngsters can have problems completing high school and college. Often they fear that they will not fit in at a university or that a college education might not lead to a good job, Porter said.

"Our program will help make college a less frightening experience and will also help these kids develop the kinds of skills they'll need to succeed," he said. "Believe it or not, a lot of really sharp minority kids in Madison have never set foot on the university campus."

Added Walter Lane, project director and UW–Madison School of Education minority coordinator: "The program also will help the university create a more diverse student body. That's extremely important if we're truly going to prepare our students for the world they'll be entering after graduation."

A key element of the Upward Bound experience will be Saturday programs on communication skills, mathematics and study skills, as will university and Madison-area cultural activities, Porter explained.

About 35 percent of Madison's black high schoolers fail to graduate from high school, compared to about 14 percent for whites, Porter said. The numbers are even worse for Native Americans in Madison, with 45 percent never receiving their high school degrees.

Meanwhile, the percentage of low-income minority people in Madison has doubled since 1980, Porter said.

The grant, administered through the U.S. Department of Education, is the first Upward Bound award received by UW–Madison. ■

# Treasurer requests WSA audit

WI. Week 7/26/89

New Wisconsin Student Association Treasurer Gary Sullivan has requested an independent audit of all WSA financial books, claiming the office of treasurer was left "in total disarray" by the previous WSA administration.

Sullivan said he was forced to pay about $6,000 in past due bills from the student organization's savings account after taking office May 1. While WSA rules state that savings can only be spent with WSA Senate approval, Sullivan said he was unable to consult the full senate because many senators left campus after final exams.

Sullivan said most of the bills were more than 120 days past due, and some dated back to last October and November.

He said he assumes the savings account will be repaid with funds from the $232,000 WSA budget for fiscal year 1990.

Sullivan submitted a written audit request, dated June 17, to the Dean of Students Office.

Connie Wilson, an assistant dean of students, said the request is currently under review. She said university officials are working with Sullivan to find out exactly what questions he wants answered by an audit, and then will determine whether the work should be done by an outside auditing firm or the university's internal auditing staff. A decision is expected within the next couple of weeks. ■

# Cancer center grant renewed

WI.Week 7/26/89

**By Marc Kennedy**
**Center for Health Sciences**

The National Cancer Institute recently renewed funding for the University of Wisconsin Clinical Cancer Center, awarding the center $1.5 million annually over the next five years.

The grant finances the UWCCC's day-to-day functions, which include treating patients in clinical studies and conducting research into the causes and potential treatments of cancer. The UWCCC is one of 20 national comprehensive cancer centers funded by the NCI, which cited the center's "strong leadership" and "excellent organization" in renewing support.

In addition to this grant, the NCI awarded $1.5 million annually to the Madison-based Eastern Cooperative Oncology Group (ECOG), one of NCI's national centers for coordinating clinical trials, chaired by UWCCC director Dr. Paul P. Carbone. More than 200 community hospitals and 28 major academic medical institutions throughout the Midwest make up ECOG, the largest cooperative clinical study group in the country. NCI also slated an additional $270,000 each year for UWCCC studies within ECOG.

The grants enable ECOG to develop studies, involve community hospitals in recruiting patients and to enter these patients into trials.

"Without these grants, we wouldn't be able to recruit enough patients to fill all the protocols slated to begin soon, such as studies involving breast cancer, colon-rectal cancer, leukemia and lymphomas," says Dr. Douglass Tormey, UW Medical School professor of human oncology and medicine, and executive director for ECOG studies. "The more patients involved in clinical studies, the sooner we can make the most effective cancer therapies available to the public."

Carbone adds that despite the favorable review of the UWCCC, a proposed congressional budget cut of the National Institutes of Health, which includes NCI, could adversely affect other centers engaged in the national effort to combat cancer using clinical trials.

In addition to this grant, nearly 60 percent of the UWCCC's $13 million annual budget come from competitive federal research grants or contracts. Clinical fees, funds from the UW Medical School and private and corporate donations—primarily research funded by pharmaceutical companies—comprise the remainder. ■

1987

Medical - Clinical Cancer Center

**Status Report**

**A Research Update from the UW Clinical Cancer Center**

# Cancer Prevention

Cancers can be prevented in animals. Can any cancers be prevented in humans? Scientists at the UW Clinical Cancer Center are testing several cancer preventive agents which work in animals to see if they are safe and effective in people. They are studying drugs, vitamins, and diet changes. They are also looking for markers to tell whether preventers work or tell if a person is at risk of getting cancer and needs extra help.

Prevention takes time to work. Ten years after people quit smoking their likelihood of getting lung cancer drops to a normal, nonsmoker's rate. Other cancers are probably similar. So preventers must be safe to take for a long time. Diet changes must be acceptable for years.

One way to move faster in studying prevention is to find a marker, a body change which signals whether cancer is more likely or less likely. One marker that interests many scientists is an enzyme called ODC.

Ajit Verma, Ph.D, has been studying this enzyme and its relation to the development of some kinds of cancer for many years. The enzyme increases if animals receive chemicals causing cancer. It decreases if a cancer preventer, for example, a relative of vitamin A, is given to the animals at the same time. And the animals get fewer tumors. The ODC level seems to go up and down along with the risk of getting cancer.

The next step was to measure ODC in humans. Working with his clinical colleagues, Dr. Verma perfected a test using tiny pieces of human skin. He can measure ODC accurately and repeatedly in the same person. The test also works on cells taken from the lining of the colon. Then Dr. Richard Love and Dr. Verma found that ODC levels are unusually high in some people who are at high risk of getting colon cancer. These people are "at risk" because many other members of their families have had this cancer. Now the researchers are ready to see if they can change ODC levels in some of these people.

The first question is "Does calcium lower ODC in people with familial risk and high levels of the enzyme?" Drs. Love and Verma will start this study with a small group late in 1986.

Dr. Love is looking at other markers that may relate to breast cancer. He has found an abnormal form of the hormone, prolactin, in some women with familial risk for breast cancer. Prolactin is important in the development of breast cancer. Studies are underway to learn much more about the hormone, its role in breast cancer, and how to control it. This research is closely linked to genetic studies of women with strong family histories of breast cancer.

Robert DeMars, Ph.D., a UW geneticist, is examining the chromosomes of such women. He is searching for a genetic marker which will help determine the location of

a gene for susceptibility to breast cancer. It seems possible, although we aren't sure yet, that the gene for abnormal prolactin may prove to be such a linkage marker.

Earlier research at the UW Clinical Cancer Center on treatment of breast cancer has led to a trial of an antiestrogen, tamoxifen, as a preventer. Tamoxifen helps in the treatment of breast cancer. Laboratory and clinical studies suggest that it slows down the growth of breast cancer cells, but doesn't kill them. Women with breast cancer have taken tamoxifen for many years, so we think it is quite safe. Safety, of course, is essential in a preventer. Drs. Love, Carbone, and Jordan will soon test tamoxifen in healthy older women successfully cured of an early breast cancer. If these women show that the drug is safe, acceptible and makes their bones stronger, we may be closer to preventing breast cancer. Our Status Report on Breast Cancer tells more about this new research project.

While these prevention trials in humans get underway, other investigators are working in the laboratory to find new preventers. Interesting substances in orange peel, cooked meat, and other foods are being tested.

Dr. Richard Love heads the UW Cancer Prevention Clinic. If you write to him or call the clinic at 608/263-2118 you can find out more about prevention research. Whenever you have questions about cancer, you can get answers from trained counselors when you dial 1-800-4-CANCER.

## Status Report

**A research update from the UW Clinical Cancer Center**

# Breast Cancer

In 1984 more than 2500 Wisconsin women discovered that they had breast cancer. The same year 840 Wisconsin women died of breast cancer. It is now the most common cause of death for women between 25 and 65*.

Treatment of breast cancer has improved because of awareness of the importance of early diagnosis and because of combined treatments using surgery, drugs and radiation. But the continuing deaths show that much remains to be done.

The fourteen researchers at the UW Clinical Cancer Center working on breast cancer hope to reduce deaths from breast cancer by two approaches—research on prevention and improved treatment.

A prevention study just started comes from studies by Craig Jordan, Ph.D., D.SC. and Douglass Tormey, M.D., Ph.D. They have been investigating an antiestrogen called tamoxifen. Doctor Jordan's studies in the laboratory show that tamoxifen blocks the action of estrogen, a female hormone. Breast cancer in some patients responds to removing the female hormone, estrogen. This used to require surgical procedures. Tamoxifen taken by mouth gets the same results.

Doctor Tormey showed that tamoxifen improved cancer treatment in women without causing serious side effects. Now tamoxifen is being used all over the world to treat breast cancer.

More exciting, Dr. Jordan showed that tamoxifen prevents breast cancer in rats given chemicals that cause cancer. This finding gives us hope that tamoxifen can prevent breast cancer in healthy women. Perhaps it can greatly slow cancer growth in the early stages before a woman knows that she has cancer. Another reason we are excited about tamoxifen is that it seems to be safe to use for a long time. This year's test, just beginning, will help us learn whether women who have been cured of an early breast cancer can safely take tamoxifen for two years. The table shows why these women have a special need for help. If this first test in 150 women confirms the safety and acceptibility of tamoxifen in healthy people, we shall move to a large scale trial.

Risk of Getting Breast Cancer

| Groups of American Women | Number of Cancers in: 100,000 women | 1000 women |
|---|---|---|
| Normal, at age 45 | 140 | 1.4 |
| Normal, at age 60 | 200 | 2.0 |
| With mother or sister with breast cancer | 350 | 3.5 |
| Survived early breast cancer, will get second | 1000 | 10 |

Doctor Tormey's work continues to improve the treatment of breast cancer by increasing the number of cancer cells killed. During the past nine years, he has designed new combinations of anticancer drugs which are very aggressive, killing huge numbers of cancer cells. Over 80% of patients respond with complete shrinkage of the tumor. Long term survival is doubled compared to standard treatments. But in some women the few cells that remain are resistant to the drugs. With time, the tumor then grows back.

Now a different strategy is being tested. After getting the drug treatments repeated four times, patients go to Dr. Richard Steeves, head of radiation therapy. Radiation he gives may kill some cells that escaped the drug treatment. Finally, the patients take tamoxifen for many years as extra insurance.

While physicians work with patients, giving the best of new treatments, laboratory investigators are searching for ways to individualize treatment of breast cancer. One hope is to match a patient's own tumor cells with a selected mixture of drugs which kills them completely. Other researchers are trying to prevent cancer cells from becoming resistant to drugs.

Progress in breast cancer research at the UWCCC makes us hopeful that by the year 2000 we will know how to reduce breast cancer deaths to half the 1984 level. Every year that could save the lives of 420 very precious people from Wisconsin.

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If you have questions about cancer, you can get answers from the trained UWCCC counselors when you dial 1-800-4-CANCER. The Prevention Clinic, 608/263-2118, offers special services for women at high risk of developing cancer.

**Data from Cancer in Wisconsin, 1984. Published by the State Division of Health and Social Services.*

## Status Report

**A research update from the UW Clinical Cancer Center**

# Biotherapy

Natural biological substances are proving their worth in cancer treatment and may soon have a role in cancer prevention, too. Molecules the human body makes to regulate growth and increase immunity are now being purified or synthesized in useful amounts. Biotherapy, a long-awaited method of treatment, has moved out of the lab and into the clinic for testing. Several biological compounds show promise of controlling human cancers. Doctors at the UW Clinical Cancer Center who are conducting such clinical tests have based their plans on years of careful studies using animals or human cells outside the body.

Ernest Borden, M.D. has been studying how interferons, a family of related compounds, change immune responses and also work directly on cancer cells to slow their growth. Doctor Borden, along with Richard Smalley, M.D. and Joan Schiller, M.D., is using various interferons as part of several treatment plans. He finds that interferons are active in some cancers. These include some cancers of the genitourinary tract, gastrointestinal organs, bone marrow, and skin. He has found that interferons are more active when different ones are used together or if combined with other drugs, with heat or with radiation.

Because interferons are produced in the body naturally, or in response to virus infections, they may destroy some early cancers, preventing people from ever getting one of the many diseases we call cancer. This concept may lead to using interferons in cancer prevention.

William Ershler, M.D. is looking at another way to bolster the body's immune system. The hormones from the thymus gland are important to immunity from disease. As a person gets older, his thymus shrinks, producing less of these important hormones. Doctor Ershler's successes in injecting thymosin alpha 1 (TA1) in animals and in test-tube systems readied him for a trial in older people. First, he will be asking whether the TA1 can help these people to respond better to vaccines. Later this may be a way to make older people less susceptible to cancers.

Working directly with the immune cells is the approach of Paul Sondel, M.D., Ph.D. With Peter Kohler, M.D., and Jacqueline Hank, Ph.D, he is exploring active immunotherapy, another way to increase the body's immune defenses. This year Dr. Sondel started Wisconsin's first clinical test of interleukin 2 (IL-2), a natural regulator that seems to stimulate a patient's own immune system to destroy cancer cells. IL-2 is a member of a family of compounds called lymphokines, a name that may soon be as familiar as interferon. Another approach, called adoptive immunotherapy, involves transfusing activated immune cells from a healthy blood donor into patients with cancer, in the hope the patient will adopt the immune capacity of the healthy donor.

Researchers in Dr. Sondel's group find that the most exciting results are seen with combinations of active and adoptive immunotherapy.

Donald Trump, M.D., is directing a trial of Tumor Necrosis Factor (TNF) in patients with advanced cancers which have not responded to standard chemotherapy. TNF is a lymphokine that is produced by white blood cells as part of the body's immune system. In the laboratory TNF is active against a wide range of cancer types. Whether that is true for people is the goal of the study here at Wisconsin and at three other comprehensive cancer centers.

If you are interested in the rapidly growing field of biotherapy, you can learn more by writing to Drs. Sondel, Ershler, Trump or Borden. If you have other questions about cancer, you can get answers from UWCCC counselors when you dial 1-800-4-CANCER.

## Status Report

A research update from the UW Clinical Cancer Center

# Childhood Cancers

Cancer is second only to accidents as a cause of death in children between the ages of one and fifteen. Fortunately cancer is quite rare in children. In Wisconsin in 1984, the parents of 148 children learned that their son or daughter has cancer. Another 71 cases were diagnosed in the fifteen to nineteen year olds.

The past ten years have seen tremendous progress in curing certain types of childhood cancer. For example, in the 1950's acute lymphoblastic leukemia (ALL), the most common cancer in children, killed a child within a year after its discovery. Now 70% of children with ALL will live.

Recent progress in successfully treating childhood cancers has come from tremendous cooperation among the country's pediatric cancer centers. Working together, the leaders of these top groups select the key questions to ask, agree on a plan of action, and quickly get an answer by sharing their findings. This methodical, step-by-step system has led to life-saving improvements.

The Division of Pediatric Oncology at the University of Wisconsin Hospital is one of the founders of the largest cooperative pediatric cancer groups in North America, the Childrens Cancer Study Group (CCSG). As a member of the CCSG, we not only use the CCSG plans to treat children, we play a major role in the design of new studies both nationally in the CCSG and in our own institution. A child being treated at a cooperating center like Wisconsin can be sure of getting the best care available today.

Doctor Jonathan Finlay, Chairman of the CCSG Brain Tumor Strategy Group, is leading the efforts to speed progress with brain tumors, the second major cause of cancer in children. Right now only 40-50% of these children are cured. Doctor Finlay started innovative treatment trials for children with recurrent brain tumors. He uses very high doses of many drugs, following this with "rescue" of the patients with their own bone marrow (autologous bone marrow transplantation). This study is the first of its kind for children with brain cancer.

Side-by-side with the clinical studies, Dr. Finlay is investigating in the laboratory the best ways to deliver drugs to patients with brain tumors to kill the most cancer cells.

The Pediatric Oncology investigators have also developed drug treatment for children with the most aggressive kinds of lymphomas. Previously, the best results for such children led to about 50% cure rates. Doctor Finlay recently achieved cures in 90%.

UW pediatric oncologists and immunologists, Paul Sondel, M.D. and Richard Hong, M.D., run one of the busiest bone marrow transplant programs in the country. Children with resistant leukemias or immune deficiency diseases receive drugs followed by transplantation with either "matched" sibling or "mismatched" family member bone marrow. To transplant marrow from a "mismatched" donor successfully, the pediatricians use immune technics. This method is increasingly important because as

family size gets smaller, fewer children have a brother or sister with perfectly matched marrow. From our growing experience with marrow transplantation we are learning a great deal about how the body defends itself against "foreign" cells, and indeed, how the body defends itself against cancer. These discoveries point toward prevention strategies for tomorrow.

A major goal of Dr. Paul Sondel's laboratory research is finding ways to help the patient's own body fight against cancer. Doctor Sondel is nationally recognized for treatments using immunotherapeutic agents such as IL-2 (interleukin-2) and LAK (lymphocyte-activated killer) cells to bolster natural defenses.

To learn more about childhood cancer treatment, write to Dr. Jonathan Finlay or Dr. Paul Sondel. For answers to any question about cancer call the trained counsellors at 1-800-4-CANCER.

## Fact Sheet

Prepared by the University of Wisconsin Clinical Cancer Center

# Hyperthermia

**What is whole body hyperthermia?**

Whole body hyperthermia is a cancer treatment in which the body temperature is raised from 98° up to 107.6°F. Hyperthermia may be beneficial because cancer cells are more sensitive to elevated temperatures than are normal cells. Hyperthermia can be combined with other cancer treatments (for example, radiation, chemotherapy or interferons) to increase their effect. Although hyperthermia was first used as a treatment for cancer more than one hundred years ago, at this time it is an investigational therapy in this institution.

**How is the body temperature raised?**

The whole body hyperthermia device utilizes a special radiant heat technology tested and applied at the U. W. Clinical Cancer Center. Radiant heat is the same type of heat which we absorb from the sun or a light bulb.

The radiant heat produced by the hyperthermia device produces heating while air temperatures are minimally elevated. This is important as low air temperature avoids pain, discomfort, skin burning, dilation of blood vessels and stress on the heart found in other methods. To prevent heat losses from the evaporation of perspiration which would slow heating, the air in the device is humidified.

**What does a hyperthermia treatment consist of?**

Generally, patients are referred to our institution by cancer specialists. During the initial clinic appointment, the patient is evaluated, and the hyperthermia program is discussed. Further diagnostic tests are usually ordered to determine whether whole body hyperthermia would be appropriate.

Patients who are eligible for this treatment are given specific information regarding their individualized treatment program. All treatment programs include the following:

- Patients are admitted the evening before the whole body hyperthermia treatment for physician examination and blood tests.

- The evening prior and the morning of the treatment, mild sedatives are prescribed. Patients are asked not to eat or to drink fluids after midnight.

- Patients wear cotton undergarments during treatments.

- At the start of the actual treatment, various monitoring devices are attached to the patient. These monitors assist the hyperthermia team in ensuring patient comfort and safety. Monitoring includes body temperatures, heart rate, blood pressure, urine production, breathing rate and state of consciousness.

- An I.V. is started for the purpose of administering fluids and medications.

- After these necessary pretreatment preparations are made, the patient's body temperature is raised by placing him/her in our heating device. The patient's body, except for the head and neck, remains in the device for approximately an hour in order to achieve the desired temperature.

- At this time the patient is removed from the device and covered with blankets. While covered, the higher body temperature is maintained for the period of time specified in each treatment plan.

- During the heating and treatment phases, medications are administered for patient comfort. The patient may feel drowsy during the treatment but is awake and able to talk with the hyperthermia team.

- The hyperthermia team remains with the patient throughout the treatment.

- At the conclusion of the treatment, the heat-retaining blankets are removed and body cooling begins. Monitoring of the patient continues until body temperature returns to the normal range. Generally, treatment durations from start to finish are less than four hours.

- Upon returning to the inpatient room, the patient is instructed to remain in bed for approximately six hours although most feel active and hungry. No dietary or visitation restrictions are imposed following treatment.

- Blood tests are evaluated daily following treatment and guide the physician in determining the length of hospitalization. Usually the patient is discharged two days following treatment.

**Are there any side effects?**

While other methods of delivering whole body hyperthermia have resulted in more severe side effects, the radiant heating method used here has had only a few minor side effects. An occasional patient has experienced a very brief period of stomach upset immediately following the hyperthermia treatment. However, we have found that this can easily be prevented in future treatments by medication. Most patients have a sense of well-being following treatments and are able to resume a normal routine. Some patients, however, may experience fatigue and will have to modify their

activities for a brief period. The patient is encouraged to discuss specific concerns regarding side effects with the physician.

**Are there other types of hyperthermia?**

Yes, at the University of Wisconsin Clinical Cancer Center, Drs. Steeves and Paliwal are using special microwave equipment which treats smaller regions of the body. This is called local hyperthermia.

**The future?**

At the same time that doctors are treating patients with heat, investigators are also trying to understand how and why heat can kill tumor cells. Drs. Borden, Dennis, Longo, Mulcahy, Robins, Sondel, Steeves, and Yatvin are looking at different aspects of the basic mechanism of heat killing. Through an understanding of the killing effect of heat, each hopes to uncover facts which can be used to cure cancer.

Also sent copy to Green Sheet

University of Wisconsin-Madison
Center for Health Sciences
News

Public Affairs Department
758 WARF Building
Madison, Wisconsin 53706
(608) 262-6343

Medical Clinical Cancer Center

FOR RELEASE UPON RECEIPT

Date Mailed: March 29, 1983

Contact: Chris Kroll
Office: 608/263-4869
Home: 608/255-5546

UW CANCER CENTER CELEBRATES 10TH ANNIVERSARY

Internationally renowned oncologist Dr. Gianni Bonadonna will present the first in a series of lectures highlighting the tenth anniversary of the Wisconsin Clinical Cancer Center at the University of Wisconsin-Madison.

He will speak April 4 and 5 at the UW Clinical Science Center. The April 4 lecture, "Current View on Adjuvant Therapy for Breast Cancer," will be held at 4:30 p.m. in room G5/119. "Alternating Chemotherapy for Malignant Lymphomas" will be the topic at 8 a.m. April 5 in room G5/113.

Bonadonna pioneered the use of combined chemotherapy following mastectomy to destroy microscopic traces of cancer, thereby preventing the recurrence of the disease. He also showed that it may be possible to cut the length of treatment for breast cancer from one year to six months and still maintain the same length of survival.

For Hodgkin's disease, Bonadonna developed a new combination of drugs that has increased the chances of survival for patients with advanced cases. In 1970, drug treatment could cure half of the patients; with Bonadonna's method, two-thirds can be cured.

Bonadonna received the prestigious Rosenthal Award from the American Association for Cancer Research in 1982 in recognition of innovative work that significantly improves clinical cancer care.

MORE

Bonadonna is currently director of the Division of Medical Oncology at the Instituto Nazionale Tumori in Milan, Italy. He has worked with UW cancer specialists for 10 years.

The Cancer Center, UW Hospital and the UW Medical School are planning additional events from April through November to celebrate the Center's tenth anniversary. They include lectures and educational presentations aimed at the medical and scientific communities, the general public and state lawmakers. WCCC will hold a special open house during the UW Medical School's Alumni Day on May 20.

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# research news

From the University of Wisconsin-Madison / News Service, Bascom Hall, 500 Lincoln Drive, Madison 53706 / Telephone: 608/262-3571

Release: Immediately 7/30/80 jmn

CONTACT: Howard Leventhal (608) 262-0908
David Nerenz (608) 263-9063

HELPING CANCER PATIENTS REDUCE STRESS IS RESEARCH GOAL

MADISON--The toxic side effects of cancer chemotherapy--nausea, hair loss, fatigue and changes in appetite, for example--are so distressing to some cancer patients that they drop out of treatment. Of course, their chances for recovery are then reduced.

University of Wisconsin-Madison psychologists and UW cancer researchers are engaged in a three-year study of the emotional anxieties brought on by chemotherapy side effects and how they might be reduced psychologically without resorting to medications.

The percentage of patients who experience chemotherapy side effects and associated stress ranges from "small to major," according to Dr. Paul Carbone, director of the Clinical Cancer Center and a principal researcher in the project. Because of negative side effects of their own, Carbone prefers when possible to avoid prescribing medications--such as mood drugs--to treat those who are stressed.

Patients with Hodgkin's disease, lymphatic and breast cancer at the Center are interviewed by psychologist Howard Leventhal and graduate student David Nerenz. The subjects are questioned about how they are affected by the chemotherapy and steps they may be taking on their own to relieve discomfort resulting from the treatment.

- more -

"We are also interested in the extent patients are experiencing disruption in their family, work or social lives," said Nerenz. "In addition, we want to know what they feel chemotherapy is doing for their illness, whether they can actually feel if the disease is affected by the treatment."

Once the patient responses are gathered and assessed, the researchers hope to establish techniques and advice that would be given to future chemotherapy participants to help reduce stress and thus increase their chances of staying in the program.

One part of the theory is that if a patient knows what to expect, anxiety will be less. "Rather than prescribe medication to reduce stress, we think that once people are given certain kinds of information they won't be as distressed," said Leventhal. "Knowing what the treatment will feel like helps keep the fears down."

Similar coping plans developed by Leventhal have been used to prepare patients for stress in other kinds of medical treatment such as endoscopic exams, in which a patient swallows a fiber-optic tube to photograph the stomach's interior.

The collaboration between psychologist and physician at the Clinical Cancer Center is appreciated by the researchers. "Medical clinicians tend to be more interested in the biochemistry and biology of a case and not care as much about the psychology," said Leventhal. "We feel very lucky to work here with people like Dr. Carbone who are concerned that the psychological-behavioral aspect of cancer treatment has been ignored in the past."

Says Carbone: "It's important that patients know we're interested in more than their physical problem."

The project is funded by a grant from the National Institutes of Health.

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# Cancer Column



PREPARED AND SUPPORTED BY THE WISCONSIN CLINICAL CANCER CENTER IN COLLABORATION WITH THE STATE MEDICAL SOCIETY OF WISCONSIN AND ITS COMMITTEE ON CANCER

## Dr Harold P Rusch and the Wisconsin Clinical Cancer Center

IN JULY DR HAROLD P RUSCH will become professor emeritus of the University of Wisconsin. Throughout the history of cancer medicine in Wisconsin, he has played a leading role.

Following graduation from the UW Medical School in 1933, Doctor Rusch was awarded a Bowman Fellowship to do basic research in cancer. Because of his great interest in oncology, he helped found and develop McArdle Laboratory in 1940 and served as its director from 1946-1972. His research has helped us understand the carcinogenic action of ultraviolet irradiation, the influence of diet on the development of hepatic cancer, the effect of caloric restriction on tumor formation, the stages in tumor formation, and the biochemical events that control the growth and differentiation of *Physarum polycephalum*.

In the 1950s Dr Charles Heidelberger of the McArdle Laboratory and members of the Division of Clinical Oncology developed the anti-cancer drug 5-fluorouracil (5-FU) and made it a clinically useful drug. This chemical not only was one of the first substances shown to be effective against some types of cancer but also today it remains one of the primary drugs used by chemotherapists. Ways of making 5-FU even more effective are still being studied. At about the same time the Division of Radiation Therapy of the Department of Radiology was developing into one of the country's first major resources for cancer treatment using x-rays.

National interest in cancer increased markedly at the start of the present decade. Doctor Rusch was a member of the committee which developed the National Cancer Act of 1971. Realizing that Wisconsin met the requirements of a comprehensive cancer center, the two major clinical cancer-related activities were joined to create the Wisconsin Clinical Cancer Center which NCI designated as a comprehensive cancer center in 1973. Doctor Rusch became its first director.

This unification of clinical cancer activities led to the designation of a new clinical department in the Medical School—the Department of Human Oncology, in 1975. This department is the nucleus of the WCCC. McArdle Laboratory remains a close collaborator but is a separate academic department of the Medical School, the Department of Oncology. It is devoted to certain aspects of basic cancer research.

In June 1978, Doctor Rusch retired as the director of WCCC, and Dr Paul P Carbone assumed the directorship of WCCC as well as the Department of Human Oncology. Working with him are Dr William L Caldwell† as Associate Director of the Division of Radiation Oncology, Dr Hugh L Davis, Jr, as Associate Director of Medical Oncology Affairs, Dr Kelly H Clifton as Associate Director of Laboratory Research, and Dr Robert O Johnson as Associate Director of the Division of Research and Development in Cancer Control.

The WCCC is now located in the seven-story K4 tower of the new Clinical Science Center on Highland Avenue in Madison. In addition over 100 hospital beds are available for adult oncology inpatients: 49 single rooms for acute care of clinical and radiation oncology patients, 25 for gynecology-oncology patients, and 20 for hematology-oncology patients. There is also an ambulatory care unit of 13 beds for patients who are able to go to the cafeteria for meals, make their own beds, and go to the clinics for tests and treatment, thus lowering hospitalization costs.

*Cancer Column* correspondence should be directed to: Dr Paul C Tracy, Wisconsin Clinical Cancer Center, 1900 University Ave, Madison, Wis 53705; or Dr John K Scott, Chairman SMS Committee on Cancer, Box 1109, Madison, Wis 53701. *Cancer Column* is supported by NCI Grant No. 5 R18-CA-16405-03. 

† Died unexpectedly May 21, 1979.

The space devoted to cancer activities has more than doubled in amount and improved in quality in the six years that WCCC has been in existence. The number of faculty members has more than doubled. Many others are associated with the department and contribute in many ways to its program.

In addition to the oncology patients, about 40% of the surgery patients, 70 to 80% of the gynecology patients, and 25% of the pediatric patients in the hospital have cancer related illnesses. WCCC also cooperates very closely with the William S Middleton Veterans Administration Hospital, where about 250 of their cancer patients are treated each year. During the last five years the WCCC clinicians have been seeing more patients with cancers of the lung, pancreas, and liver who generally require more complex therapy.

In the 45 years since Doctor Rusch began his distinguished career, many changes have occurred in the field of oncology. The modalities of surgery and radiation therapy have been greatly enhanced. The entire modality of cancer chemotherapy has been developed. Oncologists are now able to cure 11 different types of malignant disease. About 40% of all cancer patients are now being cured. With continued research the present staffs of WCCC and McArdle Laboratory expect to cure many more cancer patients and obtain answers to other parts of the cancer puzzle.—DOROTHY J BUCHANAN-DAVIDSON, PhD, Science Writer ■

## Toll-Free WATS line for members: 1-800-362-9080

As a service to its members, the State Medical Society of Wisconsin has installed a toll-free WATS line (Wide Area Telecommunications Service) to provide member physicians with quick and easy access to SMS staff. The in-WATS line can be used to contact anyone at SMS headquarters (330 East Lakeside Street, Madison) from anywhere within the State of Wisconsin between the hours of 8:00 AM and 4:30 PM weekdays. Keep this number handy for easy reference!

OSHKOSH DAILY NORTHWESTERN 5/15/79

# Openness is emphasized at new cancer center

By JO ZORR
Of the Women's Staff

MADISON — Removing the cancer patient's fear through openness and honesty.

That is the watchword of the Wisconsin Clinical Cancer Center at Madison.

The newly completed seven-story Cancer Tower is part of a futuristically designed complex, the Center for Health Sciences of the University of Wisconsin.

In addition to the Cancer Center, it houses the University of Wisconsin Hospital and Clinics, the Medical School's clinical programs and the School of Nursing.

The Cancer Tower at Madison is one of 21 comprehensive cancer centers in the country. The centers were established in 1973 as the result of the National Cancer Act of 1971.

Specialists in various kinds of cancer and their current treatment addressed a small group of newspaper reporters on Thursday. The program, which included a tour of the new facility and the McArdle Laboratory, was sponsored by the Wisconsin Division of the American Cancer Society.

Although certain clinical areas of the Center for Health Services have been open for treatment of out-patients for several months, the transfer of patients from the University of Wisconsin Hospital to the Center for Health Sciences took place six weeks ago.

The clinic has obviously been designed for the comfort and convenience of the cancer patient — procedures that are dependent on each other are lacated in the same area.

While survival rates of six of the 10 most common forms of cancer have dramatically increased in the past 20 years, the fear of the disease remains.

Concern for the patient's fear is given a high priority among doctors, nurses and technicians at the cancer clinic.

In the Radiotherapy Department, where cancerous tumors are treated by x-ray and cobalt, clinical nurse specialist Annette Tealey makes it a point to contact each individual patient.

Everyone working in the unit is sensitive to the apprehensions of patients and their families, and put Ms. Tealey in touch with those who need her most urgent attention.

The technicians demonstrated the use of the massive equipment, handling it with ease gained from training and experience. They work closely with the doctors in a constant effort to increase the precision of the process while making the painless treatment even less troublesome for the patient.

Dr. Paul Dvorak, a pediatric-cancer specialist, said children with cancer are deliberately not segregated from the rest of the children who require treatment in the children's clinic.

The atmosphere of normalcy is intentional. Except for their nametags, nurses are indistinguishable from mothers in slacks and knit tops.

A pretty teen-age girl from Janesville was receiving chemotherapy in one of the rooms while sitting on the edge of a bed. Her mother sipped coffee in the room and chatted with her attending physician.

A portable 12-inch board was taped to the palm of the girl's hand, and a liquid dripped down a tube into a vein.

The smiling young patient openly answered questions about the loss of her hair and the 24-hour period of nausea that in her case has accompanied the treatment of a rib tumor.

Dvorak, while realizing that most people are not wild with joy when faced with the prospect of getting shots with a needle, said even very young children rarely cry when he administers a drug via injection. He explained that a child's veins are small, and they must hold very still so that the needle reaches its mark the first time.

"They seem to sense what is required of them, and also display a faith in the clinic personnel."

He acknowledged that a bone marrow test is among the more unpleasant experiences for the young patients.

"However, since the anticipation is much worse than the actual procedure, we believe in speed. From the time the child enters the treatment room until the test is completed, is less than a minute."

"We are very honest with them. They realize they have a serious illness that is affecting their family. It makes their mom and dad cry. It makes their grandparents treat them differently. They also realize that people in the clinic are helping them and

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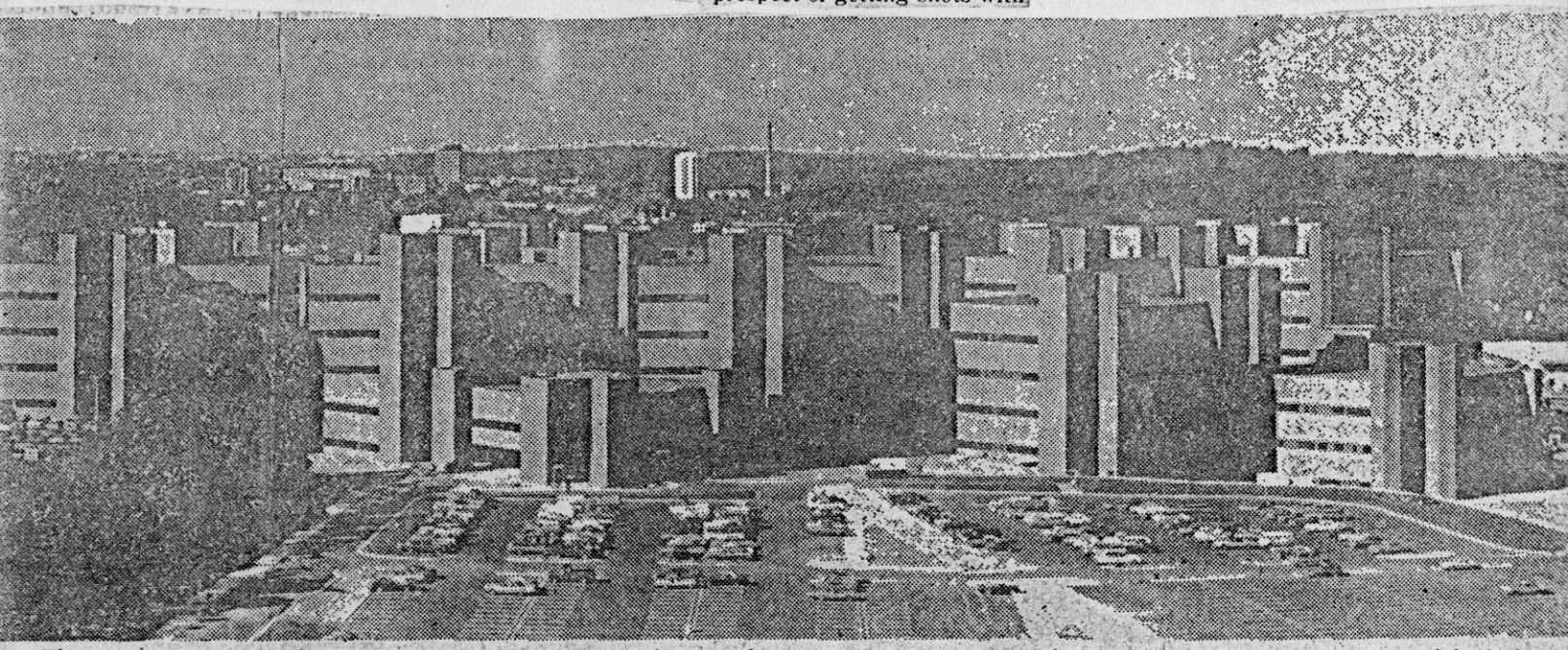


The new Wisconsin Clinical Cancer Center, located at the right, is part of the new Center for Health Sciences of the University of Wisconsin in Madison.

this type of treatment. Conference rooms are conveniently located in the patient treatment areas.

that it is not an unhappy place to come."

To further emphasize his own experience in gaining the confidence of young patients, Dvorak said children with a certain type of cancer are more vulnerable to warts. He said about half of those who get them, have them disappear as if by magic, through their trust in his treatment using ordinary table catsup.

The team approach to cancer cure has been initiated in all departments of the Wisconsin Clinical Cancer Center, and the building itself has been designed to encourage

In addition to the outpatient clinic, which treated 2800 people last year, all of the adult cancer patients are now housed on the sixth floor of the attached hospital. This again allows for a more efficient treatment by the total staff of cancer specialists.

Next door to the old University of Wisconsin Hospital and Clinics is the McArdle Laboratory, where basic cancer research is done on the 15,000 mice in residence. Inside, scientists record data from their meticulous experiments.

Dr. Roswell Boutwell, a research specialist in chemically caused tumors, said, "Progress in medical science has been fastest in areas where men have used animal experimentation."

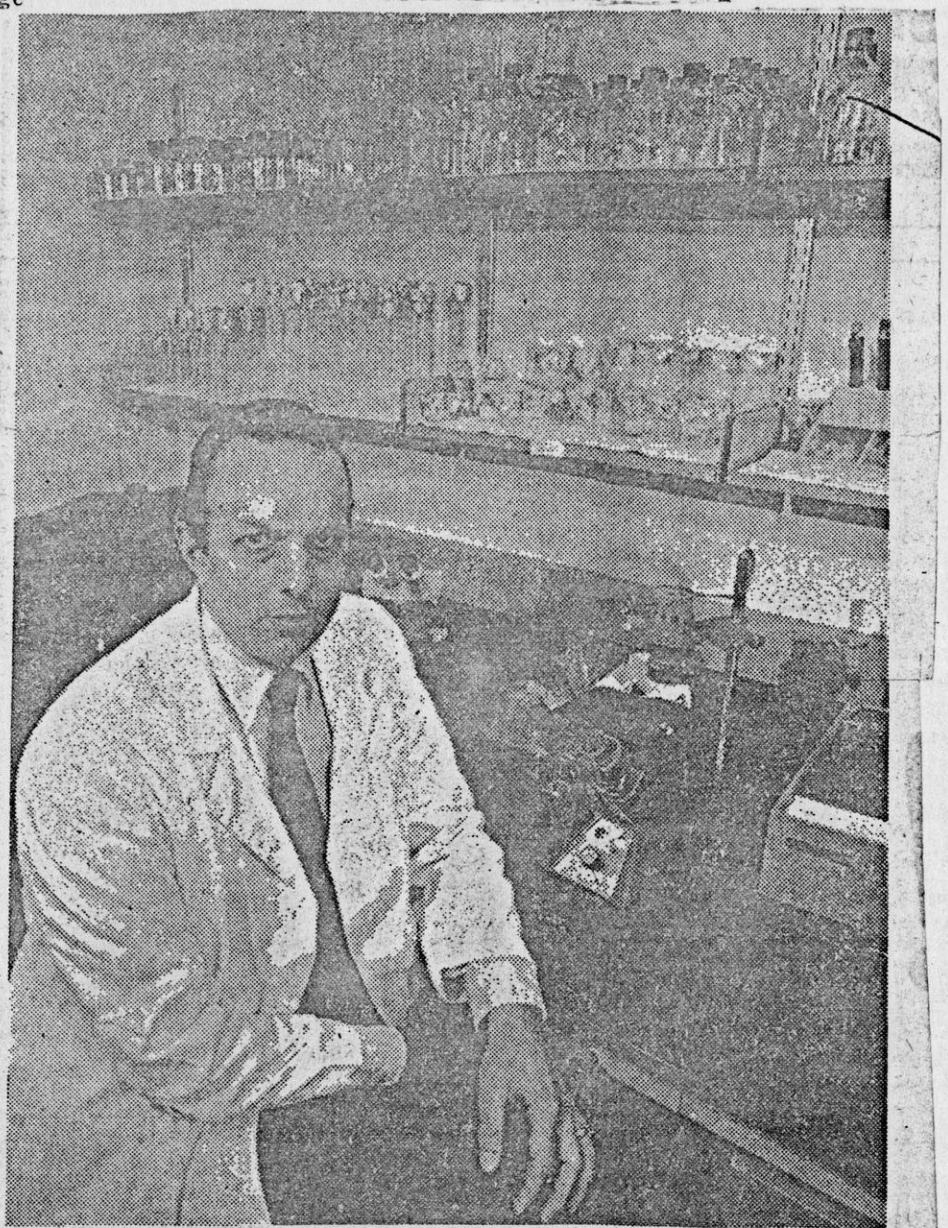
A man who has pioneered in the cure of skin cancer via microscopically controlled surgery, Dr. Frederick E. Mohs, explained that "Each cancer is an individual, like every person is an individual."

This has led to the fine line of specialization within the the area of modern medicine known as oncology, or the study of cancer.

All 100 types of known cancers begin with one body cell that does not obey the usual rules or has lost the ability to respond to normal controls. There are dormant tumor cells in everyone's body. In a person with cancer, the abnormal cell divides and begins to grow.

To stop this growth through surgery, drugs or radiation with the least amount of damage to normal cells is the desire of cancer specialists.

All services of the Wisconsin Clinical Cancer Center and University of Wisconsin Hospital and Clinics are open to the public. It is not necessary to have a physician's referral for admission.



Dr. Ernest Borden, the recipient of a grant from the American Cancer Society for breast cancer research, is professor of human oncology at the University of Wisconsin Medical School. He is studying the effectiveness of Interferon, a virus-fighting body protein, in treating cancerous tumors in humans.

FILE

FEATURE STORY RELEASE

# WISCONSIN CLINICAL CANCER CENTER

March 1979

1900 University Avenue, Madison, WI 53705
(608) 263-6919

Robert O. Johnson, M.D.
Associate Director
Cancer Control
(608) 263-7348

PHOTO AVAILABLE

Release Date: Immediate
Contact: Dorothy J. Buchanan-Davidson, Ph.D.
Phone: 608-263-6225

## NEW WISCONSIN CLINICAL CANCER CENTER DEDICATED TO HELP WISCONSIN CANCER PATIENTS

A special dedication of the Wisconsin Clinical Cancer Center (WCCC) was part of the week long program marking the opening of the new Clinical Science Center in Madison. WCCC was one of the first comprehensive cancer centers to be established in the United States to reduce the incidence, suffering, and death from cancer and to provide improved follow-up and care of cancer patients.

During his introductory remarks, Dr. Paul P. Carbone, Director of WCCC, said that in 1978 the WCCC staff had cared for over 2800 cancer patients. The major focus of the activities of the 40 physicians and 260 supporting staff members is on these patients. WCCC has specialists in cancer chemotherapy (treatment of cancer with drugs), radiotherapy, and surgery. Because there are many different types of cancer which affect almost every tissue or organ of the body, pediatricians, gynecologists, orthopedists, neurosurgeons, dentists, nutritionists, allied health practitioners, and other specialists are frequently consulted.

The new facilities will have about 50 beds for the exclusive use of the Department of Human Oncology to care for cancer patients. In order to reduce costs for patients who can care for themselves, there will be a minimal care unit. There the patients make their own beds, dress, and go to the cafeteria for meals, but receive the special treatment and tests they need.

During the dedication, new methods of treating cancer were discussed. Dr. Ernest Borden described the use of a substance called interferon to treat breast cancer in women, and Dr. Michael Kademian told of results which are being obtained with hyperthermia, the use of heat.

In the new WCCC facilities, there will be improved clinic facilities where patients who do not require hospitalization can be treated. With these better clinic facilities, it is hoped that many types of cancer can be detected earlier. Dr. Richard Love described how colo-rectal, cervical, breast, and melanoma skin cancer can often be detected and

-more-

treated before they spread to other parts of the body. He stressed that the only sure cure for cancer is prevention and early detection.

But WCCC also tries to make good cancer treatment available to Wisconsin people near their homes. Networks or groups of health professionals with interest in a certain type of cancer have been formed. Networks for nursing, pain control, and rehabilitation are also being formed. Many lectures and conferences are held throughout the year for Wisconsin health professionals.

So Wisconsin citizens can receive the best possible cancer treatment, the WCCC staff is in constant contact with medical institutions throughout the U.S. and the world. Many foreign visitors share their knowledge with the staff. Results of treatment for different kinds of cancer are compared with those of other medical institutions and changes made in treatment when one method cures, permits better survival, or relieves the serious effects of cancer.

One visitor was Dr. Charles Moertel of the Mayo Comprehensive Cancer Center who presented the keynote speech during the dedication ceremonies. For many cancer patients the most important medication is that which relieves pain. He believes that aspirin is the most effective single oral medication for pain relief, since it has few serious side effects, is not addicting, and is the cheapest. Many of the pain relieving drugs currently available contain stimulants, tranquilizers, or anti-inflammatory agents which may not be needed and may be harmful to the particular patient, so the physician must select the drug with a special patient in mind.

For improvements to be made in the treatment, diagnosis, and prevention of cancer, a better understanding of cancer must be developed. Many members of the WCCC staff are trying to discover more about cancer through basic laboratory research. The new, modern, well-equipped laboratories are aiding in their search for more information regarding the effects of radiation on normal and cancer cells, the actions of heat and drugs on cells, the influence of diet on cancer, the formation of cancer by exposure to certain substances, and individual susceptibility to cancer. Careful study of cancer cells is helping the physician decide on the proper treatment, follow a patient's response to treatment, or detect the presence or recurrence of cancer.

Add Two--Wisconsin Clinical Cancer Center

WCCC is interested not only in the person who has cancer, but the health of all Wisconsin citizens. Everyone should learn about cancer, so that they can develop good health habits and hopefully prevent some cancers. They should be able to recognize warning signs of cancer, so that a cancer can be diagnosed and treated before it has spread around the body. A Cancer Information Service has been developed which enables any Wisconsin citizen to talk to trained counselors about cancer by calling 1-800-362-8038 toll-free.

During the dedication service, Dr. Carbone stated that all the efforts of WCCC are people-oriented and dedicated the staff to providing the best possible treatment of cancer for you, the Wisconsin citizens.

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Thank you!

MMH file

# NEWS

Wisconsin Clinical Cancer Center
University of Wisconsin-Madison

1900 University Avenue
Madison, Wisconsin 53705

Public Affairs Office
Telephone: 608/263-6919

Medical Science Journal

November 22, 1977

TO THE EDITOR: This is the fifth in a series of articles on cancer detection and prevention which we will be sending you at approximately monthly intervals. Please feel free to use them individually or as a series.

Release Date: Immediate
Contact: Dorothy J. Buchanan-Davidson, Ph.D.
Phone: (608) 262-1357

## CONQUERING CERVICAL CANCER

Cancer of the uterus or womb is the third most common cancer in women. Almost half of these cancers are found in the cervix or narrow neck of the uterus which leads from the uterus and serves as part of the birth canal. And there are things you can do to help prevent cervical cancer from developing or to detect it early before it has spread.

Cervical cancer is most common in middle-aged women who are poor, are not well-educated, are non-white, and probably had sexual intercourse and married early, then had several children while still young.

Although you may not fit this picture, all women can benefit from a simple painless test developed by Dr. George N. Papanicolaou, which has reduced death from cervical cancer by more than two-thirds in the past 45 years. Cells removed from the lining of the cervix and vagina are examined under a microscope. If any look abnormal, the woman will be asked to see a physician to determine the cause of the abnormality. Cervical cancer appears to progress from localized to invasive cancer. The "Pap" smear is especially effective in detecting cancer before it has invaded the surrounding tissues and spread. Because of this test, more cervical cancers have been detected, but the number of invasive cancers has decreased. A screening program in Green Bay where most of the women studied were white, middle-class, and averaged 34 years of age detected about 1.9 cancers for every 1000 tests made. At Milwaukee County General Hospital where the women were non-white, of a low economic level, and averaged 46 years of age, about 3.4 cancers per thousand examinations were found.

The most important risk factor appears to be the age when a woman has her first intercourse, perhaps because the biologically immature sexual organs are highly sensitive to carcinogens (substances which increase the development of cancer) that are transmitted venereally

Women with cervical cancer report more broken marriages, remarriages, separations, divorces, and multiple marriages, suggesting that they may have had more sexual partners than other women. Likewise the younger a woman gives birth, the greater the risk; risk also increases with the number of pregnancies.

The age of greatest risk according to the Wisconsin Cancer Reporting System is from 25-35 years of age, but the risk is relatively high until 55, after which the risk declines. Localized cervical cancer occurs more frequently among younger women and invasive cancer in women over 55. More non-whites develop cervical cancer than white women. In New York City, Jewish women have lower death rates than non-Jews; circumcision of Jewish males may be a factor. However socio-economic status appears to be more important than race.

Syphilis occurs three times as often in these women as in women with other types of cancer. Gonorrhea, chronic inflammation of the cervix, bleeding, spotting, or vaginal discharge also increase the risk. Intestinal parasites may be a factor, but are not causative. A woman with any of these symptoms should have regular physical examinations.

To prevent development of cervical cancer in their daughters, women should also avoid the use of hormones during pregnancy. At one time diethylstilbestrol (DES) and other related synthetic hormones were given to women to prevent spontaneous abortions. Recently doctors have discovered about 200 cases of vaginal and cervical cancer in daughters of these women. Changes of the surface lining of the lower reproductive system are also seen. Usually the daughters have abnormal bleeding and discharges before the cancer develops.

To detect early cervical cancer, doctors suggest that all women have a "Pap" test annually. Many physicians include this test in a pelvic examination or annual physical examination. Some health screening clinics will also do this test. With regular physical check-ups which include a "Pap" smear and consumption of a good, well-balanced diet, you can help prevent cervical cancer and hopefully lead a long healthier life!

If you have additional questions about cervical cancer, trained counselors at the Cancer Information Service can be reached by calling 800-362-8038 toll-free.

-30-

Thank you!

FILE

# NEWS

UNIVERSITY OF WISCONSIN-MADISON
CENTER FOR HEALTH SCIENCES
Public Affairs/Community Health Education Department
1301 University Avenue
Madison, Wisconsin 53706
Telephone: (608) 262-6343

RELEASE DATE March 4, 1977

Contact Carol Maroney

Medical Cancer Center

HEADQUARTERS OF CANCER GROUP
MOVES TO MADISON

MADISON--Headquarters for a multi-institutional cancer study group is being established in Madison with a $565,242 grant recently received from the National Cancer Institute.

Files and equipment for the operations office of the Eastern Cooperative Oncology Group (ECOG) are now being moved to Madison's First Wisconsin Bank building, 905 University Ave. New employees spent time last month being trained in Silver Spring, Md., headquarters of the group for the past 13 years.

ECOG coordinates data on cancer treatment being given by close to 700 professionals in 41 major U.S. and foreign institutions. The Madison office will assign patients in various studies to different types of cancer treatment, keep records on the studies, and assist in arranging meetings of ECOG and its various subcommittees on cancer treatment.

Transfer of ECOG offices to Madison is the result of the move here last summer by Dr. Paul Carbone, chairman of the group since 1971. Formerly with the National Cancer Institute, Dr. Carbone is now an ACS Clinical Oncology Professor and heads the clinical oncology division of the Wisconsin Clinical Cancer Center. He also directs University Hospitals' cancer outpatient activities, the medical oncology training programs, is a professor of human oncology and medicine at the UW Medical School.

In addition to the University of Wisconsin, members of ECOG include the Mayo Clinic, a number of institutions in the central and eastern U.S. and others in Canada, France, South Africa, Italy and Switzerland.

-30-

# NEWS

UNIVERSITY OF WISCONSIN-MADISON
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1301 University Avenue
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RELEASE DATE IMMEDIATE

Contact Mary Ellen Gigot

233-4761
3-2553
2-1686

Medical Cancer Center

WISCONSIN CLINICAL CANCER CENTER MOVES TO NEW BUILDING

Cartons of laboratory and office supplies, delicate equipment, including balances, heavy centrifuges, fully packed freezers and cells in temperature-controlled containers, are being readied for the Wisconsin Clinical Cancer Center's (WCCC) move into the new Clinical Sciences Center at the west end of the University of Wisconsin-Madison campus.

The move, which will start Monday, will extend over the next few months, according to WCCC director Dr. Harold Rusch.

The WCCC is one of 19 comprehensive cancer centers in the U.S. WCCC will become the second group to move into the Clinical Sciences Center (CSC). The UW School of Nursing moved to the new $100 million facility located near the VA Hospital last November. University Hospitals and Clinics and the clinical departments of the UW Medical School are scheduled to move over the next year.

Since WCCC's beginning in 1972, its cancer researchers have worked in labs and offices scattered around campus, including two old houses on Johnson Street.

WCCC will occupy a seven-floor tower in the CSC, totalling about 70,000 square feet. Four floors are devoted to laboratory research.

--More--

"The new building doubles the space we had previously," says Rusch. "But more importantly, it centralizes our operation. Idea sharing is a vital part of research and it's difficult when you're scattered all over."

According to Rusch, WCCC researchers are trying to find clinical solutions to human cancer. "The human-oriented research of the WCCC complements the basic research of McArdle Cancer Lab," he explained. In addition to research, WCCC physicians and professionals provide patient care and public education programs, including the "Cancer Information Service," a speakers bureau and numerous brochures on cancer.

Rusch reports that special arrangements have been made with the Atomic Energy Commission and UW Safety Department to move radiation sources into their new lead-shielded rooms without danger. To introduce the 50 members of the laboratory staff to the many new safety procedures and devices at the new building, orientation meetings have been scheduled.

One of the new safety devices is a computer system which monitors all building operations and immediately alerts the building personnel of any failure in the complex physical support systems. Rusch says these controls are of enormous value to research because the malfunction of a temperature-control device could jeopardize years of research and the failure of a ventilating system could endanger personnel in the area.

Each laboratory floor in the WCCC complex has eight identical labs that open into a common area containing shared facilities, such as cold rooms and tissue culturing rooms, which cut down on the duplication of

costly equipment. Rusch says the labs are equipped with the latest biological safety devices and fume hoods to prevent any risk to researchers or contamination of their work.

Rusch says the entire move will be completed within a year.

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3.2.8

# NEWS

Wisconsin Clinical Cancer Center
University of Wisconsin-Madison

1900 University Avenue
Madison, Wisconsin 53705

FILE

Public Affairs Office
Telephone: 608/263-6919

Medical Center

July 27, 1977

To the editor:

This is the first of a series of columns we would like to share with you on cancer. Others will be sent at approximately monthly intervals. It is helpful to understand how cancer can be diagnosed and treated, but more important is knowledge about how cancer can be prevented. If prevented, there will be no need for cancer diagnosis and treatment.

We hope that the enclosed information will be of interest to you and your readers. If we can be of further assistance, please contact me at 262-1357.

Most sincerely,

Dorothy J. Buchanan-Davidson, Ph.D.
Science Writer

Release Date: immediate

Contact: Dorothy Buchanan-Davidson, Ph.D.

Phone: (608) 262-1357

## CANCER PREVENTION AND YOU

As much as 80-90% of all human cancers are caused directly or indirectly by factors in our environment. And there is something you can do to control these factors and hopefully avoid the development of cancer!

Lung cancer is the leading cause of cancer death among men and an increasing problem among women, but 80% of these cancers could be prevented if no one smoked cigarettes. Almost 37% of cancers of the head, neck, and esophagus are preventable if people did not smoke or use alcohol. And 27% of cancers of the bladder and liver could be prevented by not smoking and avoiding industrial exposure to certain cancer-producing materials. A third of skin cancers could be avoided by avoiding exposure to the ultra violet rays of the sun.

In men the lung, digestive tract, urinary tract, and prostate are the sites of about three-fourths of all cancers, while in women the breast, digestive tract, uterus, skin, and lung are sites for 70% of all cancers. All of these organs are in direct contact

-more-

with the outside world (the air we breathe, food we eat, material we excrete, and sexual activities). In places such as these, where the environment requires that the tissue has to repeatedly grow and repair itself, there is an increased risk of cancer developing. The longer the exposure, the greater the risk of cancer. Because there is more chance of repeated exposure and repair when we live longer, more cancers develop as we get older. In communities where the inhabitants die young, there are fewer cancers, because there is not sufficient time for cancer to develop.

Enough is now known to prevent most of the common cancers of the mouth, esophagus, larynx, lung, bladder, and skin in the U.S. and there are clues to the prevention of cancer of the cervix, breast, and colon.

Attempts are now being made to prevent cancer by eliminating all materials capable of causing cancer from the environment. How we define an acceptable risk is not just a scientific but also a political and moral question. But, we must prevent pollutants from entering our environment! A wise public health policy is one that demands that any chemical agent found after appropriate testing to be cancer-causing in one or more animal species should also be presumed to be cancer-causing in man unless we have evidence to the contrary.

Many new hazards can be prevented by controlling the introduction of new cancer-causing chemicals into the environment, and existing ones can be quickly detected. The environmental conditions that have been produced by industrialized society either in the form of occupational hazards or as side effects of medical treatment have caused some cancers. For example, a kind of cancer of the palm of the hands has been caused by arsenic; a cancer of the pleural (cavity around the lung) and peritoneal (cavity around the abdominal organs) cavities can be caused by exposure to asbestos; or a liver cancer can be caused by exposure to vinyl chloride. Other such hazards have been discovered, and there are probably more which may cause cancer to develop unless we find some way to control the introduction of new chemicals into the environment. E. F. Schumacher in Small Is Beautiful stated that America's rising rate of environmentally induced cancers has been caused "not from our failures but from what we thought were our greatest successes."

You can prevent cancer from developing. If you reduce the amount that you smoke, you will have greatly reduced your chances of developing lung cancer, and also cancers of the mouth, pharynx, esophagus, larynx, bronchus, and bladder. In the July Journal of the American Medical Association, Dr. Jerome Putnam said, "unless there is a substantial change in smoking habits by our youth, we might expect to see an increasing incidence of lung cancer in young women and men in the future".

If you would follow a more prudent diet, control your body weight, consume more fiber in your food, avoid high fat intakes, and eat a better balanced diet, your chances of developing breast cancer, colon-rectal cancer, and some other types of cancer will be much less.

And if you would be more careful not to overexpose your skin to the effects of ultra violet rays of the sun, you would greatly reduce your risk of developing skin cancer.

The director of the International Agency for Research in Cancer believes that 80% of human cancers could be prevented if we can only control our environment!

If you would like further information about cancer prevention, you can call the Cancer Information Service toll-free at 1-800-362-8038.

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Thank you!

uw news

From The University of Wisconsin-Madison / News Service, Bascom Hall, 500 Lincoln Drive, Madison 53706 / Telephone: (608) 262-3571

Medical Oncology Cancer Center

Release: Immediately 2/10/77 jhs

FACILITY FOR RESEARCH ANIMALS

MADISON--Construction of a $1.8 million "module" to house research animals within the new Center for Health Sciences at University of Wisconsin-Madison was recommended for approval by the UW System Board of Regents Friday.

(NOTE TO EDITORS: Approval is expected Friday afternoon. After that approval, change "recommended for approval" to "approved.")

The 8,910-square-foot facility will house small animals used in cancer research by the Wisconsin Clinical Cancer Center. It is being funded from gifts and by the National Cancer Institute.

Test animals are now held in temporary quarters built in 1969 and in buildings leased from Forest Products Laboratory. The 1969 quarters had a projected seven-year lifespan and the space provided by Forest Products Laboratory must be returned before December.

The new quarters will house the animals in a single location adjoining the Wisconsin Clinical Cancer Center's research facilities and will meet federal regulations on biological hazards not met in the older buildings.

A report to the regents said the facility is also needed because the cancer center plans to expand its research programs into the causes of cancer and into its chemical and radiologic treatment.

Areas in which "moderate-risk biohazards" can be safely handled are also included in the approved facility, and were termed "essential" for investigations in several new areas of research. Those new fields include the body's immunity to foreign organisms and the testing of viruses on animals in which that immunity has been suppressed.

Final approval on constructing the facility rests with the State Building Commission.

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UIR / RESEARCH NEWS

Medical Cancer Center

UNIVERSITY OF WISCONSIN-MADISON

UNIVERSITY-INDUSTRY RESEARCH PROGRAM

WARF Office Building
610 Walnut Street, Rm. 1215
Madison, Wisconsin 53706
Telephone: 608/263-2876

UIR SCIENCE WRITING PROGRAM
(Graduate Student Science Writing Division)

Further Information: Cancer Quest Line (800/362-8025) February 3, 1976

# QUESTIONS ABOUT CANCER ANSWERED

by Bill Broad
UW Science Writer

Madison, Wis.--Fear of cancer is often worse than the disease itself. But Wisconsin residents can have their questions answered about this killer by calling Cancer Quest Line.

Cancer Quest Line is a toll-free information service where a counselor answers any questions related to cancer--from where to donate money to complex medical questions.

The service--an outgrowth of the Clinical Cancer Center at the University of Wisconsin-Madison Center for Health Sciences--has been answering people's questions for almost two years.

"When we first started, people thought it was going to be a real cut and dried information service," says Quest Line counselor Marjorie Adler. However, the majority of people who use the service either have cancer, or are related to somebody who does. They are calling because they have real problems--somebody is upset--you feel it and you know it. So you talk to them about it."

The counselors also dispense hard facts. Information about cancer prevention, detection, treatment, and rehabilitation is as close as the telephone. Callers can also find out about clinics, physicians and cancer-related services located in Wisconsin.

-more-

"Cancer patients who call us often feel they don't have enough information. They are so upset while visiting the treatment facility that they don't ask a lot of questions, or they get an answer but it's in a language that makes no sense to them. It isn't until they get home that they realize the words haven't meant anything.

"Other people call because they are embarrassed by their questions, or their doctor is always busy, and they don't want to bother him. Whatever the reason, they like the anonymity. Nobody can see them, and they can call anytime of the day they want," Adler explains.

The counselors are trained in health education and counseling. For very complex questions, the counselors can contact more than 100 medical consultants at the Clinical Cancer Center.

"Some of the cancer research being done at Wisconsin is unique," says Kathy Massoth, another Quest Line counselor. "We often act as a liaison between the experts at the center and physicians in other areas of Wisconsin."

But many calls, she adds, are from people who need a little sympathy. "People aren't looking for assurance that they will be cured," she explains. "Cancer patients want assurance that what they are going through is normal for somebody in their position--and their families want to know that, too."

To call Cancer Quest Line dial (800) 362-8025. The line is open 24 hours a day, seven days a week. If a counselor is not immediately available, the operator will note the caller's number and have the call returned.

# # #

news

From the University of Wisconsin-Madison / University News and Publications Service, Bascom Hall, Madison 53706 / Telephone: 608/262-3571

Medical Wis. Clinical Cancer Center

Release: Immediately 4/5/74 meb

AFRO-AMERICAN CENTER BUILDING REASSIGNED TO WIS. CLINICAL CANCER UNIT

MADISON--The building that once housed the Afro-American Center at the University of Wisconsin-Madison has been reassigned to the Wisconsin Clinical Cancer Center, a recently established segment of the UW Center for Health Sciences.

This announcement came late Thursday with a statement from Paul Ginsberg, dean of students, that demands issued by the Open Centers Committee as conditions for resuming talks about programs for minority students on the campus were not acceptable The primary condition listed by the OCC was the buildings formerly occupied by the Native American and Afro-American Centers should not be occupied or reassigned while talks continued.

Ginsberg said the University "was proceeding with its long-standing commitment to re-assign, as needed, the facilities located at 931 W. Dayton st., and 1120 W. Johnson st."

The two centers were closed last August. The campus administration announced that funds from the centers' budgets would be used for multi-cultural programming here. Students refused to leave the buildings until January when the University agreed to begin talks with representatives of the Open Centers Committee on how $45,000 from the 1973-74 budget and $70,000 from the 1974-75 budget would be spent.

The OCC agreed to leave the buildings and the University agreed not to occupy or reassign the buildings for four to six weeks.

- more -

Add one--centers

OCC representatives announced March 26 they were breaking off talks because the University was planning to reassign the buildings.

"We feel that we have fulfilled both the substance and the spirit of the agreement," Ginsberg said.

The Dean of Students office plans to allocate the multi-cultural funds according to the understandings reached during the nine weeks of talks with the OCC. It had been decided to use the funds for the Five-Year Program, for housing, and to hire three new staff members to assist Latin and Native American students in financial aids, the Five-Year Program, and admissions.

Three other conditions for resuming talks were issued by the OCC:

--The UW-Madison should commit its resources to multi-cultural programming.

--The University should not use minority employees to the detriment of minority students.

--The University should re-evaluate its affirmative action guidelines.

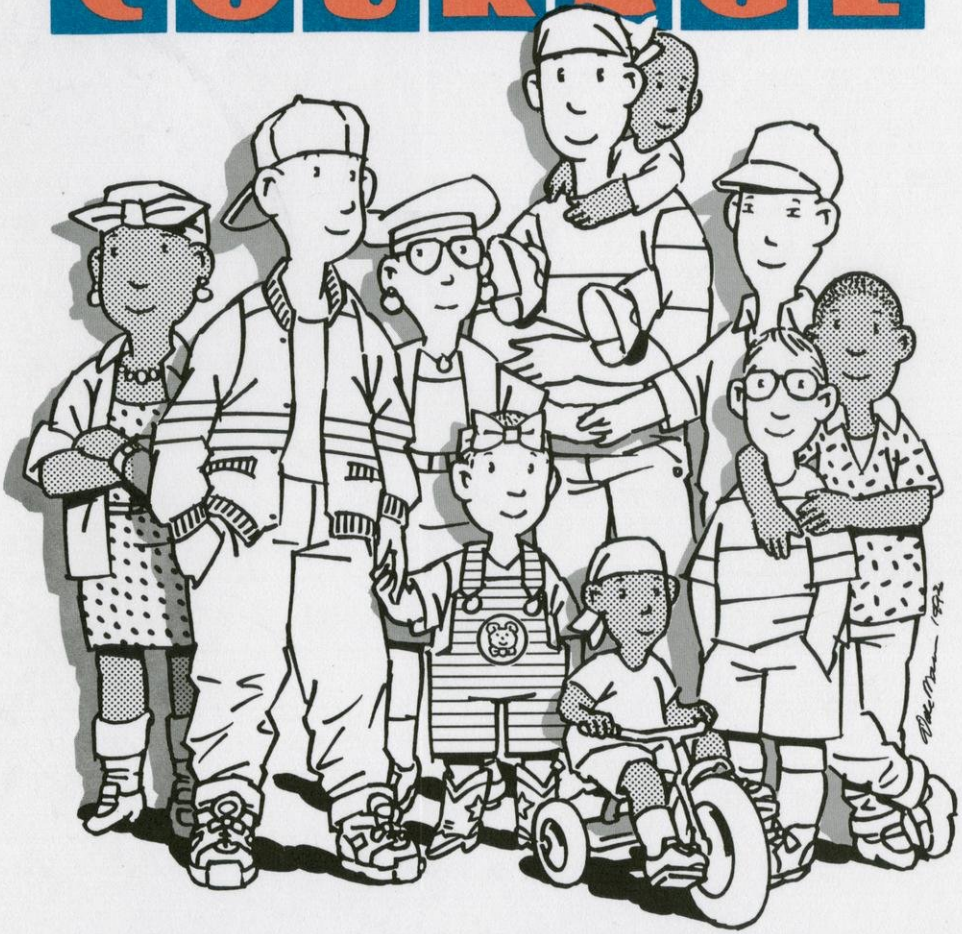
Responding to those demands, Ginsberg said the University has committed substantial resources to the concept of multi-cultural programming, that he believes the charge of using minority employees to the detriment of minority students is unfounded, and that affirmative action guidelines and programs are in continual development.

"I would hope that the Open Centers Committee would reconsider its position and agree to continue the discussions as clearly the most meaningful long-range method of identifying effective programming for minority students," he concluded.

No re-assignment has been announced for the former Native American Center at 931 W. Dayton st.

###

# KIDS with COURAGE



## Thoughts and Stories About Growing Up With Cancer


**University of Wisconsin Comprehensive Cancer Center**

**University of Wisconsin Children's Hospital**

**Developed by**
**Kelly Cotter and Maury Cotter**

# Kids with Courage

## Thoughts and Stories About Growing up with Cancer

in celebration of the 20th Anniversary
of the University of Wisconsin
Comprehensive Cancer Center

and in honor of the
UW Children's Hospital

**October 1993**

Essential support from
Cindy Crawford
University of Wisconsin Comprehensive Cancer Center
University of Wisconsin Children's Hospital

Publication of this book was made possible by a gift from Mark and Marian Lefebvre and their children, Elizabeth and David.

## *This book was developed by*

**Kelly Cotter**

diagnosed with leukemia (ALL) in 1988, at age 11
bone marrow transplant from brother Adam
cure date: October 26, 1993, age 17

**Maury Cotter**

Kelly's mother

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***Everyone on this page was an essential part of the puzzle and the glue that made this book.***

## A note to our readers and writers, from Kelly and Maury

*To contributing writers:*

Thank you all so much for your wonderful entries! They are clearly from your hearts and spirits. We thoroughly enjoyed putting this book together and hope you enjoy reading it. Since we had a limitation on the number of pages, we had to cut some in length. Also, we received some wonderful art from some of our youngest contributors which we could not reproduce in the book. Watch for it on display at our "Kids With Courage" reunion. In spite of those limitations, we believe you are, right now, reading the beginning of a treasure of a book.

*To all our readers:*

This is just the beginning. Our intent now is to expand the book and publish it for a national market. So, we would like to keep these stories and use them again for that book. And please send us more! Anyone! Kids, grown-up kids, parents, nurses, doctors, siblings, friends. . . . We will be sure to let you know when the new book is out. Let this book be the beginning, the inspiration for you to tell your stories. Send them to:

Kelly Cotter
2330 Canterbury Road
Madison, WI 53711
(608) 274–4860

# Table of Contents

# Kids with Courage

## Foreword

The impetus for this book has come from the energy generated by our first reunion of more than 500 individuals treated for childhood cancer here at the University of Wisconsin–Madison, in concert with the 20th anniversary of the University of Wisconsin Comprehensive Cancer Center.

Our reunion planning committee devoted considerable effort trying to identify an appropriate theme and title for our reunion. In describing the children who had faced cancer and who would be invited to our reunion, much discussion was directed at an accurate description for childhood cancer "survivors." At one point, in a moment that all of us will remember as both electrifying and inspirational, Kelly Cotter turned and said quietly and calmly, yet with conviction, "All children with cancer, even those that didn't make it, are . . . kids with . . . courage." She was correct, and we all knew it.

Our "Kids With Courage" Reunion, scheduled for October 2, 1993, is our first major reunion for all children treated for any pediatric malignancy at the University of Wisconsin–Madison. This book provides the personal stories and thoughts from some of those "kids with courage" and their families. This book, and our Kids With Courage Reunion, are dedicated to all of them. Our efforts and celebration are also dedicated to those "kids with courage" who we so much wish could be here with us now to share in this reunion. Through no lack of courage, love, or effort on their part, they are not here to attend our celebration. As reflected by the collection here, each one of these "kids with courage" provides an inspiration for us all.

*Paul M. Sondel, M.D., Ph.D.*

# Introduction

I was diagnosed with acute lymphocytic leukemia in 1988 and had a bone marrow transplant from my brother, Adam, that same year. I met a lot of children with cancer during my stay at the hospital and at a summer camp. I continue to visit kids in the hospital because I remember how much it meant to me to be able to see someone who had made it through everything.

To play Candyland with Kayla, to talk with Rachael, or to drive trucks with Kyle on the hospital floor are among the most rewarding things I have ever done. It is always amazing to see the amount of strength and courage the heart of a little child can hold. Many of the children hold more wisdom within than someone who has lived to be 100 years old.

One young girl taught me to always look for the rainbow. Another child showed me that it's not the amount of time that you spend here on earth that matters, but instead it's what you do with that time and what you give from your heart. And another taught me that no matter what . . . hope never dies. Each child is fighting their own battle within themselves and I can see the strength shine from their courageous eyes.

My best friend, Liz, who had adrenal cancer, had a favorite quote by Helen Keller:

> "The most beautiful things in the world are
> not seen nor touched. They are felt with the heart."

I think that the reason that it was so special to her was because it represents the magical bond between people who are faced with life-threatening illnesses.

While organizing the stories for this book, I realized that although each person's situation and story is unique, each voice is speaking the same language. I also realized that no one else would be able to see these stories in quite the same way as someone who has been there.

To all the "kids with courage," this is your book. Be proud—it is your strength, wisdom, and courage that made it happen.

*Kelly Cotter*

## The UW Children's Hospital and The UW Comprehensive Cancer Center

# Working Together for a Brighter Future

### Major Strides For Children With Cancer

A generation ago, most childhood cancers were felt to be uniformly fatal. Now, through clinical and lab research, there have been real successes for many patients. Nearly 70 percent of children diagnosed with cancer are now being cured. The UW Pediatric Oncology Program has been deeply involved in this international effort and continues to provide national leadership through its basic laboratory investigations, and in its clinical research through the Children's Cancer Group (CCG). The continued support of the greater Madison community, the people of Wisconsin, and the University itself have been major factors in the quality of our patient care services and our clinical research effort.

### Program Objectives

The goals of the UWCCC Pediatric Oncology Program are to provide innovative excellence in the areas of:

- relevant laboratory and clinical oncology research devoted to the principles needed for effective destruction of cancer cells;
- state-of-the-art multi-modality integrated care aimed at total cure for all pediatric malignancies and;
- training the next generation of laboratory and clinical innovators who will continue to provide leadership and excellence in this field.

To accomplish this, and to improve the outcome for children with malignancies, members of this program are:

- leading and participating in Children's Cancer Group clinical research protocols;
- providing comprehensive multidisciplinary care for all childhood cancers and;
- clarifying the biology of pediatric malignancies via basic laboratory investigations.



### The Pediatric Oncology Program

The Pediatric Oncology Program brings together the cancer–related clinical and research activities in the Department of Pediatrics. A coordinated effort by the University of Wisconsin Comprehensive Cancer Center (UWCCC) and the UW Department of Pediatrics has enabled steady growth of the UW Program in Pediatric Oncology. Since 1978, when the Program consisted of two faculty members, this effort has expanded to become a busy clinical/research Division of Pediatric Hematology/Oncology, and the Pediatric Oncology Research Program, which consists of eight faculty members, each with clinical and research commitments.

The strength of the clinical program is the multidisciplinary teamwork involved in the overall care of each child. Nurse oncologists, nurse clinicians, inpatient and outpatient pediatric nurses, social workers, pharmacists, clinical technologists and many others specializing in the care of children with cancer work with each other and with each family to individualize care to the needs of each child. The full spectrum of clinical care services within the UW Children's Hospital and the UWCCC are involved in the management of the many acute and chronic issues of importance to any child with cancer.

Formal clinical and laboratory collaborations between the Pediatric Oncology Program and UW programs in pediatric immunology, clinical genetics, medical oncology, radiotherapy, infectious disease, molecular genetics, veterinary science, biological therapeutics and others, have enabled the UW Program in Pediatric Oncology to develop a national reputation for its research and clinical care. While the important clinical care component has integrated the clinical and research principles of surgery, radiation therapy, and chemotherapy, the laboratory priorities have been firmly based in immunology and molecular/cell biology.

The participating oncologists provide primary multidisciplinary care for most children with cancer in a geographical area with a population of 2.5 million people. Since opening our 10-room Pediatric Oncology Inpatient F4/P4 Unit as part of the UW Children's Hospital in October 1991, we have seen a steady increase in clinical activity and efficacy.

Leadership nationally continues through the Children's Cancer Group, a consortium of over 100 children's cancer treatment programs throughout the U.S.A. and Canada. Dr. Paul Gaynon (Clinical Director of Pediatric Oncology at UW), has now taken on the leadership of all CCG childhood leukemia studies as its Leukemia Strategy Group Chairman. My own research lab functions as the centralized Immunotherapy laboratory for the CCG, where immunologic concepts from lab studies are being incorporated into the clinical testing of experimental therapies.

**Summary**

Overall, the progress being celebrated at this 20 year anniversary of the UWCCC truly marks a *"Cause for Applause."* Nevertheless, all too many children with cancer are not surviving. Even for those who appear to be cured, the toxicity of the treatments, both physical and mental, remain painful reminders of the awesome challenges each of these "kids with courage" and their family have faced.

As we celebrate the successes we are all reminded of the need to do better; we need more effective, less toxic treatment for *all* childhood cancers. If only research could move faster!

*Paul Sondel, M.D., Ph.D.*

## Bless the Special Children

A special child in the home
Is a gift of love that only few know.
It makes you wonder how one copes,
But the courageous child knows the ropes.

The pain and discomfort they must bear,
Puts a mother in a distant stare,
But when the procedure is over and done,
They hug their doctor and go off and run.

Yes, they are strong and so full of love,
And peaceful as a morning dove.
They're full of laughter and sassiness too,
And the future for them will be brand new.

So when a special child passes your way,
Pray for them so they may stay.
For life is so short and they are so pure,
And someone out there shall find them a cure!

**By Nanci Wollinger**
**Dedicated to her daughter, Alicia**
10 years old, Wilm's Tumor
Johnson Creek, WI

## Green Sheets and Ham

Dexamethasone is a wonder drug. It helps prevent infections for children on high doses of chemotherapy. It also makes you HUNGRY.

Rachael, 4, woke in the night to raid the refrigerator. The next morning she woke her mom. "Mom, I ate nine slices of ham last night. My hands got really greasy. But don't worry. I wiped them off on my sheets. Can you make me breakfast now?"

Her mom said since she ate so much in the night, she could wait a bit for breakfast. About ten minutes later, Rachael returned to her mom. Doughnut powder and crumbs were stuck to her mouth, chin, and nightgown. "Since I was waiting, I ate two doughnuts. Now can you make me some eggs?"

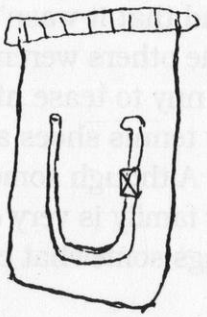
**Rachael Larson**
4 years old
Leukemia, diagnosed at 9 months
Deforest, WI

**My Buddy**

When I had LuKemiea.
I got a cathIten. I had
Sergerreys But I don't
remember because I Was
only 2. My mom waited
for me in my Hospital
room. I called It my
buddy. my nurse used
my buddy for medasin
and blood. I had to be
careful when I Went
swiming not to get buddy
dirty. Buddy had to Be

taped and cleaned alot.
I remember the day they
took my buddy out. I
was 5. It kind of hurt
when they pulled it, but I was
all done with my medasin and
I was really happy. They let me
take my buddy home. They put
it in a jar. Now buddy lives
in my drawer. I kind of
miss having my buddy,
but I can still
go and see him
in my room.





Buddy in a Jar

**By Benjamin Schneider**
7 years old
Leukemia (ALL), diagnosed at 2 1/2
Menasha, WI

## The Walking Miracle

Allow me to introduce you to a very special person in my life. He is my one and only brother, Jeffery Ronald Nodorft.

Jeff was an average guy when he was young, until a terrible incident happened, which would change our family's lives forever.

One afternoon he returned home from playing football with his friends complaining of a large lump on his neck. He showed the lump to my mother. Immediately she began to worry. She called the doctor and took him in. He examined Jeff's throat very carefully. The doctor told my mother that he wasn't positive, and tests were needed to make sure, but he believed Jeff could possibly have cancer. The next day the tests were run. The doctor was right. My brother Jeff had Hodgkin's disease.

You can imagine the confusion and emotional trauma that filled our home. I can't remember exactly how I felt, I was only four years old at the time. Jeff was only twelve years old and his mind, filled with confusion, was also filled with so many questions. I remember the tears and the pain that haunted our home while my sister and I stood by very confused. She being only eight years old didn't really understand things either.

Jeff began chemotherapy. He began to lose some of his hair. He was very frightened. I think anyone would be if they woke up every morning, not knowing if today would be their last. Jeff also went through radiation, he was often very sick from his chemotherapy treatments.



Even though my sister and I were very young, we did understand that it wasn't at all Jeff's fault he was ill. It just happened. Some others weren't as understanding. Kids at school often found it funny to tease him about his illness. They once even took his new tennis shoes and put them in the toilet—how immature.

Although some were not as understanding, many others were. Our family is very close, and we all stuck together, which made things somewhat easier.

Our family had but one question that remained unanswered, "Why?" But now we've realized that there is no answer. "God works in mysterious ways," my mother once told me. This is very true. Jeff has been through so much in his lifetime. More than anyone should ever have to go through.

Jeff has been through over ten years of treatments, checkups and pain. We have just recently been told that Jeff, who is now 24, is in remission.

I love my brother very much, and I'm extremely grateful he's alive today. Life without Jeff would be life without love, laughter, and sensitivity. He really is the cream of the crop, when it comes to brothers, and I'm very lucky to have a brother and a family that love me as much as they do.

Not every story has a happy ending like this one, but I strongly encourage anyone going through anything like this to keep fighting. Don't give up. You'd be amazed how some things may turn out. My brother is living proof. Just look at him, Jeff truly is. . .a walking miracle.

**By Jessica M. Nodorft**
**Sister of Jeffery Nodorft**
Hodgkin's, diagnosed at 12
Menasha, WI

## Too Sick to Eat Hot Dogs!?!?!

*Sometimes my Mommy says, "Quit jumping on the couch!"*
*Sometimes my Daddy says, "You want another hot dog?"*
*Sometimes my Mommy says, "Sit still while I comb your hair!"*

Then, one time my Mommy told me about when I was only 15 months old and the doctor told me that I had cancer. She told me about how I had no energy and could only sit on the couch.

One time my Daddy told me about when my treatments made me too sick to eat hot dogs. Too sick to eat hot dogs?!?!

One time my Mommy told me about when I had my picture taken with the Easter Bunny and my head was bald like Grandpa's.

Today my Mommy and Daddy tell me that sometimes they like it when I jump on the couch. Sometimes they laugh when I can't sit still when I get my hair combed. Sometimes they just smile when I ask for another hot dog.

My Mommy and Daddy are hard to understand, sometimes.

**By Nicholas Hendrickson**
3 years old
Wilm's tumor, diagnosed at 15 months
Monroe, WI

What happened to your hair when you had treatment, Hank?

I got bald.

Did you like that?

No.

It wasn't fun, was it?

Well, it *was* fun, because then my brother couldn't pull my hair all the time.

**Hank**
Leukemia, diagnosed at 4

## Dip Chip

I was diagnosed with ALL (acute lymphocytic leukemia) when I was almost three in December 1985. The doctors had me on lots of chemo and medicines and one of them was Prednisone. It made me hungry for lots of salty kinds of food and I especially loved garlic salt.

My family and I had celebrated with a Super Bowl party shortly after I started my treatment. I had eaten potato chips and garlic dip most of the day. At about 12:30 a.m. I woke up and asked my mother for "dip chip." I was very sad when she said, "No." I woke three more times asking for "dip chip" but each time my mom said, "No." (Even though I cried and cried.) My mom didn't want me to get in the habit of eating tubs of garlic dip like the doctors said might happen. At three o'clock, my mom told me to go to sleep and that I could have some "dip chip" in the morning.

When I woke up the next morning, mom carried me downstairs for breakfast. I sat down at the table, looked her straight in the eye and said, "I'll have my dip chip now, please."

**Katie Murphy**
Age 11
Leukemia, diagnosed at 3
Beaver Dam, WI

## The Big Fish

It never seemed to matter, no matter how many excuses I would make up they would still make me go through it. You know; those ever-enjoyable bone-marrow biopsies. "It only hurts a little while." That's what they would tell me, but I was the one on the other side of the needle.

One day everyone suggested that whenever they were going to draw marrow, I should center my attention on something that I really enjoyed. I assumed that it could not hurt, so I gave it a try. Everyone knew that I enjoyed fishing so it only seemed logical that I would think of it. The next time that I had to have a biopsy I started talking of the "big" fish on the other end of the line. Before I knew it, I wasn't even noticing the pain.

From that time on I never had to face the fear of having a biopsy because I had an "out" to divert the pain. You might wonder about the big fish on the other end of the line. Yes, I eventually caught it in the small pond across the street from the UW Hospital. Just ask the nurses that were there that day . . . it might even still be hanging in their locker.

**Bill Yerges**
Reedsburg, WI

## Making Life with Cancer Easier to Swallow

My name is Ross Romenesko and I have Burkitt's lymphoma. Since I've been sick I've figured out some ways to make life with cancer easier to swallow (see tip #10). I hope that these tips help you too!!

1. Have a nurse come to your school and explain cancer and chemotherapy to your class.
2. Go to "rec" as often as possible. My favorite games are Nintendo, Skip-bo, Uno, Hero Quest and Sequence.
3. Bring your special blanket into the gallium scan, MRI and CAT scan. It will keep you warm and help you to keep still. I fell asleep during my MRI.
4. Keep a sense of humor. When my hair grows I'm having "Why Me?" shaved into the back of my head! Also, thanks to Linda Jacobs for her great April Fool's joke on me.
5. Go to school! The teachers are really nice and help you keep up with your classes. Best of all is recess (playing Lemmings on the computer).
6. Don't trip on the concrete when you only have 19,000 platelets!
7. Read lots of books (or better yet have your parents read to you). I especially enjoy Roald Dahl. *Matilda, Charlie and the Chocolate Factory* and *Charlie and the Glass Elevator* are some suggestions.
8. If you're thirsty in the middle of the night, use some IV tubing as a straw in a glass of ice water so you don't have to sit up to drink. Attach the tubing to your pillowcase with a big paper clip. It works great.
9. Write a newsletter on the computer to explain how you got sick and what your treatment will be. Enclose it in your thank-you notes so your mom only needs to write a short thank-you for you to sign.

10. Learn how to swallow pills. First of all, use a Nerd Candy for practice. That way if you're unsuccessful you can still eat the candy. It helps to drink water from a bottle instead of a cup as it seems to make the pill go down easier. Taking pills this way makes life with cancer easier to swallow!
11. Keep a diary of the ups and downs. It's also a good way to record drugs used, reactions and blood counts.
12. Use baby oil to get EEG glue out of your hair or off your scalp.
13. Never ride in the car without your urinal and a bucket.
14. Bring heparin and a blue cap whenever you go in for a blood draw or transfusion at your doctor's office or another hospital. They don't always have them.
15. Use relaxation for your spinals. Think about breathing in and out, it helps keep you still and keeps your mind off the poke. It also helps to stare into your mom's face.
16. If your hospital has Nintendo or Sega, bring your games from home (with your name on them). A Game Genie makes it really fun to play with your friends (and it's not cheating, Jason!!).
17. Go back to school for at least a few hours whenever you're home. It's really fun to see your friends and helps them to understand how you're feeling.
18. Be your own activity barometer. Nobody knows what you're up to doing better than you do, and whenever you do feel good, have fun!
19. After swimming, swab baby oil on your Hickman Tegaderm and let it soak for about half an hour. It makes the Tegaderm come off much easier.
20. Let your mom and dad go for walks. They come back less hyper.
21. Eat bananas. Liquid potassium tastes terrible!

22. Rinse, gargle and spit after all liquid medicines. I like to make funny noises too.
23. Get at least a 2-hour video when you're getting VP-16. They take your blood pressure every 15 minutes so you're stuck in bed.
24. Tell your mom's age to everyone on her birthday. It's fun! (My mom is 36.)
25. Get your hair cut short before it starts falling out. Otherwise it goes up your nose and in your mouth. I slept through my haircut!
26. Don't be afraid to get your Hickman out. They give you Midazolam and it makes you forget all about it.
27. Take your eye drops on schedule when you get Ara-C.
28. If you have trouble doing a medicine (like Fluconazole with chocolate pudding), pick a mantra (a word which represents a happy memory) and say it over and over to yourself until you're calmed down. Then do the medicine. My mantra was "bullfight."
29. It's okay to be sad. It's okay to be mad. It's okay to cry. It's okay to laugh.
30. THANK GOD FOR WHITE BLOOD CELLS!!!

**By Ross Romenesko**
Age 7
Burkitt's lymphoma

I had a poke in my finger like Jerrod did.

Did it hurt?

No-o-o-o . . . but, yeah.

**Meagan**
Leukemia, diagnosed at 3

## P.S. I Love You, Doctor

Hi. I am Kathryn Elizabeth Konsdorf. I am 9 years old. I was 3 when I had Cancer. It was scary. I didn't understand why they were giving me shots and putting jelly on my stomach and rubbing it with a cold thing. I had to have reymotherapy and radiation. I go to Madison, that's my hospital. It's in Wisconsin. It's in a different state. I live in Illinois. I like my hospital. The nurses are very nice so is my Doctor Wiersma.

The kind of Cancer I had was Wilm's Tumor. My surgeon's name is Dr. Munci Kalayoglu. He had to take out my right kidney. My hospital is hummungose. I had to wake up at 5:30 a.m. to get there every week, but only one day in the week. My mom put me in a wagon and pulled me in the halls and in rooms. At the beginning my mom and I stayed about 30 nights. I was scared and I turned bald when I had Cancer. Now I am so happy because I only go to the hospital one time a year.

P.S. I love you Dr. Wiersma and Dr. Kalayoglu

**Kathryn Elizabeth Konsdorf**
Age 9
Wilm's tumor, diagnosed at 3
Belvidere, IL

## Twenty-O-Thousand Kids

Lucas was two years old when he was diagnosed with cancer (Wilm's tumor).

When Lucas was 3 or 4 he told me when he grew up he was going to have twenty-O-thousand kids and that *I* was going to take care of *all* of them. Well Lucas was on Chemotheraphy, and I wanted nothing more than to have that chance.

Lucas is nine and counting (10, 11, 12 . . . ). I'm starting to feel like I was set up!

**By Luke's mom**
**Lucas Muehlbauer**
Wilm's tumor, diagnosed at 2
Janesville, WI

## Three and Brave

Three days before Katie's third birthday, she was diagnosed with a Wilm's tumor. Throughout her treatment which included surgery, radiation, and chemotherapy, Katie showed remarkable courage.

As Katie matures, we are learning more about her feelings then and now. Recently I asked Katie if she was ever afraid. Her simple reply was "No, Dad, I just tell myself, 'Katie, be brave.'"

We have learned from our experience with cancer that the healing process is ongoing.

**By Chris Wagner, dad**
**Katie Wagner**
Age 5
Wilm's tumor, diagnosed at 3
Madison, WI

# The Marrow from My Mother to Me

## How I Feel

When I was sick I lost my hair and got puffy. I didn't like that because I thought I was ugly. I didn't like to do anything but sit around and play.

I had a friend. Her name was Rachel. She had the same thing I had. We played dolls and laughed at each other. That was fun. But one day I got to go home. My friend Rachel didn't. My mom went to talk with the Doctors and when she came home she told me that Rachel had died. I felt really bad. I was sicker than her, at first I wanted to die. But now I'm older and I pray to her every night. I'm glad now that I didn't die because I have lots of friends. But sometimes I feel sad because I'm so short. Some people don't believe I'm 11 years old. But that's ok because I know I'm 11 years old.

I still go to Madison for check ups. I see people that are still my friends from when I was little. Sometimes I forget who they are because I haven't seen them for a long time. Sometimes I still want to be in the hospital because I got a lot of attention.

When I was little everybody asked what my first wish was. My first wish was to go to Disney World. It came true! I actually got to go to Disney World! I was so happy. I had so much fun, and I even got to see Dolphins.

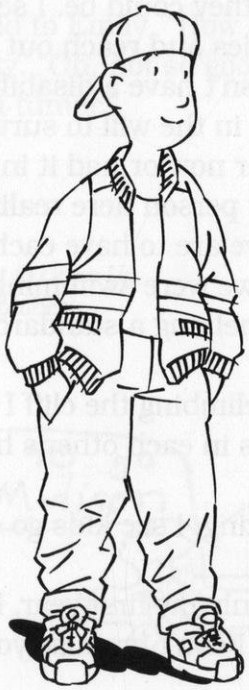
**Pam Vosters**
Age 11
CML, diagnosed at 4
Transplant from her mother
Appleton, WI

## Notice Anything Different About Me?

I am always amazed at the resilience of those kids. Kids with cancer. My son was diagnosed at age 6 with medulloblastoma shortly after beginning first grade. After 3 months of intensive chemotherapy following his surgery he was finally returning to school for a visit. I was a bit anxious as to how he would handle the situation. Physically he had changed so much; 26 lbs gone, bald and walking now with a slight limp.

Upon entering his classroom we were met by his teacher. With a big smile Michael said "Notice anything different about me?" For a brief moment we were speechless, not sure how to respond. Within that moment of silence Michael smiled even broader and piped in, "I finally lost my front tooth," proudly showing her a gaping hole where the tooth was. With that he walked over to hang his coat up. He was back and I knew he definitely would be able to handle any situation that came upon him that day or thereafter.

**By Karen A. Lange-Leung**
**Michael Lange-Leung**
Age 7, medulloblastoma
Middleton, WI



## One Step at a Time Camp

### A Closing Speech

Strength—when you say the word you think of a muscle or something being achieved by physical strength. But in the two weeks I've been here, I realized that strength isn't just that, but rather how someone surpasses a barrier in life, and goes on to lead a happy, normal life.

When I was thinking about what to say in this speech, I considered telling you about how we had a wonderful time and got to climb a cliff at Devil's Lake and how it rained and how we were invaded by raccoons that tried to eat us all.

*But,* I decided to tell you how I saw a strength in bonding between people who only see each other once a year and how they seem to come so close together that you would think that they were friends that saw each other every day rather than every year.

I decided to tell you about how I saw a strength in the sick kids to be as healthy as they could be. I see a strength in the kids to get past their disabilities and reach out farther and achieve more than somebody that doesn't have a disability.

I see a strength just in the will to survive in every person here whether they have cancer now or had it in the past.

And especially every person here realizes how lucky we are to be here and how lucky we are to have each other.

For example, when we were swimming the other day I saw one of the EXCEL members helping a standard camper work on his swimming techniques.



And when we were climbing the cliff I saw trust in one another to trust each other's lives in each other's hands, even if they were not getting along.

And generally speaking, I see kids go out of their way to make it easier on each other.

Seeing that this is only my first year, I can't tell you that it's this way every year, and I can't promise you that you will have the

greatest time of your life. But I can promise you this: you will never meet anyone who didn't have cancer that will understand exactly what you went through. And you will never meet anyone who can help you in quite the same way as someone who had it.

In closing, I ask you to remember this. The strength and friendship you see here at this camp is something you probably will never witness again in your life. So take advantage of it and make a friend you'll never, ever forget.

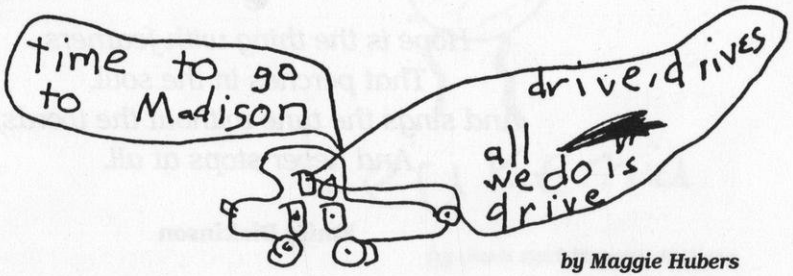
**By Rick Lewis**
18 years old

## An Owie and a Tumor

Emily was four and in chemotherapy. One day at the mall, she struck up a conversation with a woman who confided she had a cold. The woman then said to Emily, "How are you?" Emily responded matter-of-factly, "Oh, not so good. I have a runny nose, an owie on my foot, and a tumor."

**Emily**
4 years old
Cincinnati, Ohio
from *I Want to Grow Hair, I Want to Grow Up, I Want to Go to Boise* by Erma Bombeck






*by Maggie Hubers*

## My Friend Mona

My friend, Mona, and I had something in common that put a special bond around us. In the year 1988, both of us were diagnosed with leukemia. I was 11 and she was 22.

After we met, she took care of me as if I was her little sister. She would come to visit me when I was in the hospital for a bone marrow transplant. Everyone who came in was speechless, but she would sit by my bed, rubbing my head, talking and talking and talking. She could always find words in moments of silence. She kept me going strong through the hardest times. A couple months after my transplant, she took me ice skating at Elver Park. I barely had any sense of balance from the transplant, but Mona was there to catch me anytime I started to fall. Kind of like how she helped me through the chemotherapy.

One time we were talking on the phone and right before I hung up she said, "Keep your chin up." Those were the last words I heard from her. Mona died September 18, 1990.

She tried to protect me from all of her pain. I will miss her, but I will always have the memories locked with a golden key in my heart.

Mona gave me special love of friendship that will last forever.

**By Kelly Cotter**
**for Ramona Stanek Hurtado**
Leukemia–AML
Madison, WI



*Hope is the thing with feathers*
*That perches in the soul,*
*And sings the tune without the words,*
*And never stops at all.*

***Emily Dickinson***

## Thoughts From a Parent

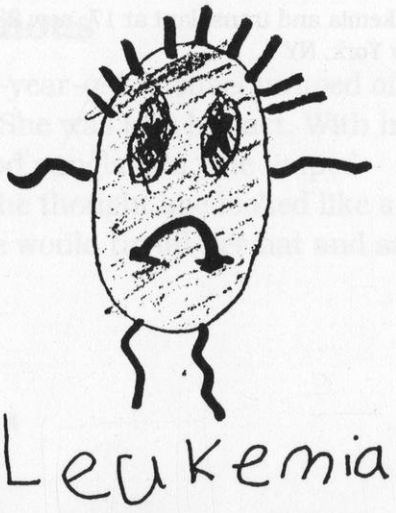
Looking back on the years, I would encourage anyone with a child who has been diagnosed with cancer to: read everything you can get your hands on about your child's illness, but don't take it all to your heart. Only make plans for tomorrow in regards to appointments, scheduling chemo, etc. If you try to plan the next few years of your lives it could be overwhelming.

Be well-informed but don't get caught up in statistics. The only statistic that matters is that of *your* child. There are a lot of things that could happen, but won't and there are a lot of things that only you and your child will experience.

Also take the time to take care of yourself and your needs as well as everyone else's in your family. Your strength will be needed.

I could never describe the admiration I have for my son for the strength and the courage he has shown me these past four years!

**By Linda Preigel, mother**
**Clinton Preigel**
8 years old
Leukemia (ALL), diagnosed at 6
Elizabeth, IL




***by Josh and Maggie Hubers***

## A Thank You to all my Nurses

There isn't one group of people I would like to thank more than my nurses at unit F4-P4 at the University of Wisconsin Hospital. I say *"my"* nurses because they made me feel as though they were all my own personal nurses. Whenever any nurse helped me, they made me feel as though I was the only reason they came to work every day.

It seemed as though they were always there when I needed them, and they always were. If I would fall, they would catch me. When I had to learn how to walk all over again, they were my crutches. And when I would cry, they would always be there to lend me a shoulder to cry on.

Twenty-four hours a day, seven days a week, they were always there. The most important thing every nurse did for me wasn't part of being a nurse, it was being a friend. Of the many numbers of nurses that took care of me, they all became my friends. So thank you to all of my nurses at unit F4-P4 or wherever you may be. I wouldn't be here today without you.

**James G. Hutton**
Leukemia and transplant at 17, now 23
New York, NY

## A Few Last Kicks

The night before my amputation was a time of laughter! The blacker the joke the better. We made comments on how we wouldn't eat the chili surprise the next day because we'd know what the "surprise" was! My sisters and I decorated my leg with magic markers, making comments like, "So long–it's been nice knowing you" and "Have a nice day!" As well as putting smiley faces on each one of my toes. They were sick jokes, but it felt so good to laugh, to know that life is how you look at it. That's how all of *us* (my family, my friends and myself) made it through, by making jokes. It's just so much easier to face a smile than a frown.

**Colette Harbort**
Age 25
Osteosarcoma
Madison, WI

## She Must Be Someone Famous

After getting a "poke" in her leg, four-year-old Rachael jumped off the table and headed down the hall. She was into her act. With her shiny, red baseball cap and Hollywood sunglasses, she limped down the hall pushing her IV pole. She thought she looked like a movie star. As people passed her, she would tip off her hat and say with a grin, "Not much hair, huh?"



**Rachael Larson**
4 years old
Leukemia, diagnosed at 9 months, relapsed at 4
Deforest, WI

## My Book About A.L.L.

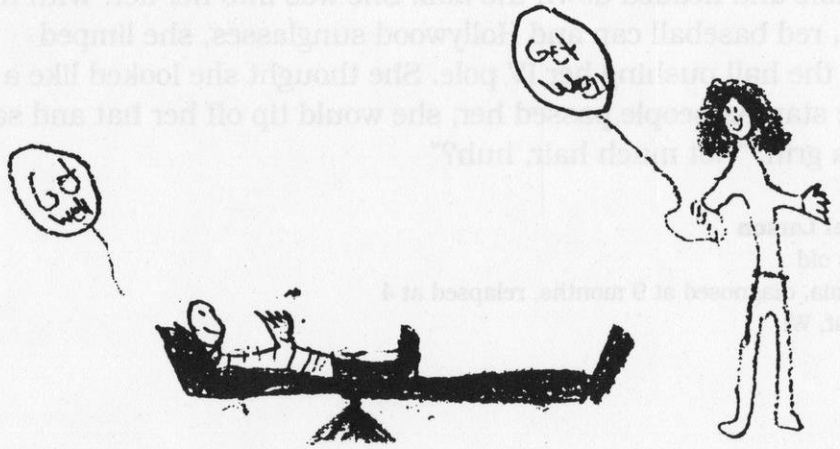
Hi, my name is Clint Preigel. I live at 551 Sycamore St., Elizabeth, Illinois. I have A.L.L. It is boring at the hospital but most doctors and nurses are nice. The doctors found out that I had A.L.L. when I was 6 years old. In the hospital I had a place where I could learn. I could rent tapes. It was fun! I am 8 years old. I have had A.L.L for 2 years. There is a lot of medicine involved. I had an okay time at the hospital.

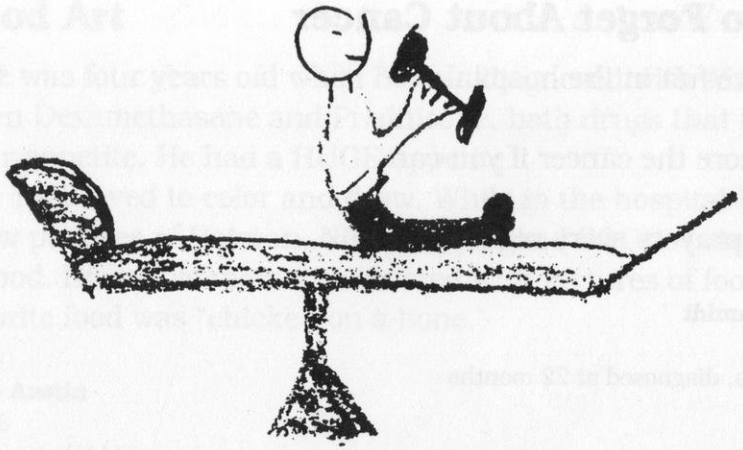
Now I go to the doctors every month. Here is a story about it.

When I was six, I had pains. One pain was in my arm. My mom and dad took me to the doctors. I stayed a long time. Every day I had a blood test. It took a long time, but finally they found that I had A.L.L.

I had an I.V. They came to my room a lot. I got a lot of gifts. I had lots of stomachaches. The doctors found out that I had too much aspirin. The aspirin made a hole in my stomach. So I was moved to Madison. One night I was rushed to the emergency room. It was very scary!

I had an operation. I asked a lot of questions to my dad. When the operation was over it was back to normal again. There were a lot of tests still, like a blood test. I still had a little fun. But the days went on I got a little better every day. After that I stayed in bed a





lot. When I stayed in bed too long my legs did not want to walk. I forgot how to walk. Then I had to practice walking every day. I got better at walking as the days went by, I finally walked again.

Every day I got breakfast, lunch, and dinner. I had a bad arm, I did not move that arm for a long time. My shoulder could not move good. I could not move that shoulder good because it was frozen together. I still cannot move it as good as a regular arm.

I still do exercise with my arm. I can still use my arm for doing things. Now I still can play, work and have fun! At the hospital I spend half of my time with the doctors. There are many kinds of cancer. A.L.L cannot spread. Lots of people have cancer.

There were a lot of kids at the hospital that were sick. Kids are still kids even though they are sick.

*If a kid is sick, do not pick on him, or her.*



**Clint Preigel**
8 years old
Leukemia, diagnosed at 6
Elizabeth, IL

## 3 Ways to Forget About Cancer

1. Try to have fun in the hospital.

2. Try to ignore the cancer if you can.

3. Say your prayers every night.

**Andrew D. Schmidt**
11 years old
B cell Leukemia, diagnosed at 22 months
Madison, WI

## Life with Leukemia

I couldn't eat or drink anything when I was in I.C.U., just swab my mouth with water. I had a tube down my nose to my stomach. I really hated it! I was very glad to get out of I.C.U.

The hospital seems like my home away from home. I have spent two birthdays, Christmas, and Halloween there in just over a year.

Being in the hospital is hard to do, especially trying to keep up with school work. I'm going back to school this fall, hopefully.



**Chris Landsverk**
Age 15
Leukemia (ALL)
Rio, WI

## Food Art

Kyle was four years old when he was diagnosed with ALL. He was given Dexamethasone and Prednisone, both drugs that increase your appetite. He had a HUGE appetite.

Kyle loved to color and draw. While in the hospital he would draw pictures of Batman, Ninja Turtles and FOOD. Lots of pictures of food. His whole room was covered with pictures of food. His favorite food was "chicken on a bone."

**Kyle Austin**
Age 6
Leukemia (ALL)
Platteville, WI

## Is That Really You??!

I can't even explain the wonderful feeling that a counselor feels when within a year's time you go from hugging a scrawny, bony, fragile, pale, bald-headed kid with a loving smile–to the next year when the only way that you can recognize the tan, toned, long-haired, beautiful child running to hug you is by the same loving smile. And they know it too, they're like, "Yeah, I'm beautiful."

I just can't express in words what these kids have within them. Their courage, strength, and sense of humor constantly amaze me, as well as teach me lessons that I couldn't learn anywhere else, from anyone else.

**Lori Thiry**
Counselor at One Step at a Time Camp

## The Adventure of Being a Bone Marrow Transplant Donor

I'm Adam Cotter. I'm 13 years old. When I was 8 years old, my sister, Kelly, had leukemia. Her leukemia relapsed and she needed a bone marrow transplant. We went into the doctor's. I got a shot into my arm and they took out some blood to see if I was match. With only 25 percent of siblings being matches, luckily I was a match. We were driving to visit my sister and my dad told me I was a match. Right away I said, "I'll do it!!" And I was very happy and lucky to be able to do it.

So, then to start, I could not get any germs because if I got sick they would have to delay the transplant and that wouldn't be good. So in my third grade class, I got a desk away from everyone else. And the teacher and the class set up this thing where everyone washed their hands whenever they sneezed, wiped their nose, or anything else. So, you'd hear somebody sneeze, then you'd see somebody walking up to the faucet.

I don't remember being scared or worried. When I first found out Kelly had cancer, my mom took ten pennies and showed me the odds of her getting cured. Eight got cured and two didn't. Then after her relapse, she did it again to show me how the odds changed, and only four got cured.

From eight o'clock the night before the transplant until when I had it done the next morning, I could not drink or eat anything. I got to the hospital at around 6:00. I remember being real tired but excited. I was still in my pajamas with a blanket around me. My mom asked me how I felt. I said, "Great, Mom, this is the best day of my life."

Finally the doctors gave me the medicine. It was in a cup with just a little bit of liquid. It was a real sharp, nasty medicine. The doctor said I would either fall asleep right away or get real goofy. I got goofy! I don't even remember doing this, but when I was laying in bed, I stood up, straightened out my robe, and because I was so

thirsty, I said, "Give me that floating jar of grape juice." Maybe I was hallucinating. Then a little bit later while I was still waiting, I had a little hat on like a shower cap. I asked my mom, "Why do I have this hat on?" And she said, "So if any hair falls out it won't get in the way." Then I pulled it down over my eyes and nose and said, "There, now if my eyeballs fall out, they won't get in the way."

After I fell asleep, my two doctors, Dr. Dindorff and Dr. Joyce, took 200 shots out of my hip bone in six different places. I still have six little scars.

Then I woke up. I can't remember very well, but I remember feeling miserable and in a lot of pain. I could hardly move my legs and I was throwing up a lot. My dad was feeding me ice. My mom said I was white as a sheet because they took out over 1/2 liter of bone marrow and that is a lot for such a little kid. So they gave me a blood transfusion from my dad who is a match of blood to me.

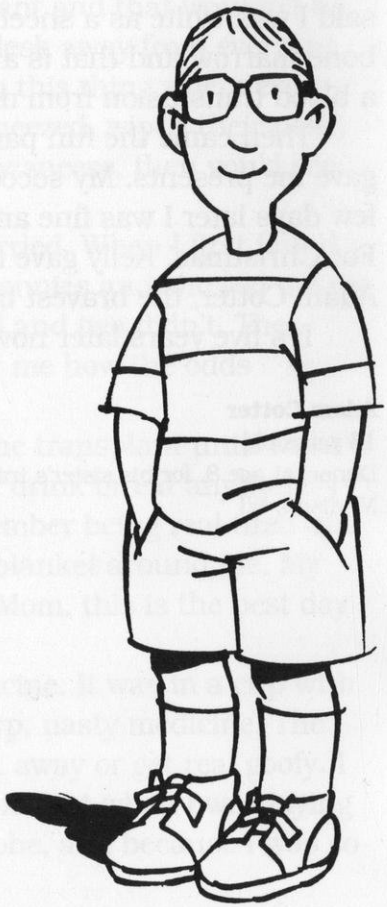
Then came the fun part. Everyone came and visited me and gave me presents. My soccer team, my friends, and my relatives. A few days later I was fine and went trick-or-treating for Halloween. For Christmas, Kelly gave me a plaque that said, "Super Donor, Adam Cotter, the bravest brother in the world."

It's five years later now, and that means my sister is cured.

**Adam Cotter**
13 years old
Donor, at age 8, for his sister's transplant
Madison, WI

Sometimes, even
one
step
at
a
time
is hard.
But,
putting those steps together
go.
to
want
I
where
me
get
will

**Chris Thiry**
Counselor at One Step At a Time Camp



## Tying One on Together

Liz was just beginning to lose her hair. She had such beautiful Norwegian blonde hair that shone in the sun. But now it shone mostly on her pillow.

She happened to be at One Step at a Time Camp for kids with cancer when it began to fall out. Each day she had less, and her friends noticed that she was feeling down and a little self-conscious. When her hair got too thin to style on its own, Liz decided to wear a bandanna around her head. She carefully picked out a color and a few of her friends showed her how to tie it. She finished and took a look. It was okay, she thought. She sighed and left the privacy of her room to go to breakfast.

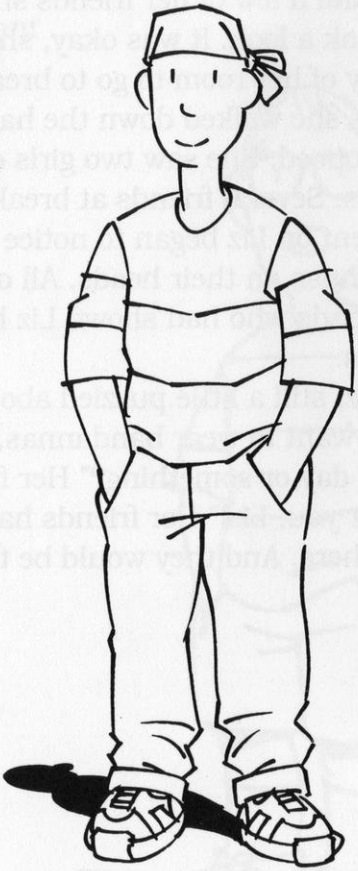
As she walked down the hall, she looked up cautiously to see who noticed. She saw two girls come out of their rooms with bandannas. Several friends at breakfast had on bandannas too. As the day went on Liz began to notice more and more people wearing bandannas on their heads. All of her friends, counselors, and even the friends who had shown Liz how to tie hers were wearing bandannas.

Liz, still a little puzzled about why all these people with hair would want to wear bandannas, asked her friend, "Is this bandanna day or something?" Her friend smiled and gave Liz a hug. "It's for you, Liz!" Her friends had decided to join her. They had all been there. And they would be there with her now.

## Hope

Even if I get cured of cancer, I will still have it mentally, because I will always be fighting it as a friend of people who have it. I'll be on the other side, but it'll still be like having cancer because when one person has cancer all his friends and family have it, and when I help others I'll remember mine.

Hope started in the world at the same time bad things started, because when there's negative, there's positive. Bad things like cancer aren't a punishment; they're a way of learning. It's a hard way of learning because of all the suffering, but it's probably the only way. If it wasn't for the bad things that have happened to me, I wouldn't know so much about hope.



**Corey Svien**
14 years old
Excerpted from *I Will Sing Life*,
a book from The Hole in the Wall Gang Camp

## Thoughts on Being a Parent of a Child With Cancer

Kara was diagnosed with ALL on July 31, 1984 at the age of 2 1/2. I thought my world would end. I cried for two days until a wonderful mom said this to me, "If I could cry a day, a week, or a year and it would make my child better, I would. But crying takes away your energy, positive thinking, and smile. These are the things your child needs to recover." It worked.

Kara was treated at UW Hospital and Clinics. Kara was on medications for over a year. She and her doll, Andy, both received Hickman catheters and they went through everything together, from shots to radiation to all appointments. Her doll was mine as a child. It's tattered and old now with a few radiation marks left on the head, but it's a treasure to us all.

I once took Kara on the hospital elevator riding on her "Totem Pole" (IV pole). A man asked me if I shaved her head bald. I said, "Yes, it's my religion." Some questions deserve comic relief.

Enjoy your children, take lots of pictures, keep notes or a diary, and work with your medical staff. We couldn't have made it without all of the medical personnel who worked with us. They taught me to care for my child in every new way I would need to know. I was scared, but I learned quickly and tried really hard. I explained to Kara that although she didn't feel sick she had to take the medication because her blood was sick. I explained a lot to Kara but I never let her think she could die. That's a negative and we needed all of the positive thinking we could get. Take time to relax and pray for strength. It works. I know.



**By Gwen Peck, mother of Kara Peck**
age 11
Leukemia, diagnosed at 2 1/2
Waunakee WI



*For the test of the heart is trouble*
*And it always comes with the years*
*And the smile that is worth praises of earth*
*Is the smile that shines through tears.*

# I Fought Cancer And Won

I'll never forget July of 1990. It was the worst year of my life. I was in the house doing cartwheels with my friends, Kristyn and Melissa. My mom called me over to her because she saw a bump on my side. My mom asked me if I knew what it was. I said no. My mom felt the bump and said, "Alicia, this isn't supposed to be here. My mom was an E.M.T. at that time. She was practicing CPR on a doll.

She looked at the bump. Then she felt it and said it was like a softball. My mom sent my friends home and drove me to Doctor Smith's office. My mom's friend, Bev Vogle was working at the clinic. She had Bev look at it too. Bev didn't know what it was either. Dr. Smith came out by the desk. Bev told him to come over by us to see what it was. He didn't know either but told my mom to call in a couple of days if it wasn't gone. My mom called back in two days. Dr. Smith sent me to Fort Hospital for an X-ray. That was on Friday. Then Saturday morning he called my mom at home . He wanted me to see Dr. Williams, a pediatrician, for more tests. The test showed I had a tumor in my kidney. We had to go to UW Hospital right away for more tests.

My mom said the doctors have to start an IV. Will it hurt? Yes, like a sting. My mom was so upset that she cried and cried. The doctor put the needle in my arm. I was screaming and four doctors came to hold me down. They made my mom go out of the room. The veins kept rolling. The doctors gave up.



I had a nurse it was a girl. Her name was Darcy. I had other nurses too, like Ann Marie. Ann Marie was my favorite nurse. Darcy took me down for an X-ray. Then it was time for bed. My mom slept with me. The next day the Dr. came with pills in a little cup and told me to take them for my surgery.

The doctor wheeled me into the operation room. I got very sleepy. I don't remember what happened during the surgery. I

finally woke up from my surgery. They had to take out my bad kidney and the tumor. The tumor was called Wilm's Tumor. It was a childhood cancer.

I got to go home in 14 days. I was still sore from my surgery, I have to take medicine through an IV.

I had a tube that went in my chest and that's where the IV goes. I had chemotherapy. It made me throw up but it was PacMan chemo and it ate all the bad cancer cells. My cancer doctor was Dr. Sondel. He is a very smart man. My hair got thin but didn't fall out. I got better and was done with chemo. In May of 1991, during a check up, Dr. Sondel told my mom that my cancer came back. Now it was in my lungs and I needed surgery again.

They put another chest tube in too. After my surgery I had a new kind of chemo. Dr. Sondel said it would be strong and take care of the tumor for good. Then I had radiation for eight days on my lungs. When they started the chemo in about one week I pulled out all my hair. It just kept coming and coming. I got the giggles because I looked funny. My mom was sad but then started to giggle too because I was being silly.

My mom is my best friend and she was always there. I had to get over 100 blood transfusions because the chemo was so strong. I was all done with chemo in June of 1992 and look at me now. I'm all better!

**Alicia Wollinger**
Age 9
Wilm's Tumor, diagnosed at age 6, relapse at 7
Johnson Creek, WI

## Someday, a Cure

*"Never tell anyone it can't be done. . .*
*God may have been waiting for centuries for somebody*
*ignorant enough of the impossible to do that very thing."*

Quote by J. A. Holmes, taken from the June 1993 issue
of Dr. James Dobson's "Focus on the Family" bulletin.

It gets very difficult sometimes to believe that there will ever be a cure for something as horrible as cancer. But those of us who have faced it ourselves or have gone through it with a loved one know that there is always hope and as the old saying goes, "Where there's a will, there's a way." Someday, a cure will be found!

**Sandra Kay Taylor**
Age 20
Wilm's tumor, diagnosed at 5
Adams, WI

## A Really Bad Flu

*The following was written two and a half years ago by Zak Peterson while in the eighth grade and 14 years of age. When Zak was 6 and nearing the end of kindergarten, his brother David, then 14, and a freshmen in high school, was diagnosed with osteogenic sarcoma.*

My name is Zak Peterson. I would like to dedicate this to my brother. My brother's name is Dave. He is now 23 years old and goes to college.

David first found out he had cancer when he was a freshman in high school. It all started when he noticed a lump on his ankle. It didn't hurt, so my Mom said it would probably go away in a few days and that it would be okay.

A few days later my Mom checked the lump and thought it was getting bigger. She decided to take David to see our family doctor. He took some tests and said that he thought David had cancer.

My family and I live in a small town called Two Rivers, Wisconsin. We had to travel 2 1/2 hours to Madison to get David's treatments. I was so little then, I really didn't know what was going on. My parents were trying to explain it to me, but I still didn't get it. I just thought he had a really bad flu.

After we kept going to Madison, and the relatives kept coming to visit, I started to understand a little bit more.

A couple of months after we knew David had cancer, he had to go back to Madison to have surgery. He had his leg amputated. I had to stay home and go to school. I don't think my parents wanted me to know right away. Then, on the weekend, my parents came and picked me up and brought me to University Hospital to see my brother. Our other brother Shane went along too.

Well, David had his left leg cut off just below the knee. I remember I cried so hard that day because I really thought he was going to die. He had become totally bald, but it was kind of funny. It was fun to sit there and rub his head.

Every time I would visit David at the hospital, we would go to a play room where there were all kinds of kids. We would build puz-

zles, play cards, or watch movies together.

David always talked about three things; going down to surgery, the pretty nurses, and the pretty girls in the play room. I couldn't disagree with him, they were good looking, and nice too. His nurses were always nice to him, and the rest of us.

The doctors and nurses had said that his cancer could come back, and that if it did he might die. I guess the Good Lord took him in His Hands, because it didn't come back, and he didn't die.

**By Zak Peterson, for David Peterson**
Age 23
Osteogenic sarcoma, diagnosed at 14
Two Rivers, WI

## Horror on the Ski Hill

Rick's amputated leg came to life more than ever after its loss. Rick was always thinking about how he could trick someone, surprise someone or make someone laugh with his detachable, indestructible, incredibly flexible leg.

One winter Rick decided to try out the ski hill without taking his prosthesis off. About halfway down the hill, he hit a bump and wiped out. As he lay on the snow trying to recover from the fall, he realized people were looking at him with terrified, shocked stares. Rick looked around, trying to figure out what happened, when he saw his leg lying two yards ahead of him. Apparently in all the white mess, his prosthesis had fallen off!



Rick immediately saw the opportunity presenting itself for one of his famous stunts. Instead of grabbing his leg and skiing away, he fell back into the snow and screamed, "My leg! AAAAAAAAA!!!!" High above him, he could see people in chair lifts, mouths gaping, pointing down at him and his detached leg.

**Rick Lewis**
18 years old

## Hokey Pokey

Kayla was a tiny, four-year-old bundle of smile and energy. She had a cartoon-like voice with plenty of inflection to color her chatter. She loved to wear "pretty dresses" with boots and was quick to ask, "Do you like my pretty dress?" And to add, "I have a boy friend."

At one point in her treatment, she lost her taste for food. She was not eating and everyone was concerned. Mom, nurses, family, friends, would try all kinds of tricks and temptations to encourage her to eat. The fact that she didn't want to eat, didn't seem to mean she didn't want food. And she soon learned that anyone would do anything to get what she wanted when it seemed she was ready to eat.

"I think I'd like a pepperoni pizza," she would say. Three people would jump, run, order, pickup, and deliver it fast, fresh, and hot to her bedside. "Put it over there," she would say pointing off-handedly to the table across the room. An hour later, she'd ask to go to the vending machines. Mom would jump for her purse and off they'd go, past the cold pizza, to the vending machines. "I'll have a candy bar, and grapes, and pop, and Fritos, please." Mom bought it all and juggled to carry it all back to the room. "When they got there, Kayla would turn on the TV and say, with a nonchalant sigh, "Put it over there, please." On top of the pizza it went, until she felt like sugar frosted flakes and a bagel.

One day a TV reporter came to do a story. She wanted to interview Kayla for the evening news. Kayla learned she was coming and got all dressed up in her best "pretty dress." She put a pink flowered band on her fuzzy bald head and pulled on her special boots over her tights. Then she got out her play makeup kit and applied it lavishly. Lipstick extended from nose to chin and red circles decorated her cheeks. She was ready.

The reporter arrived. She was a well-dressed woman with excessive, heavy camera makeup. Kayla came out of her room to

meet the reporter. As soon as she saw her, she threw up her arms in adult-like surprise and exclaimed, "You have makeup on just like me!" Several adults needed to hold themselves tightly for a minute or two to keep from giving Kayla the laugh she deserved.

Kayla's favorite way to entertain guests was to do the hokey pokey on her hospital bed. In her pajamas, she would seem oblivious to the tubes winding around her to the IV pole, as she put her back side, front side, and bald head in and out, and shook them all about. With all she'd been through by the age of four, she probably thought everyone knew how to do the hokey pokey on a hospital bed with tubes coming out of their pajamas.

**Kayla Taylor**
Leukemia, diagnosed at 2
Sparta, WI

## Please Check My Heparin and My Homework

Having been diagnosed with papillary cancer in the middle of my sixth grade year, I spent the following four weeks out of school with surgery and beginning of treatment.

During the week that I spent in the hospital, I figured I would escape from my homework, but little did I know my sister was gathering it up and was going to bring it to me.

As I sat in my hospital bed with IV's dangling out of me and sterile bandages on my neck, I tried to concentrate on my homework with no success.

When I couldn't figure out my science answers, my favorite nurses came to my rescue by slipping me a few answers. My teacher will never know how much I didn't do on my own.

Without all the loving support from my family, friends, doctors, and nurses through the years, I would never have been able to make it to my senior year of high school and looking toward my future years.

I would like to take a moment to thank God, my dad, mom, sister, family, and friends for always being there for me. Also the doctors and nurses in Dubuque, IA, and Madison, WI for all their constant care and kindness, never asking for anything in return, (except money).

**Sara Puls**
18
Papillary cancer, diagnosed at 11
Hazel Green, WI

## Eloise and Louis

Kelly was only two when diagnosed, so it was very important for her to have her buddies with her. Eloise and Louis (an elephant and teddy bear) went through every procedure with Kelly. They got poked, had their blood pressure taken, were given medicine and have had more bandages put on them than most people have in a lifetime. When in the hospital, Kelly had her hospital I.D. bracelet and so did Eloise and Louis. They were always there for her, as any best friends would be.

**Kelly Moritz**
7
Leukemia (ALL), diagnosed at age 2
Monona, WI

## Look for the Rainbow

During our daughter's treatment for her rhabdomyosarcoma, she had several unusual side effects. During one incident her puzzled doctor shook his head and said "Julie, you sure don't go by the book, do you?" Her response to him was "Well, I never read the book."

There were many difficult times during Julie's treatment. She held onto the thought, "When it rains, look for the rainbow." The hope and belief in a better tomorrow were a great comfort to her.



**Chris Thiry**
**for her daughter, Julie**

## To Kayla

Kayla drew a picture.
"Who is that?" I asked.
"That is you, Mommy," Kayla replied.
"What are those lines?" I inquired.
"Those are tears, you are so sad," she replied.
"Am I sad a lot?"
"Yes, Mommy."

I cherish our every day.
Let me show you in my way.
I love to play with you in the park
To reassure you in the dark,
To hear your laughter and wipe your tears,
To destroy all your fears,
To read to you at bedtime,
To sing to you a nursery rhyme,
To make your owies better, and a kiss
To show you that it's you I miss.

So as you see you are my world,
My precious little baby girl.
You mean everything to me.
More than anything I see.
People say we've gone through hell.
I feel grateful we are well.
A hidden message it may have brought,
Maybe to show me what I've got.
So the tears I cry aren't tears of pain.
I thank you, God, for what I've gained.
I love you very much.

Love, Mommy

**By Dee Taylor**
**For Kayla**
4
Leukemia, AML
Sparta, WI

## Some People Give the Finger. . .

Robin was in the middle of her treatment. She had already lost most of her hair and was starting to wear a wig when she went out. Each week her mom would drive Robin back and forth to the hospital for treatment and each week Robin would do her best not to get sick until they got home.

One day when they were making the trip home from the hospital, an obnoxious driver blasted his horn and dangerously cut off Robin and her mom. The chemo apparently hadn't suppressed Robin's spunk. At the next stoplight, they pulled up next to the driver. Robin turned her head to get his attention, smiled, and whipped off her wig. They left him in the dust as he pulled off the road to catch his breath.

## For My Sister, To Remember Me. . .

As Heather, 13, was preparing for her transplant, she made herself clothes to wear in the hospital. Heather's transplant was not successful. Within minutes of being told she had just a few months to live, Heather's concern turned to her three year old sister. She began to plan to wrap up the clothes she had made so her sister could receive them as presents to remember her by for years to come.

## Sometimes You Looz Your Hair

Sometimes Keymotharupy makes you sick and you throw up. Sometimes you looz your hair from it, but you can wear hats if it bothers you. Mostly kids don't care when your bald. And if they laff or make fun there not very good friends anyway. Some kids think it's cool.

**Jason Gaes**
8
from *My Book for Kids with Cansur*

## Reflections on "Kids with Courage"

Where are our values? Who are our heroes? What is life's meaning? These issues are frequently raised by national figures, the media, or our political leaders. They indicate a growing concern amongst some, that the fabric of our lives has changed. As we approach the coming millennium, many wonder where are love, kindness, courage and heroism? I see them every day. For over 13 years, as part of a multidisciplinary team, I have helped provide medical care for children with cancer. Although there is grief and tragedy, there is also much joy; not only in the success stories, but also in the spirit and strength of the children and the families I have been privileged to meet.

There are few responsibilities I can imagine more painful than telling a little girl and her family that she has cancer. No matter how prepared she or her family might be for such news, they have all retained the hope that the problem may be minor, and that the tentative diagnosis in error. However, the official diagnosis, the news that I bring, shatters all hope that the problem might be something–anything else–and unfortunately, it makes it painfully clear that the challenges ahead are great. For many, at least at first, these challenges seem insurmountable.

Yet time and time again, I have witnessed the resolve and fortitude in the hearts of young children, teenagers, and their families, to carry together, somehow, this heavy burden that they never wished to face, yet cannot choose to turn away from. They have met what seemed an unbeatable foe, and shown to those of us fortunate enough to work with these courageous children, what spirit really beats in the heart.



Love is measured in the sleepless minutes, hours, and days I have seen parents watching over a boy shaking with persistent fever with no apparent end in sight, or a girl writing letters and wrapping years of birthday presents for her infant sister to remember her by after she has gone. Kindness is a boy in pain from his

own bone marrow transplant asking for help in pushing his I.V. poles so he can visit his friend too sick to leave the intensive care unit, or the parents who, upon losing their own daughter to lymphoma bring her video games to the hospital to help others cope or stay busy enough to help pass the painful times. Courage is making sure the portable morphine pump is hidden under the gown for a three-hour pass to attend the prom, or concentrating on a waterslide at Noah's Ark Park while actually curled up like a pretzel to receive a dose of chemotherapy during a painful spinal tap. Heroism is donating bone marrow for your sister and thanking her for being there with you as you wake up from anesthesia, or returning to the hospital, years after you are well and done with your own bone marrow transplant to help other children and families gather their own strength to face what is yet ahead of them.

For those who worry that humanity might not care or appreciate what life means, for those who wonder where love is, for those who doubt the existence of heroes, let them meet the "kids with courage."

**Paul M. Sondel, M.D., Ph.D.**



*Even though I was little,*
*sometimes I wondered if I was gonna die.*

**Katie Murphy**
7 years old at the time of the quote, now 11
Leukemia
Beaver Dam, WI

## Taking It Off

One day at camp, Lori was trying to quiet her campers for the lunch announcements. The youngest of her campers, Sara, was six years old and her hair had just begun to grow back. Sara seemed to have more on her mind than the songs that were sung or the jokes told that afternoon. She quietly tapped her counselor, Lori, on the shoulder. Lori knelt over to meet Sara's quiet voice.

"Lori, why do some people take off their legs?" she asked.

Lori explained to her that some people had cancer in their legs and the medicine couldn't get it by itself so the doctors had to take it off so the cancer wouldn't get to other parts of the body.

That seemed to make sense in the six-year-old's mind. But then she had a new question.

"But, after they take them off, where do all the legs go?"

## An Arm or a Leg

It was a special week at the ski resort. Equipment and instructors were all lined up to enable a busload of kids with missing arms and legs to be able to ski at one of the finest resorts in the nation. What a trip! The kids were ready for the challenge of trying to do something as well as or better than their four-limbed friends. The trip out had been great fun, especially setting off all the airport security buzzers with the metal in their prostheses. You never heard or saw such confusion from the security staff, as 40 campers all set off the buzzers, some swinging their prostheses back and forth past the buzzer to really exaggerate the effect.

The kids continued to find humor and share the tricks they had learned for getting along in a world where four limbs are the usual. Like tying shoes. Jennifer had one arm, but had learned how to tie her shoes. So everyone else wanted to know how, even those with two arms. She did it so quickly, they couldn't catch on. Paul and others were trying hard, so they asked her to do it very slowly. So a big circle of kids followed her, step by step, as she demonstrated. Loop, twist, tuck, then hold with your other foot. "Wait! Stop!" Paul exclaimed, "No wonder I can't do it!" He only had one foot.

They all went to a hockey game while they were there. Rick had a leg prosthesis. With his jeans over it, it looked like a real leg. He was sitting watching the game when the mascot, a big chicken, came and sat next to him. Rick had his "leg" crossed onto his other knee and his elbows resting on top. The chicken was goofing off and imitated Rick's position, crossing his leg and positioning his arms like Rick. So Rick took full advantage. He took hold of his prosthesis and pulled it up so it bent straight upward from the knee, pointing to the roof. Then he started to crank it back and forth and right to left. The chicken laid an egg! The crowd loved it, and the camera put it on the scoreboard video. The chicken took a back seat to that performance.

## Wigging It

Mona, 21, had great wigs. She used to have a head full of gorgeous strawberry blonde hair. So wigs with lots of great hair fit her well. She was always a bit self-conscious, wondering if people could tell it was a wig.

One night she and her girl friend were out for the evening. On a quick stop at PDQ, the check-out clerk seemed to be staring at Mona's wig out of the corner of her eye. Mona began to panic and wondered if it was slipping or if it was on wrong. The clerk paused and turned to Mona. But instead of saying something about her wig, she complimented Mona on how beautiful her "hair" was and asked her which hair dresser she went to.

Her friend had worked for hours on her own real, blonde hair. The clerk didn't seem to notice.

## Hold That Hairdo

One of Lori's campers, Sara, was in the middle of treatment and had lost all of her hair. One day at camp Sara took her counselor's long blond hair and laid it over her tiny bald head. "Now all you have to do is keep your head right there until my hair catches up to yours!"

## Alicia's Poem

Do I dare repeat a whisper
That was told unto my heart?
A kind and gentle whisper
That told me we won't part.

There was once a wild cancer
That seemed so very strong,
But with the chemotherapy,
The cancer is now gone.

That was not the only medicine
Which came upon us all,
But prayers from all the people
Who kept us standing tall.

When I felt that I was falling
And could stand no more,
I looked at my Alicia
And regained my inner core.

She kept her strength and laughter
Until all the chemo was done;
And now look at my Alicia,
She glows just like the sun.

**By Nanci Wollinger**

## My Beliefs

In October of 1982, the oncologists gave me a diagnosis of cancer, stage four, Hodgkin's disease. When I learned my diagnosis, I hurt and I was scared. The outlook was bleak and the temptation was to feel sorry for myself and to ruminate on this unfairness of life that had been given to me. I decided that if I continued with this attitude, the result was not only going to be a miserable existence for myself and those around me, but I would also drive away those people that I so badly needed. I decided that the alternative was to maintain a positive outlook that would draw people to me rather than repel them.

I started treatments at the University Hospital in Madison. It was during this time that I decided to reflect on the positive aspects of my life. I was in one of the leading cancer centers, I had competent doctors, and the nurses were either cute, competent or both. I could get up and go to the bathroom and the food, when I was not nauseated from the treatments, was edible and at times good. I had a family that loved and cared for me and friends who remembered me. I met other adolescents who had other chronic illnesses, some more terminal than mine.

I reminded myself that no one else determined my thoughts or behavior. It was entirely up to me, and me alone, to decide whether I would think of life or think of death.

I believe today, this minute, I can be happy or I can be sad; I can be mean or I can be loving; I can be positive or I can be negative. What my state of mind will be is not determined by outside forces. Instead it will be determined solely by me. While my past and outside events influence my behavior, that influence will have only as much power as I grant it.

I am not trying to pat myself on the back for some heroic accomplishment, but it is because of what I have experienced that I became aware of this part of my being.

Others may never have the opportunity to experience and understand this part of their inner selves. I believe this opportunity has provided me with an awareness and has enriched me with understanding that others do not possess.

**Jeff Nordorft**
Age 24, written at 19
Hodgkin's, diagnosed at 12

***The more difficult the obstacle,***
***the stronger one becomes hurdling it.***

## The Last Chicken Joke

Chicken jokes were the running theme for One Step at a Time camp that summer. Every meal time, someone got up and told a chicken joke. The known jokes ran out fast, and kids started making them up. What was funny to start, got absurd, and then funny just because. Most were real groaners, but groaning can make you laugh. So, they just continued, day after day, meal after meal.

The last day, Jimmy got up to the microphone. Jimmy was a eight-year-old boy with cancer and Down's syndrome. He was having the time of his life at camp and everyone loved his spirit. As he walked up to the microphone, everyone stopped to listen carefully, as they knew he had to work hard to speak. He pulled it close to his mouth and, in his very deepest, loudest voice said, "Chicken." Everyone laughed. Then he pulled the microphone up again and said, "Road." He definitely had the main idea, boiled down to the essence.

Then for the punch line. He pulled the microphone up close again, and in a really deep voice said, "Dead!!"

What better end to the chicken jokes of summer '91!

## My favorite sayings I try to live by

By Jamie Hutton

*Don't take life so seriously,*
*you'll never get out of it alive.*

**Author: unknown**

*Some people see things as they are and ask why?*
*I dream of things that never were and ask why not?*

**Author: Robert F. Kennedy**

# Kids With Courage

Love is measured in the sleepless minutes, hours, and days I have seen parents watching over a boy shaking with persistent fever with no apparent end in sight, or a girl writing letters and wrapping years of birthday presents for her infant sister to remember her by after she has gone. Kindness is a boy in pain from his own bone marrow transplant asking for help in pushing his I.V. poles so he can visit his friend too sick to leave the intensive care unit, or the parents who, upon losing their own daughter to lymphoma bring her video games to the hospital to help others cope or stay busy enough to help pass the painful times. Courage is making sure the portable morphine pump is hidden under the gown for a three-hour pass to attend the prom, or concentrating on a waterslide at Noah's Ark Park while actually curled up like a pretzel to receive a dose of chemotherapy during a painful spinal tap. Heroism is donating bone marrow for your sister and thanking her for being there with you as you wake up from anesthesia, or returning to the hospital, years after you are well and done with your own bone marrow transplant to help other children and families gather their own strength to face what is yet ahead of them.

For those who worry that humanity might not care or appreciate what life means, for those who wonder where love is, for those who doubt the existence of heroes, let them meet the "kids with courage."

**Paul M. Sondel, M.D., Ph.D.**

While organizing the stories for this book, I realized that although each person's situation and story is unique, each voice is speaking the same language. I also realized that no one else would be able to see these stories in quite the same way as someone who has been there.

To all the "kids with courage," this is your book. Be proud—it is your strength, wisdom, and courage that made it happen.

**Kelly Cotter**