NEAG COMPREHENSIVE CANCER CENTER

Dialogue

Volume 5 Autumn 2006

Joining Forces Against Breast Cancer

Close collaboration between clinical care and research is one of the elements that make UConn's Breast Cancer Program unique.

There are certain sentences no woman ever wants to hear. "We saw something suspicious on your mammogram," is one. "There seems to be a lump in your breast," is another. Concern about breast cancer is never far from the mind of any woman, and even the possibility that one is about to confront it firsthand is enough to strike fear in the strongest heart.

Fortunately, women in Connecticut with suspected or confirmed cancer of the breast have a world-class resource close to home: the Neag Comprehensive Cancer Center's Multidisciplinary Breast Cancer Program. The sophisticated program provides diagnostic testing and state-of-

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Dr. Susan Tannenbaum counsels a patient.

Dialogue is published by the Neag Comprehensive Cancer Center.

From the Editors:

This issue of Dialogue brings you articles that highlight our multidisciplinary approaches to breast and prostate cancer and our unique programs for addressing cancer in children and the elderly.

Page 1 details the philosophy and operation of our Breast Cancer Program, which brings leading-edge research and clinical care directly to patients with this disease. Beginning on page 8, you'll learn about UConn Health Center urologist Dr. Peter Albertsen's work indicating that "watchful waiting," rather than immediate treatment, may be the best approach for some men diagnosed with prostate cancer.

Other articles explore managing cancer at opposite ends of the age spectrum. One of health care's greatest successes has been in treating childhood cancer. Dr. Arnold Altman from Connecticut Children's Medical Center shares his 30-year experience as a pediatric oncologist in an article discussing the world-class cancer care being provided to children in the Greater Hartford area. As cancer joins diabetes and hypertension as a common disease among seniors, the Center for Aging at the Health Center is collaborating with the Neag Comprehensive Cancer Center to address the unique needs of seniors with cancer (page 6). Through innovative partnerships, we are creating important resources for cancer patients of all ages.

Dr. Li (top) and Dr. Peterson

The state-of-the-art health care the Neag Comprehensive Cancer Center provides is based on knowledge acquired through years of research. Our health care team is committed to providing the latest and most effective preventive, diagnostic and treatment interventions. But our efforts don't stop there. We are also committed to conducting ongoing research so that we can continue to provide the best possible care in the future. To this end, the Neag Comprehensive Cancer Center is conducting its third annual Cancer Center Retreat on Oct. 27 and 28, 2006. This retreat will emphasize linking basic and clinical research with future patient care to capitalize on the collective research strengths of the Center. The theme of the retreat, "Translation through Collaboration," summarizes this concept well.

As always, we welcome your comments or questions. Our team stands ready to help in any way we can.

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*As of November 2006

Cancer Question

Carolyn D. Runowicz, MD
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Cancer Question, a new feature of *Dialogue*, gives you the opportunity to ask questions and learn more about the exciting initiatives under way at the Neag Comprehensive Cancer Center. We invite you to write or e-mail us with questions about cancer research, treatment or prevention. Our team of cancer experts will answer your questions in this section in future issues.

Simply e-mail your question to **cancerquestion@uchc.edu** or mail it to *Cancer Question,* The Carole & Ray Neag Comprehensive Cancer Center, University of Connecticut Health Center, 263 Farmington Ave., Farmington, CT 06030-1614.

Q: ***I read about the colon cancer prevention program in your last Dialogue. It sounds like a great program. How successful has it been?***

A: The Colon Cancer Prevention Program (CCPP) has been very successful. This program utilizes the best of the bench science and clinical resources available to provide the patient with a comprehensive examination, including risk profiles, state-of-the-art imaging, clinical trials and the latest information regarding the prevention of colon cancer. Over the past year, Dr. Levine (co-director of the CCPP) has seen more than 800 patients in the CCPP and has coined the phrase "allies in colon cancer prevention." The new patient is now considered an "ally" and becomes a resource for his/her family, for the CCPP and for the future of colorectal cancer research and technology. Even if the patient is not initially interested in being a part of one of the many clinical trials that are ongoing, the ally continues to receive information regarding prevention practices and quarterly updates on the progress of the CCPP. The "allies" receive information via the "Prevention Prescription" which provides them with referrals (if needed) and information such as genetic profiling, nutritional guidance and exercise regimens to help decrease the likelihood of getting colorectal cancers. The CCPP is very successful because the patients that come to our program have a vested interest in preventing colon cancer from happening to them, their families and future generations. Our patients are proud to say: *"I did it for my family!"* To make an appointment, contact the CCPP at (860) 679-4567 or e-mail: CCPP@uchc.edu.

Brighter Days…

Success in treating childhood cancer is one of health care's greatest accomplishments.

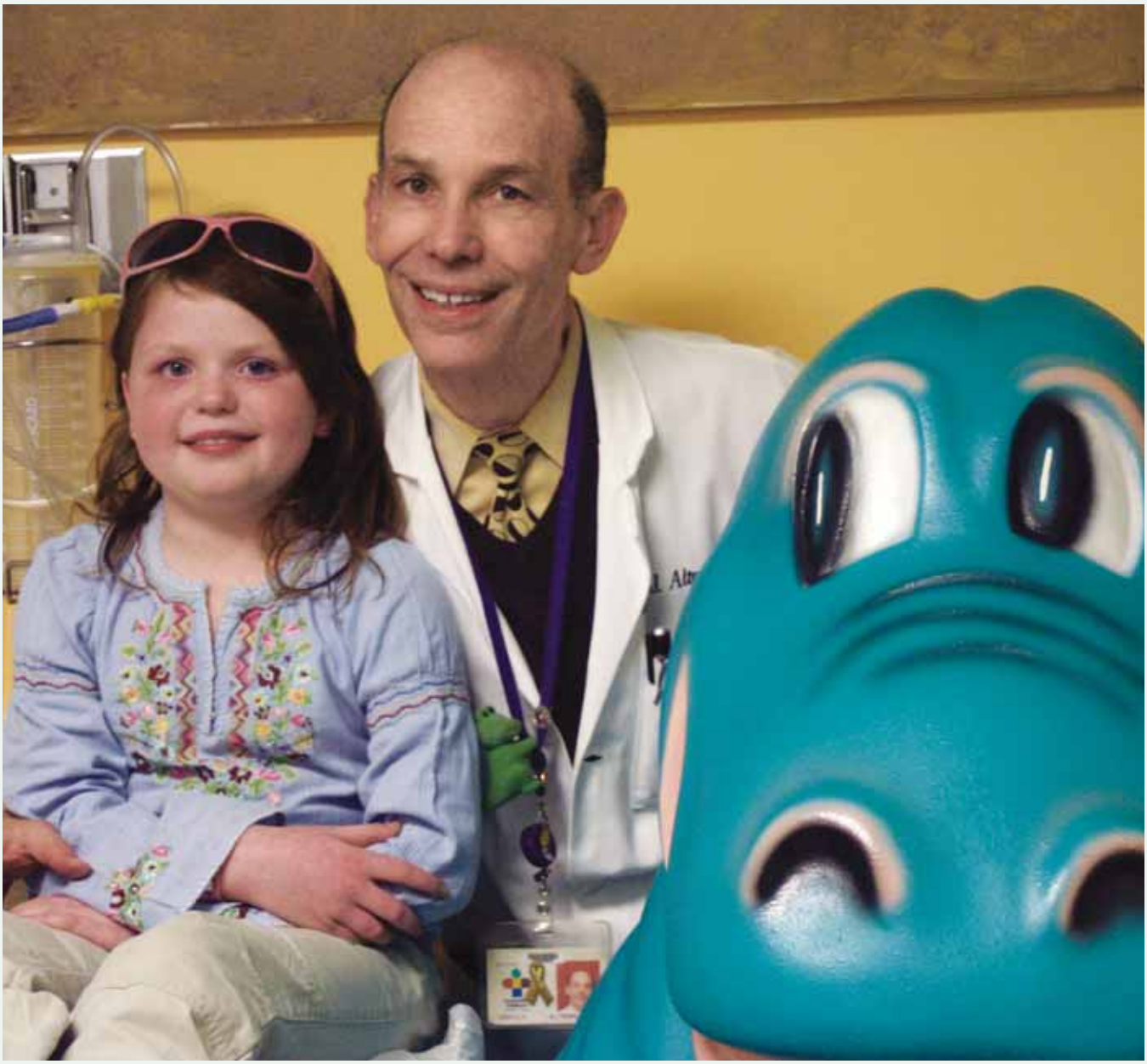

Photo: Tom Hanley

Dr. Arnold Altman with a young patient.

If you want a yardstick to measure medical progress in the 20th century, treatment for childhood cancer is a good choice. Progress made in this area represents one of health care's great success stories. More than half of children diagnosed with cancer today will become long-term survivors of the disease. In some cases—acute lymphoblastic leukemia, Hodgkin's disease, non-Hodgkin's lymphoma, Wilms tumor—the cure rate exceeds 70 percent. In fact, it's estimated that one of every 900 adults today had some form of cancer as a child. Among people in the 20-34 age bracket, the figure is more like one in 600.

But it wasn't always so. In fact, little more than half a century ago, there wasn't much need to distinguish between the various malignancies that afflicted children. Almost all of the cancers were always fatal. The best that health care professionals could do for the young patients and their families was to help minimize their suffering during the last weeks or months of their lives.

In the 1950s, that grim situation began to change as more doctors, researchers and health care facilities rejected the hopelessness of pediatric cancer and began focusing resources on finding effective therapies. And by the mid-1970s, when a young doctor named Arnold Altman arrived in Farmington to head the Health Center's Division of Pediatric Hematology-Oncology, things had improved somewhat. "By that point," Dr. Altman remembers, "more than 30 percent of children with cancers were surviving the disease."

Dr. Altman didn't just head the new pediatric hematology and oncology program; he *was* the program—one doctor figuratively laying the bricks. "And it stayed that way for two years," he says. "There were no vacations. I was on call all the time."

A 1965 graduate of the Johns Hopkins University School of Medicine, he had been a pediatrician for nine years when he came to Connecticut. Dr. Altman completed his internship at Yale-New Haven Hospital and spent some time at what would become The Centers for Disease Control and Prevention. Then, during a 1968-70 residency and a 1970-72 fellowship in pediatric hematology at Boston's Children's Hospital Medical Center, he discovered the area of medicine that would capture his interest for the balance of his career. "Overwhelming" is the adjective he chooses to describe that formative experience. "Children aren't just small adults," he says. "They have a different anatomy and different emotional needs. They are people in the process of development, and their organs are more vulnerable. Childhood blood disorders and cancers challenge you to use everything you know about medicine."

And since, back then, many children with cancer were hospitalized for extended periods of time, "I got to know whole families. Not just mom and dad, but siblings, aunts, uncles. I got to know them intimately. I got to understand these diseases in that context."

Altman arrived at the Boston hospital at a propitious moment. "Researchers were just beginning to find treatments that really offered the prospect of prolonging lives," he says. "We could actually help many kids, and we were learning something new and encouraging almost daily."

He brought that enthusiasm with him when he came to UConn in 1974. "There was no organized program for kids with cancer or blood disorders when I came here," he says. "Families had to travel to Boston or New York."

So he had an opportunity to not only manage the Health Center's pediatric cancer and hematology program, but to build it from the ground up, to provide a service that could significantly improve health care for many area residents. "It was an enormously exciting time," he recalls. "Everyone understood that we were building something for the future, and the hospital's staff was very supportive. They went out of their way to help the kids and give them special care."

By 1976, Dr. Altman was able to hire a nurse, Carlene Bartolotta, RN, now the Health Center's director of patient relations. A year later, John Quinn, MD, now director of clinical oncology at Children's Hospital Los Angeles, joined the growing team. Together Altman and his small staff built a program that was soon collaborating with leading pediatric clinical trials groups like the Children's Cancer Group and the Pediatric Oncology Group. Through decades of careful clinical evaluation of treatment options and incorporation of new agents as they became available, those collaborations have been the catalyst for development of diagnostic and treatment advances that have transformed childhood cancer's bleak outlook.

Three decades later, Dr. Altman heads a department with five doctors, two nurse practitioners, seven nurses, two social workers and two clinical research associates, as well as a constantly changing cast of residents and interns who will carry the torch of progress into the future. UConn's pediatric sub-specialty programs are now based in the region's Children's Hospital, the Connecticut Children's Medical Center in Hartford.

Reflecting with pride upon what he's accomplished since he arrived at Farmington, he says, "Over time we've steadily improved outcomes. Some of the outcomes, for disorders like leukemia, soft tissue cancers, bone tumors, and neuroblastoma, are so good that we've now begun to focus on how to minimize the late effects of treatment as our patients enter adulthood."

But the best measure of his impact on childhood cancer is the human one. "The first year I was here we had two new patients," he says. "Now we see about 70 new patients every year. And we're following probably a thousand others. Nearly all of them are outpatients. They're going to school, going on vacation, going on with their lives."

Beyond those youngsters, there is a generation of cancer survivors who have grown up, established productive careers and started families of their own. Not a few have gone on to become health care professionals. The positive impact they have had, collectively, upon the lives of others is incalculable. But its impact is not lost on Dr. Altman. "The fact that I was able to make an impact, to make it easier for them and their families, is very moving to me," he says.

—Jim H. Smith

UConn Center on Aging Hits Its Prime

Geriatrics, the study and care of older patients, is one of today's youngest medical specialties. And as it has evolved, the UConn Center on Aging has become a hub of excellence in clinical care, research and education. Today, the Center has more board-certified geriatricians than any other local practice, and an impressive portfolio of clinical, basic and population-based research studies funded by federal, state and foundation grants.

"The first national board exam in geriatrics took place in 1988, only 18 years ago. While the challenges and opportunities facing our discipline are unprecedented, a great deal has been accomplished in recent years," says George Kuchel, MD, director of the UConn Center on Aging, which celebrates its 20th anniversary this year.

"The good news is that Americans are living longer. Our goal is to help people live as independently as possible so they can travel, pursue hobbies, spend time with families and friends, contribute to their communities—and fully enjoy their golden years," he adds.

Focus on Healthy Aging

The clinical arm of the UConn Center on Aging is Geriatrics Associates, a medical practice based at the Health Center that offers a range of services for patients ages 65 and older.

The focus of the practice is two-fold, Kuchel explains. For younger patients the emphasis is on strategies for healthy aging. For elderly patients who are frail, the focus is on coordinated care, oversight during hospitalizations and management of multiple health issues.

"It is never too early, and rarely too late, to consider strategies for healthier aging," Kuchel said. "This type of approach to prevention has to be holistic and highly individualized. It is important to address lifestyle choices such as getting regular exercise, maintaining a healthy diet and staying mentally active through careers, volunteer work, hobbies or challenging mental exercises like crossword puzzles."

Preventive care also means monitoring patients and making sure they are up to date with appropriate screening tests and vaccinations, he notes.

Geriatrics Associates physicians take a very active role managing their older patients' more complex health concerns.

"It's never just a memory problem or a high blood pressure problem. It's typically a combination of conditions that cross traditional organ- or discipline-based boundaries and often require specialized attention," he says. "That's why we look at the whole person and how different medical, social and family issues interact. It also helps that we can draw from the expertise of our colleagues at the Health Center in areas including psychiatry, urology, cardiology, nursing and more."

Managing Cancer in Older Patients

That multidisciplinary perspective is especially important when it comes to managing geriatric cancer. "One of the most important lessons I've learned about treating older people with cancer is that a team approach is essential," Kuchel said. "You cannot do it solo."

Because most new cancers are diagnosed in older adults, there has been an increase in cases as baby boomers age. And Kuchel expects to see more cases as this population grows older. Younger people who develop cancer are, as a rule, healthier than older people, whose cancer treatment may be complicated by a host of other conditions—like diabetes and hypertension and atherosclerosis—that more frequently afflict the elderly.

And it's for precisely that reason that, in the past two years, the Center on Aging has increasingly collaborated with the Health Center's oncology group. "We've established

a team that meets regularly to discuss clinical cases and research opportunities," he says. "Our goal is to find increasingly productive ways to work together to improve the quality of care for both individual patients and the older population as a whole."

Research for a Stronger Tomorrow

Through a variety of basic, clinical and outcomes-based research initiatives, the Center on Aging is studying different approaches to understanding and improving functional independence among older patients.

Researchers have been studying inflammatory and hormonal factors that contribute to declines of key tissues with aging. "Loss of bone mass [osteoporosis] raises the risk of hip fracture, while declines in muscle quantity and quality [sarcopenia] contribute to mobility problems when skeletal muscle is affected and to voiding difficulties when the bladder is involved," Kuchel says.

"The overarching objective of all our efforts is to discover, refine and test interventions that will avoid or delay frailty and disability, improving individuals' chances of successful and independent living. Our efforts are highly responsive to the NIH Roadmap initiative, since they have long included collaborative interdisciplinary partnerships between investigators from very different backgrounds and disciplines," he adds.

For example, research at the Center on Aging has shown that exercise can help prevent loss of bone and muscle. A by-product of this research is an exercise program, Powerful Aging, that is offered in several locations in the Greater Hartford area.

Other research interests include urinary incontinence, gait and balance problems, depression, the role of hormones in the aging process and inflammation. The Center is also conducting community-based research to study clinical outcomes in real-world settings and address disproportionate disability in racial and ethnic minorities.

"Finally, we also collaborate with basic scientists who are looking at issues such as why or how we age. That is the beauty of being part of an academic medical center – we are able to work cooperatively on many different approaches to research, with an underlying goal of finding ways to help people age both gracefully and independently," Dr. Kuchel says.

Long-Term Impact

In the long term, UConn experts will continue to have an impact on the field of geriatrics. The Center on Aging runs a two-year, highly competitive fellowship program in geriatrics through the UConn School of Medicine. Already, more than 70 physicians trained in internal or family medicine have completed this program.

"The training and career development of our fellows and junior faculty will always remain a top priority, since many, if not most, will need to assume leadership roles in terms of clinical care, education or research if we as a nation are to have any chance

Dr. George Kuchel

of responding to the demographic challenges facing us in the coming years," Kuchel says, adding that the importance of the training program is underscored by predictions of a nationwide shortage of geriatricians within the next 25 years.

"Given the demographic trends and the size of current training programs and anticipated retirements, a manpower deficit of 30,000 geriatricians is expected," he says.

The Center on Aging also has an opportunity to help the state of Connecticut realize far-reaching savings in its long-term care costs.

Kuchel notes, "The cost of long-term care represents the second largest single item in the state budget. By helping men and women live longer, healthier lives and delaying the need for nursing home placement by even a modest 5 percent, we could help the state save almost $100 million annually."

—Jim H. Smith

Watching and Waiting

Dr. Peter C. Albertsen

For prostate cancer patients, immediate treatment is not always the best response.

When diagnosed with prostate cancer, "some men think you need to have treatment immediately," says urologist Peter C. Albertsen, MD, professor of surgery and chief and program director of the University of Connecticut Health Center's Division of Urology.

His research, however, shows that "watchful waiting" may be the best course of action, depending on the circumstances.

"With all the widespread use of PSA [prostate specific antigen blood test], we're diagnosing prostate cancer more frequently. We're also beginning to realize that we are identifying a large group of men who may or may not have clinical disease," according to Dr. Albertsen.

A walnut-sized gland producing fluid to move sperm, the prostate may become enlarged and prone to tumors, particularly in men over age 50. Treatments, including surgery and radiation, can cause impotence or incontinence.

There is currently a 16 percent chance among U.S. males, especially African-Americans, of being diagnosed with prostate cancer; 240,000 new cases will be identified this year, Dr. Albertsen says, adding prostate cancer and colon cancer are "vying for second place," after lung cancer as leading causes of death among men.

As a medical student, Dr. Albertsen completed his residency in urology at Johns Hopkins School of Medicine, where he worked with Patrick C. Walsh, MD, a professor highly regarded for developing a prostate removal surgical technique resulting in fewer side effects than others.

After several years in private practice, Dr. Albertsen joined the UConn Health Center faculty in 1987 and, while working there, earned a master's degree in medical administration and preventive medicine from the University of Wisconsin in 1990.

The PSA test became a breakthrough in early prostate cancer diagnosis in the early 1990s, when Dr. Albertsen received his first grant for a project on the natural history of prostate cancer, in which he identified men by age and Gleason scale, which rates prostate tumors by their severity. The project tapped into the state of Connecticut's Surveillance Epidemiology and End Results (SEER) data bank, part of a National Cancer Institute program providing demographic information on cancer incidence and survival.

The research showed Connecticut men between ages 65 and 75 who were diagnosed with localized prostate cancer between 1971 and 1976 and received minimal or no treatment weren't likely to die any sooner than healthy men the same age. The findings led to Dr. Albertsen's belief that doctors should seriously consider "watchful waiting," or "active surveillance," monitored by periodic testing, as a viable alternative to aggressive therapy.

These results, published in the mid-1990s, were buttressed by the results of another study done by Dr. Albertsen and published last May in the *Journal of the American Medical Association* (JAMA).

The latest study examined 20-year medical histories of 767 men diagnosed with localized prostate cancer at ages 55 to 74 and treated with observation or hormone therapy. Those with low-grade prostate cancer had a minimal risk of dying from their disease over 20 years. Men with moderate-grade cancer had an intermediate risk of dying within two decades, and those with high-grade cancer had a high probability of dying within a decade of diagnosis.

The study reinforced Dr. Albertsen's contention that "for some people with prostate cancer, aggressive treatment may not be necessary immediately."

According to Michael Droller, MD, Dr. Albertsen's work is "extremely important because he is one of the few people who have looked in areas that really needed further study and had the intelligence, the tools and the insight to make very important observations on our understanding of the disease, the [treatment] approaches and what the outcomes of those approaches were." Dr. Droller is a professor of urology at the Mount Sinai School of Medicine, editor-in-chief of *Urologic Oncology*, the official journal of the Society of Urologic Oncology and associate editor of the *Journal of Urology*. Dr. Droller was a Johns Hopkins faculty member when Dr. Albertsen was a resident at that institution.

Dr. Albertsen acknowledges it took awhile for colleagues to "understand where I was coming from," but his research is now "well received." In January 2007, Dr. Albertsen will be headlining a conference on "active surveillance" of prostate disease at the University of San Francisco. Dr. Albertsen currently is collaborating with UConn Health Center scientists on ways to identify genetic profiles illuminating the differences between aggressive and non-aggressive prostate cancer.

"I have numerous slides from men diagnosed in the 1990s, and I know what happened to them," he says.

In addition to his research, Dr. Albertsen "sees a lot of patients," and has performed surgery on a few high-profile ones, including UConn Huskies coach Jim Calhoun and UConn medical school Dean Peter J. Deckers.

"Nobody likes to be told they've got cancer," Deckers says, adding that he chose Dr. Albertsen to take his case because of the urologist's surgical skills and "his ability to think the problem through in an impeccable manner.

"Peter Albertsen has analyzed numerous data sets, locally, regionally and nationally, and tries to determine [a course of action for each patient] given their stage and their age, ranging from expectant observation to very aggressive, multimodality treatment, based on epidemiology data," Deckers adds. "Some of the articles he writes are landmark contributions."

Six years after his surgery, Deckers says, he is "disease-free." Dr. Albertsen acknowledges researchers have a long way to go in discovering what causes prostate—and other—cancers.

"These are questions we're all struggling with," he says.

In the meantime he's "trying to do the right thing for the right person at the right time."

—Karen Singer

Joining Forces Against Breast Cancer *continued from page 1*

Members of UConn's Breast Cancer Team
Standing: Jen Stapell, RN, Min Fang, PhD, Robin Schwartz, MS, Diane Noel, Ellen Oliver, RN, Nancy Baccaro, APRN, Melinda Sanders, MD, Pauline Miller, LCSW.
Seated: Lori Wilson, MD, Kevin Claffey, PhD, Malini Iyer, MD, Helaine Bertsch, MD, and Susan Tannenbaum, MD.

the-art treatment for breast cancer. This treatment is provided in a caring, compassionate environment that focuses not only on curing the disease, but on helping women cope with the emotional, social and spiritual challenges it brings. The program takes a multidisciplinary approach to developing treatment plans, so women benefit from the combined expertise of surgeons, medical oncologists, radiation oncologists and others. But the feature that most distinguishes UConn's Breast Cancer Program is the ongoing collaboration between medical professionals who care for breast cancer patients and the research scientists working to discover better ways to predict, treat and, ultimately, cure the disease.

Where Patient Care and Science Meet

"Our Breast Cancer Program is unique in the Hartford area," says medical oncologist Susan Tannenbaum, MD. "This is translational research and patient care at its best."

Dr. Tannenbaum explains that "translational research" is research directly aimed at improving patient care. Close collaboration between care providers and researchers is essential to identifying topics for research projects and enrolling patients in those projects. Patient participation in research projects is critical. In order to gain new knowledge, researchers must have a large number of tissue samples to analyze so they are able to gather the large amount of data they need to draw informed conclusions.

"The ability of basic scientists and clinicians to interact on a regular basis makes our program unique," Dr. Tannenbaum notes.

To foster ongoing interaction, the program created the Breast Cancer Research Group. Co-chaired by Dr. Tannenbaum and researcher Kevin Claffey, PhD, associate professor of cell biology, the group meets every month.

"The Breast Cancer Research Group is a major advantage here," says Dr. Claffey. "Nurses, surgeons, basic scientists and the pathology team meet and discuss what needs to be done to push the research forward. Researchers learn how cases are treated and what would help clinicians improve diagnosis or detection. It's a real advantage to have researchers right in step with what's being done clinically."

Dr. Tannenbaum notes that women with breast cancer are typically eager to participate in research, so that their experience might help other women in the future.

"Women are very altruistic in this way," Dr. Tannenbaum says. "By taking part in trials, they feel they can give back a little. That's why trials in breast cancer are able to enroll tens of thousands of women around the world."

Researchers at the Neag Comprehensive Cancer Center are pursuing several promising lines of research.

"The ultimate goal is, instead of treating patients as a group, to define what's different about each patient or subgroup of patients and determine what the most effective therapies are for each," says Dr. Claffey. "With enough resources and funding, we can develop much more precise, individualized therapeutics with many fewer side effects than current therapies."

The federal government's recent substantial reduction of funding to the National Cancer Institute, a major supporter of research projects nationwide, threatens to hinder advances in breast cancer research. Dr. Claffey says the need for funding from foundations and individuals is more critical than ever. The Neag Comprehensive Cancer Center has an arrangement whereby funds donated to the Center are provided directly to the laboratory.

A Multidisciplinary Approach

The Breast Cancer Program provides all the services women need for diagnosis and treatment of breast cancer, all in one, convenient facility. When a woman is referred to

the Cancer Center, one of the first people she'll encounter is Nancy Baccaro, APRN, coordinator of the Breast Cancer Program. Ms. Baccaro will arrange for a consultation with a surgeon as well as diagnostic tests such as ultrasound or biopsy. She and oncology social worker Pauline Miller, LCSW, will link the patient with a volunteer in the Navigator Program, a program through which specially trained volunteers help guide patients through the often confusing process of diagnosis and treatment. Women found to have breast cancer will then see Dr. Tannenbaum and a radiation oncologist.

Patients in the Breast Cancer Program benefit from the expertise of numerous professionals. Every week, a multidisciplinary team of surgeons, medical oncologists, nurses, radiation oncologists, social workers and others gather to discuss the cases of women newly diagnosed with breast cancer.

"Every patient here has not one person but people from at least five different services looking at her case," Dr. Tannenbaum points out. "We all work in partnership to develop the best plan of care for each patient and to be sure all their needs are being met—physical, emotional, monetary and more."

The treatment options for breast cancer have multiplied in recent years. There are new surgical techniques, different kinds of radiation, innovative chemotherapies and estrogen therapies. Every woman's cancer is different, and treatment plans must be individually tailored. The multidisciplinary approach used by the Breast Cancer Program makes that possible.

Total Attention to Patient Needs

Once a woman's diagnosis is confirmed and she begins undergoing treatment, she's monitored by a team that conducts weekly Breast Cancer Patient Care Rounds. Every week, Nancy Baccaro meets with Pauline Miller and treatment room nurse Kristi Blair-Dubey, RN, to review patients' needs. If a patient is found to have concerns, the team contacts her physician and develops a collaborative approach to addressing them.

"We want to be certain that there's no gap in the care plan, that no needs are unmet, and that if needs are identified, we deal with them promptly," Ms. Baccaro says. "We look at the patient from a holistic perspective. Our goal is to enhance each woman's quality of life at whatever stage she's in."

Ms. Baccaro adds, "It's important to me to take care of patients and provide that personal touch at a time when life is in turmoil and they're frightened. It's reassuring for them to have someone to provide a hand, walk with them through their plan of care and empower them with knowledge that, ultimately, eases the psychosocial impact of the disease."

—Noreen S. Kirk

Meet the Newest Members of Our Cancer Center Team

Lori Wilson, MD
Breast Cancer Program

Malini Iyer, MD, FACS
Breast Cancer Program

Bruce Brenner, MD
Surgical Oncology

Eric Silverstein, MD
Musculoskeletal Oncology

Petr Protiva, MD
Head, Translational Science,
Colon Cancer Prevention Program,
Gastrointestinal Cancer Program

Make a Real Difference in People's Lives

Today, thanks to the efforts of institutions such as the Neag Comprehensive Cancer Center, more than half of those diagnosed with cancer will have their disease brought under control, and many will be cured. Every advancement we make in cancer research today could very well benefit you —or someone you love—tomorrow.

You can join this effort by supporting the mission of the Neag Comprehensive Cancer Center with a charitable donation. There are so many ways you can help:

- ***General donations can provide seed funding for exciting new initiatives in research and treatment.***
- ***Direct your gift to a specific area of research or treatment.***
- ***Make a gift in honor or memory of a friend or loved one, in honor of a special physician or caregiver, or for a special occasion, such as a birthday or an anniversary.***

Learn about additional ways to give to the important work of the Neag Comprehensive Cancer Center by contacting:

The UConn Foundation, Inc.
Health Center Development Office
10 Talcott Notch Rd. Suite 100
Farmington, CT 06032
860.679.1122

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City, State, Zip_____

Phone: _____

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