

# Cancer Screening and Early Detection

As medical technology and research advances continue at the University of Pennsylvania and other institutions, the benefits of cancer screenings have become increasingly apparent. Cancer prevention starts with ongoing screening and is a powerful way for individuals to take control of their health. Screening also enables doctors to diagnose a cancer in its early stages, often before symptoms occur, which can greatly improve the patient's potential for a cure. In addition to mammograms, pap tests, and colonoscopies, new screening techniques are improving cancer prevention.

## Melanoma Screening

According to The American Cancer Society, the incidence rate for melanoma in the United States has more than doubled since 1973 to an estimated 62,190 new cases in 2006 alone. Yet, if detected early enough, 5-year survival rates are over 90%.

To detect melanoma in its earliest stages, physicians recommend performing a monthly skin self-examination, looking for abnormalities such as asymmetrical moles, moles with irregular borders, moles that are very dark or change color, or moles that are larger than a pencil

eraser. If a skin abnormality is detected, professional screening and evaluation is needed. Penn's Pigmented Lesion and Melanoma Program at the Abramson Cancer Center works with patients to identify and treat melanoma as soon as possible, and is committed to understanding the causes of melanoma to prevent its occurrence.

## Melanoma Evaluation

Penn's Abramson Cancer Center is a national leader in detecting and treating melanoma, and founded one of the first Melanoma Risk Evaluation Programs in the country. Physicians in the program offer patients monitoring so that melanoma can be prevented or caught early and education so patients can do self examination. Penn is one of just two recipients of a National Cancer Institute grant to study novel technologies and approaches to preventing, diagnosing, and treating skin cancers.

## Lung Cancer Screening

Lung cancer is the leading cause of cancer fatalities in the U.S., with an estimated 162,460 deaths expected in 2006, yet lung cancer survival rates can increase when the cancer is detected in its early stages.

## Emerging Tools for Lung Cancer Detection

Penn's Abramson Cancer Center has begun using a new sensitive screening method to detect lung cancer in some cases - the spiral computer tomography (CT) scan. Some studies show compelling evidence that the use of CT is effective in the early detection of small growths in the lung that x-rays can miss. The spiral CT scan, which uses a combination of images to create a



*Ongoing screening is an important part of cancer prevention and early detection. Call 1-800-789-PENN to schedule your next screening or receive additional information.*

3D model of the lungs, has proven even more sensitive. More research on the effectiveness of spiral CT scans in detecting early stage lung cancer for high-risk people could pave the way to increasing the rate of survival.

## Breast Cancer Screening

Breast cancer is the most common type of cancer among women - with over 200,000 new diagnoses projected this year. But, thanks to prevention, early detection, and advanced treatments, the death rates for women with breast cancer are declining.

## Emerging Tools for Breast Cancer Detection

Mammograms are a proven tool to screen for breast cancer. Penn's Abramson Cancer Center uses digital mammography as a screening measure for breast cancer. Digital mammography is more accurate than traditional film mammography at detecting the disease in women with dense breasts, women under 50 years old, and in women entering

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## A Message from the *Director*

*Progress. Each day at PENN Medicine, faculty, nurses, and patients are now witnessing the steady progress of construction on a new building. On the corner of Convention Center Boulevard, crews are laying the foundation and implementing construction plans for The Raymond and Ruth Perelman Center for Advanced Medicine, which will be the new home of Penn's Abramson Cancer Center. This physical progress is exciting for all of us to watch, yet at the same time, the behind-the-scenes progress of our doctors and scientists in our clinics and laboratories is providing hope in our fight against cancer.*

*In this edition of Penn's Abramson Report, you will read about promising new screening techniques, innovations in bone marrow and stem cell transplantation, and information on clinical trials to help guide you or a loved one interested in exploring new therapies. We hope you, your family, and all of the friends of the Abramson Cancer Center fully utilize the potentially life-saving cancer screening suggestions and empower yourself against cancer. Through proper routine screening and a healthy lifestyle, you may prevent cancer or discover cancer at its earliest and most treatable stages.*

*Soon, the new Perelman Center for Advanced Medicine will increase our abilities to treat patients like Bill Thorpe, who you will read, drove from Central Pennsylvania for his cancer treatments and a second chance at life. His story encourages my colleagues and me to continue our pursuit of new knowledge to treat and cure patients and, hopefully, will encourage many people to be screened and prevent cancer.*

*We continue to be grateful for the generous support of friends like you who make Penn's Abramson Cancer Center part of their philanthropy - with your support our innovations in cancer care are possible.*

*John H. Glick, M.D.*



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menopause, according to a recent report in *The New England Journal of Medicine*. In conjunction with the Department of Defense, researchers at Penn have also developed an experimental hand-held device for in-home use that is more sensitive than a traditional self-exam at detecting breast cancer early. This innovative, convenient screening will likely be available within a couple of years after clinical evaluation.

### **Breast and Ovarian Cancer Risk Evaluation Program**

In addition to new screening methods, patients who seek genetic counseling at Penn may significantly decrease their risk of breast cancer by detecting the BRCA1 and BRCA2 gene mutations that indicate an increased risk for breast and ovarian cancer. Once a patient knows of this mutation, a screening regimen and other prevention strategies are recommended to empower women to decrease their personal risk for both ovarian and breast cancer.

Penn's Breast and Ovarian Cancer Risk Evaluation Program can benefit individuals who are at an increased risk of breast cancer due to personal or family history. Led by Susan Domcheck, M.D., one of the foremost authorities in breast cancer genetics, the program is backed by one of the largest breast cancer research programs in the country. Scientists in the program have contributed to new standards in treatment and risk prevention, and in recognition of its expertise, the National Cancer Institute selected the Abramson Cancer Center as one of eight institutions for the Cancer Genetics Network to conduct cancer genetics research.

### **Gastrointestinal and Colon Cancer Screenings**

Colorectal cancer is the second most common cancer among men and women in the United States. Roughly 140,000 cases will be diagnosed in



*As part of Penn's Gastrointestinal Risk Evaluation Program, Anil Rustgi, M.D. works with patients who have an increased risk of GI cancers.*

the next year. However, if discovered early, colorectal cancer is over 90% curable.

### **Important Tools for Colon Cancer Detection**

Traditional colonoscopies are a reliable and recommended screening procedure for colon cancer. This procedure has been endorsed for colon cancer screening by several medical societies, including the American Cancer Society. PENN Medicine often performs these procedures, since screening is the best way to detect and prevent colon cancer.

### **Gastrointestinal (GI) Cancer Risk Evaluation Program**

Penn's Gastrointestinal Cancer Risk Evaluation Program offers information, evaluation and follow-up for people who are at an increased risk of gastrointestinal cancer due to a personal or family history of colon polyps, colon cancer or other gastrointestinal cancers.

"We are committed to innovative research on the biology of GI cancers, risk factors, and differences in risk among ethnic populations, while we continue to advance treatment of GI cancers," says Anil Rustgi, M.D., Chief of the Division of Gastroenterology and a physician in the program.

For more information on any of the topics mentioned here, please visit [www.oncolink.org](http://www.oncolink.org). For additional information or to schedule an appointment for melanoma, lung, breast, gynecologic or colon cancer screening or risk evaluation, please call 1-800-789-PENN.

# PATIENT



# PROFILE



In May of 2004, Bill Thorpe's life suddenly changed. It began while he was shaving.

Just a year earlier, Bill had retired from his job as a case manager with the Department of Public Welfare, and he had settled into a peaceful routine with his wife of 26 years, Margie. They were thrilled with their daughter's recent graduation with honors from business school, and they planned to travel together in the years to come.

But, that day in May, Bill realized that his plans for the future were no longer certain. Bill found a lump on his throat. It was small - he'd never even noticed it before. But by the time he finished shaving he knew he'd have to do something about it.

Bill and Margie, who live in Harrisburg, consulted their local physician. The doctor performed a biopsy of the lump - it came back positive for cancer. Even more alarmingly, he found a second, larger tumor at the base of Bill's tongue.

Bill was abruptly confronted with some frightening choices. His doctor referred him to a surgeon who recommended removal of the tumor, followed by radiation therapy. "The surgeon said that there could be lots of complications from the surgery," Bill recalled. "He said they may have to break my jaw, and that I could lose

a portion of my tongue and my trachea. He told me I'd be on a feeding tube for several months. When he started to explain how well people can function without a tongue, I knew I'd have to get a second opinion." Both Bill's doctor and his surgeon recommended he get that second opinion from Penn's Abramson Cancer Center.

Bill met with Bert O'Malley, M.D., Chair of the Department of Otorhinolaryngology and co-Director of Penn's Head and Neck Cancer Center. Dr. O'Malley offered Bill another option - shrink the tumor with radiation, and then remove the remaining cancerous cells with surgery.

Bill and Margie committed to driving from Harrisburg to Philadelphia every Tuesday for Bill's therapy at Penn's Abramson Cancer Center. "One of the receptionists said I was coming a long way for treatment," Bill said. "I said it was either that or die."

Everyone that I met at the Abramson Cancer Center was wonderful, good-spirited and good-humored," Bill continued. "When I came in for treatment I always felt that I was of prime importance - I got every second of my doctors' attention. I never once felt that I was on an assembly-line being pushed through treatment."

After thirty rounds of radiation and seven chemotherapy treatments, Bill's tumor had disappeared. To prevent the cancer from recurring, several lymph nodes were removed from Bill's neck. They were all cancer-free. Despite some residual pain in his shoulder and arm from the surgery, Bill could not be more pleased with his treatment.

"If I had followed the recommendations of my first doctor, I could be deformed or disabled now. The quality of my life would not be what it is today. I tell Dr. O'Malley - you've

given me my life back! I'm 65 years old, and you've given me more time to see my children, more time to travel with my wife, and maybe someday I'll be playing with grandchildren."

Thanks to the treatment he received, Bill is clearly committed to Penn's Abramson Cancer Center. "If you have a problem, I don't care who you go to first," he insists, "get a second opinion at Penn. The treatment I was offered at first was like a throwback to cancer care from the 60's or 70's. Because of my experience, I'd recommend Penn's Abramson Cancer Center to anyone on the eastern seaboard."

Bill also cannot say enough about the importance of early detection and treatment. "I tell my friends - don't be macho. You can't be macho in the grave. If something isn't fitting right, go and get it checked. You would do that for your car if the check engine light was on. It's the same thing you should do for yourself. If I had not found that lump when I did, I could have been gone by Christmas. It may have gotten to the point where it was untreatable."

Today, Bill remains cancer free. He and his wife Margie plan to spend many more years doing the things they enjoy most - traveling, spending time with their family, and just being together.



*Bert O'Malley, M.D. leads Penn's Center for Head and Neck Cancer.*

# Breakthroughs in Treating Blood Cancers

For those diagnosed with blood cancer, it is just the beginning of a long, challenging journey. Together with their families, patients face a myriad of issues surrounding initial diagnosis, ongoing treatment, symptom management, and the possibility of recurrence.

Nationwide, over 700,000 people live with blood cancers, and more than 100,000 new cases are expected to be diagnosed this year. Leukemia, often believed to be a childhood disease, is actually more common in older adults - half of the cases occur after the age of 67. Non-Hodgkin's lymphoma is the sixth most common cancer in the United States, whose incidence rates increase with age in every ethnic group.

However, there is good news. Penn's Abramson Cancer Center has succeeded in improving the outlook for patients coping with blood cancers with two landmark programs.

## **Penn's Bone Marrow and Stem Cell Transplant Program**

Bone marrow and stem cell transplant is well-established as an effective treatment for leukemia, lymphoma and myeloma. It is also used to treat patients with

other types of cancer and hematologic diseases, including Hodgkin's disease, ovarian cancer, and testicular tumors.

Penn's Abramson Cancer Center has one of the oldest and

*"During the past fifteen years, Transplant Program physicians have performed over 1,500 stem cell transplants."*

largest transplant programs in the country, and the only such program in the region. The program brings together doctors, scientists, nurses, social workers and other health professionals who have dedicated their careers to this field, and are highly regarded for their expertise.

During the past 15 years, our Transplant Program physicians have performed over 1,500 stem cell transplants. The program also has a nationally-recognized research program led by 30 scientists who seek greater knowledge about stem cell biology and clinical trials to reap all of the benefits of transplants in treating different cancers.

## **Mini-transplants**

David L. Porter, M.D., Director of Penn's Allogeneic Bone Marrow Transplantation Program, is pursuing innovative approaches to harness a donor's immune cells to help cure patients of leukemia, lymphoma, myeloma, and other cancers.

Dr. Porter is breaking new ground in the field of "mini-transplants." Mini-transplants require lower doses of

chemotherapy or radiation than conventional stem cell transplants, and therefore result in fewer harmful side effects. Treatment begins by suppressing the patient's immune system just enough to allow transplanted stem cells to flourish. These donor cells will then fight the remaining cancer cells naturally.

Dr. Porter and his colleagues performed some of the very first mini-transplants in the country, and have successfully treated over 80 patients with a variety of diseases. Their work has shown mini-transplants to be safer than conventional stem cell treatments, and studies continue to find new applications for the therapy.

## **Penn's Clinical Cell and Vaccine Production Facility**

The Clinical Cell and Vaccine Production Facility is a core facility within the Abramson Cancer Center that develops cell-based therapies involving bone marrow derived cells, such as stem cells, as well as non-marrow derived cells.

The facility's mission is to help translate research insights into novel cellular therapies, and to increase the impact of those therapies by seeking wide applications of the techniques developed. Our faculty are leaders on the path to discovery for vaccines for breast, ovarian, lung and other types of cancers.

Last October, the facility was accredited by the Foundation for the Accreditation of Cellular Therapy (FACT), the foremost standard-setting agency for clinical cell and vaccine production.

## **T-cell Cancer Vaccines**

For patients with multiple

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*Penn's Clinical Cell and Vaccine Production Facility is a leader in developing cell-based therapies, such as immunotherapies.*

# NEW Abramson FACULTY

The Abramson Cancer Center is delighted to welcome Kathryn Schmitz, Ph.D. and Anil Vachani, M.D., to Penn as new faculty members. Highly regarded in their respective fields of research, Dr. Schmitz and Dr. Vachani will focus their efforts on tackling two of the most timely and pressing medical problems facing our community.



**Kathryn Schmitz, Ph.D.**, is a recently appointed Assistant Professor of Epidemiology in the Department of Biostatistics and Epidemiology and the Center for Clinical Epidemiology and Biostatistics. At Penn's Abramson Cancer Center, she researches the effect of physical activity on obesity and cancer. Her work specifically deals with the relationship of physical activity to obesity, metabolism, and carcinogenesis and how those relationships affect cancer prevention, treatment and survivorship. Dr. Schmitz looks forward to tapping into "the enormous wealth of shared knowledge" at Penn in order to collaborate with researchers across the disciplines. Before coming to Penn, Dr. Schmitz was an Assistant Professor of Epidemiology at the University of Minnesota, where she earned her Ph.D. in Kinesiology and Epidemiology.



**Anil Vachani, M.D.**, has joined Penn as an Instructor in the Department of Medicine. As a new member of Penn's Abramson Cancer Center, Dr. Vachani's work focuses on the discovery of early detection biomarkers for lung cancer and mesothelioma, and the use of novel agents for the treatment of these diseases. His research is supported by a career development grant from the National Cancer Institute and the Pennsylvania Department of Health. Dr. Vachani attended medical school at the University of California, San Francisco and completed his training in pulmonary and critical care medicine at Penn.

As leaders in important areas of study, Dr. Schmitz and Dr. Vachani will each play a vital role in the Abramson Cancer Center's efforts to conduct leading edge research while providing the highest level of care to our patients.

## ABRAMSON CANCER CENTER

# Calendar of EVENTS

## MAY

### ***Celebrating Innovations: Abramson Cancer Center Research Report and Annual Reception***

**May 1, 2006**

**4:00 p.m. to 7:00 p.m.**

*Houston Hall, Philadelphia, PA*

Research update and celebration reception honoring our generous friends and outstanding faculty and staff.

### ***Friends United for the Cure – Second Annual Walk to Benefit Breast and Ovarian Cancer Research***

**May 21, 2006**

*Kelly Monaghan's Pub, 414 Powhattan Avenue, Essington, PA*

Walk and 5k run to benefit breast and ovarian cancer research at the Abramson Cancer Center.

### ***Marjorie B. Cohen Foundation Golf Tournament***

**May 22, 2006**

*Little Mill Country Club, Marlton, NJ*

Hosted by the Marjorie B. Cohen Foundation, this golf tournament and dinner supports cancer genetics research and educational programs at the Abramson Cancer Center.

## JULY

### ***Jay Sigel Invitational***

**July 17, 2006**

*Aronimink Golf Club*

Golf tournament to benefit the Abramson Family Cancer Research Institute.

## APRIL - JULY

Conferences to educate and inform patients of the Abramson Cancer Center, as well as their families and friends, in welcoming and supportive environments

**April 22** Complimentary and Alternative Medicines

**May 12** Melanoma

**June 9** Leukemia, Lymphoma, Myeloma

**June 17** Brain Tumor

**July 28** Prostate Cancer

For more information on any of these events, please call 215-746-2948, or visit [www.pennccancer.org](http://www.pennccancer.org)

# SPOTLIGHT:

## Cancer Clinical Trials

The Abramson Cancer Center has the distinction of being one of 39 Comprehensive Cancer Centers as designated by the National Cancer Institute. This prestigious designation means we have strong research in all aspects of cancer. In addition, we uniquely offer a full complement of patient care, including nutrition, psychosocial counseling, support groups, educational conferences and other patient and family services. We strive to offer the latest in cancer care. Providing access and information to our patients on clinical trials is an important feature of our clinical care.

### What is a clinical trial?

Cancer clinical trials are research studies that test new ways to understand cancer. Clinical trials may be studies of a new therapy (such as a new drug, new surgery, radiation therapy, or a combination of treatments against cancer) or clinical trials can study a new strategy to diagnose cancer. A clinical trial may be known by other names, such as clinical study, research protocol, or simply, medical research.

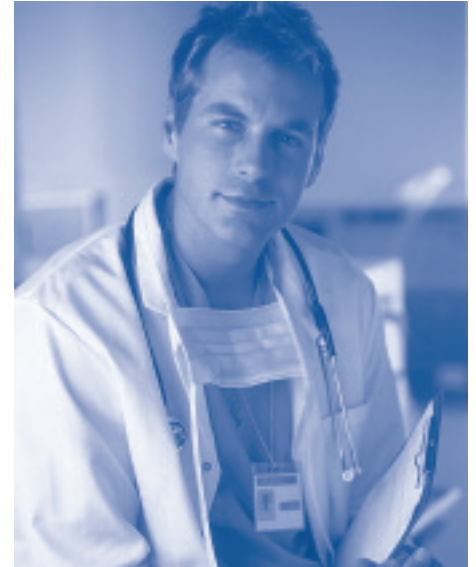
### The different phases of clinical trials

Before a treatment can be tested in people, it must be shown to be safe and effective in extensive laboratory and animal studies. If promising, treatments are then tested in clinical trials. Clinical trials include research at three different phases. Each phase answers different questions about the new treatment. Phase I trials try to understand how the new treatment will work or what is the safest way to

give it to humans (What is the best dose? How many times a day should the treatment be administered? Should the treatment be given by mouth, vein, or injections? What are the side effects of the treatment. Phase II trials try to determine whether the new treatment has an anticancer effect (e.g. Does it shrink the tumor? Does it improve test results?). Phase III trials compare the new treatment against the standard treatment for the disease.

### Why should cancer patients consider participation in clinical trials?

Participation in clinical trials is important for several reasons. First, clinical trials determine if a new cancer treatment is effective. If a new treatment proves effective in a study, it may become the new standard treatment that can help many patients with cancer. Many of today's most effective standard treatments are based on previous study results. Second, clinical trial participation by different types of patients is vital to assuring that the treatment is effective in patients of different age, sex, race and ethnicity. Third, patients who take part in clinical trials may be helped personally by the treatment they receive. They get up-to-date care from cancer experts, and they receive either a new treatment being tested or the best available standard treatment for their cancer. **Clinical trials thus may provide the first and, in most cases, the only means of accessing promising new anticancer treatments.**



### Safety of patients participating in clinical trials

At Penn's Abramson Cancer Center, the safety of study participants is our top priority. Cancer clinical trials at the University of Pennsylvania must first be approved by the organization that sponsors the study (such as the National Cancer Institute), by the University's Institutional Review Board (IRB) and Abramson Cancer Center Clinical Trials Scientific Review Committee - review boards that include doctors, administrators, ethicists, and members of the community committed to assuring the safety of our study participants. The extensive review process of clinical trials assures that patient safety is always our first and most important priority.

Before enrolling in a clinical trial, you or your loved one will undergo the informed consent process. At this time, the investigator will explain the purpose of the trial and determine whether the patient is

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*Researchers at Penn's Abramson Cancer Center Clinical Cell and Vaccine Production Facility translate research insights into cellular therapies, which can lead to the discovery of vaccines of a number of cancers.*

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myeloma, high-dose chemotherapy and transplantation of one's own blood-producing adult stem cells is a standard treatment. However, this aggressive treatment wipes out the mature immune-system cells, leaving patients vulnerable to infection. Therefore, standard follow up treatment includes vaccinating myeloma patients against pneumococcus, a common bacterial infection, a year after their transplantation.

Researchers at Penn's Clinical Cell and Vaccine Production Facility were not satisfied with waiting a year to protect patients against infection. Drs. Carl June, Bruce Levine, and Edward Stadtmauer led an investigation revealing that immunity against infection could be obtained in patients who were given a protective bacterial vaccine, in addition to a new T-cell-based vaccine, only two weeks after transplantation. In fact, protection developed in the patients within a month after the transplantation.

Incredibly, the researchers discovered that patients who received the early

pneumococcal vaccine plus a T-cell vaccine infusion had an immune response that was often higher than that of patients who do not have cancer.

"We have been using new cell-based custom therapeutics derived from a patient's own cells in this and other studies, with the long term goal of improving outcome and extending life," explains Bruce Levine, Ph.D., who directs the Clinical Cell and Vaccine Production Facility at Penn. "This is the first step in developing a new form of personalized therapy for the treatment of cancer, where engineered T-cells will be used to boost the immune system, essentially priming a patient's body to make cancer vaccines work better. Cell-based treatments have so much promise and will provide hope and better outcomes for our patients and their families."

# Planned Giving Highlights

*Your generous gift to the Abramson Cancer Center can help you plan for your retirement!*

## Deferred Charitable Gift Annuity

Establishing a deferred charitable gift annuity (DCGA) for the Abramson Cancer Center through a gift of cash or securities entitles you to a guaranteed, partially tax-free lifetime annuity stream beginning at some date in the future (annuity amount based on your age, the amount of the gift, and the length of the deferral), an income tax charitable deduction, potential capital gains tax savings. . . AND you will be making a generous gift to support our groundbreaking work in the fight against cancer.

Sample DCGA Rates & Deductions for a \$10,000 One Life Charitable Gift Annuity With Deferral of Payments Until Age 65:

AGE	RATE	DEDUCTION*	ANNUITY
35	25.6%	\$5,460	\$2,560
40	20.1%	\$5,317	\$2,010
45	15.7%	\$5,180	\$1,570
50	12.3%	\$4,993	\$1,230
55	9.7%	\$4,709	\$970
60	7.6%	\$4,348	\$760
64	6.2%	\$3,982	\$620

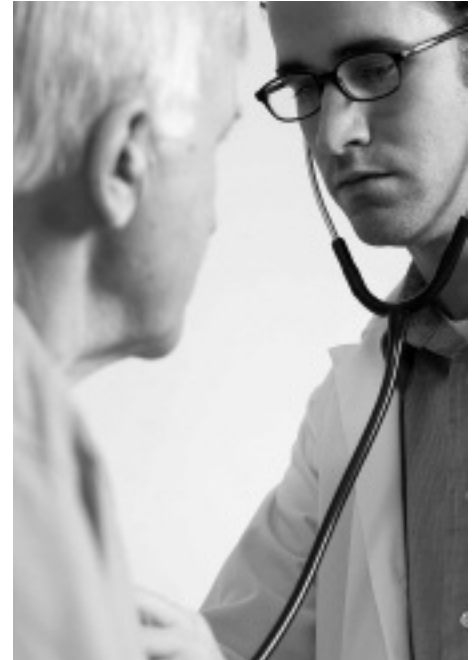
\* Will vary slightly with changes in monthly IRS discount rate

For a personalized illustration or information about other tax-advantaged gift options, contact: **Marcie L.H. Merz, J.D., Senior Director, Planned Giving** 215.898.9486, [merz@ben.dev.upenn.edu](mailto:merz@ben.dev.upenn.edu)

*Please remember the Abramson Cancer Center in your will. Make your bequest to "The Trustees of the University of Pennsylvania, a nonprofit corporation organized and existing under the laws of the Commonwealth of Pennsylvania, for the use of the Abramson Cancer Center."*

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eligible for participation, the trial's expected duration, benefits, any possible risks or side effects, and what the patient's role will be. At this time, all questions about the trial will be answered. If you or a loved one wants to join the trial, you will be asked to sign the informed consent documents. Participation in a clinical trial is voluntary. **A patient can leave a clinical trial at any time without penalty, even after signing the consent forms.**



## Interested in Clinical Trials?



*Cancer research saves lives! Thank you for your support of Penn's Abramson Cancer Center.*

If you or someone you love has cancer, ask your doctor, nurse, or other health professional about clinical trials. Your health care team members are able to discuss clinical trial options with you.

In addition, to find out more about clinical trials, you can log onto Oncolink at: [www.oncolink.org](http://www.oncolink.org).

OncoLink also provides clinical trials matching service that allows you to find active cancer clinical trials specifically for your profile. You can access the OncoLink clinical trials matching service by logging onto: <http://www.oncolink.org/treatment/matching.cfm>.

## HELP

FOR INFORMATION OR APPOINTMENTS

We hope you never need us. But if you do, please know that we are here for you with a "patients first" attitude and a compassionate environment to offer hope and comfort to those who need it most.

**Call 1-800-789-PENN or visit our website at [www.penncancer.org](http://www.penncancer.org)**

*For the latest information about cancer — visit our award-winning Internet resource, OncoLink, at [www.oncolink.org](http://www.oncolink.org)*



A Comprehensive Cancer Center Designated by the National Cancer Institute