

University Cancer Research Fund



Charting the Course for a Healthier North Carolina



UNIVERSITY CANCER RESEARCH FUND

ANNUAL REPORT 2008-2009

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More than 40,000 North Carolinians are diagnosed with cancer each year. While survival rates for cancer are improving, they still vary greatly by cancer type and stage at diagnosis. In North Carolina, almost 17,500 lives are claimed by cancer each year.

In the past decades, medicine has made great strides in understanding that cancer is not just one disease – it is many diseases, spanning a broad range of causes and calling for different treatments. Breakthroughs in the lab offer hope, but many don't make it to patients in a timely manner. New technologies and treatments help many patients beat cancer, but others lack access to health screenings, top-notch medical treatment, and the information and support they – and their families – need to fight the disease.

That's why the state of North Carolina made an unprecedented investment to accelerate progress in cancer prevention, early detection and effective treatment. \$25 million was allocated in 2007-2008 and \$40 million in 2008-2009 toward the University Cancer Research Fund.

UCRF's goal is to improve future health through **discovery** to better understand the causes and course of cancer, **innovation** to create new and better ways to prevent, diagnose and treat cancer, and **delivery** of improved cancer care, screening and prevention.

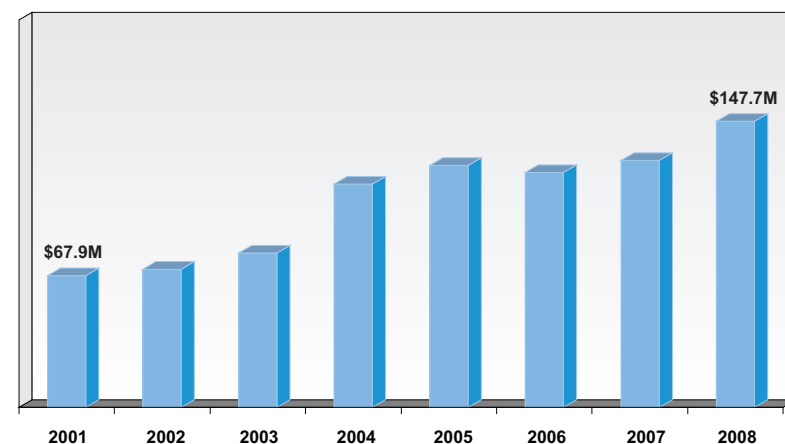
UCRF's impact will be measured by external evaluators across a number of dimensions. In addition to progress toward these goals, the return on investment will also be measured in terms of the creation of high-paying jobs, purchases of equipment and other research infrastructure needs, and the turnover of these dollars in North Carolina's economy.

Other important outcomes from UCRF funding include programs that supported the University of North Carolina's successful bid for a National Institutes of Health Clinical Translational Science Award and positioned UNC and the state to compete for federal economic stimulus funding.

Another important measure of return on investment will be the additional competitive federal grants awarded to cancer researchers as a result of UCRF investments in personnel and innovation.

CHARTING THE COURSE FOR A HEALTHIER NORTH CAROLINA

Grants from the
National Institutes
of Health to UNC
Lineberger Comprehensive
Cancer Center



One example of how UCRF funds are being leveraged is the work of Nancy Allbritton, MD, PhD and David Lawrence, PhD, both recent recruits to UNC. The pair used UCRF pilot funds to invent a tool with the potential to help doctors tailor drug treatment to an individual patient's tumor response. Their team has already received three federal grants totaling more than \$5 million over the next five years. They write,

"It is no exaggeration to state that the UCRF was responsible for the success of our research collaboration. While this support is of personal value to us, we believe it will be of even greater import to the citizens of North Carolina, and indeed to the nation as a whole, as UNC investigators continue to be at the forefront of cancer research and treatment."

We invite you to read the rest of this annual report and learn more about the progress being made – right here in North Carolina.

"It is no exaggeration to state that the UCRF was responsible for the success of our research collaboration."

Nancy Allbritton, MD, PhD and
David Lawrence, PhD

MAPPING THE FUTURE: THE UCRF STRATEGIC PLAN

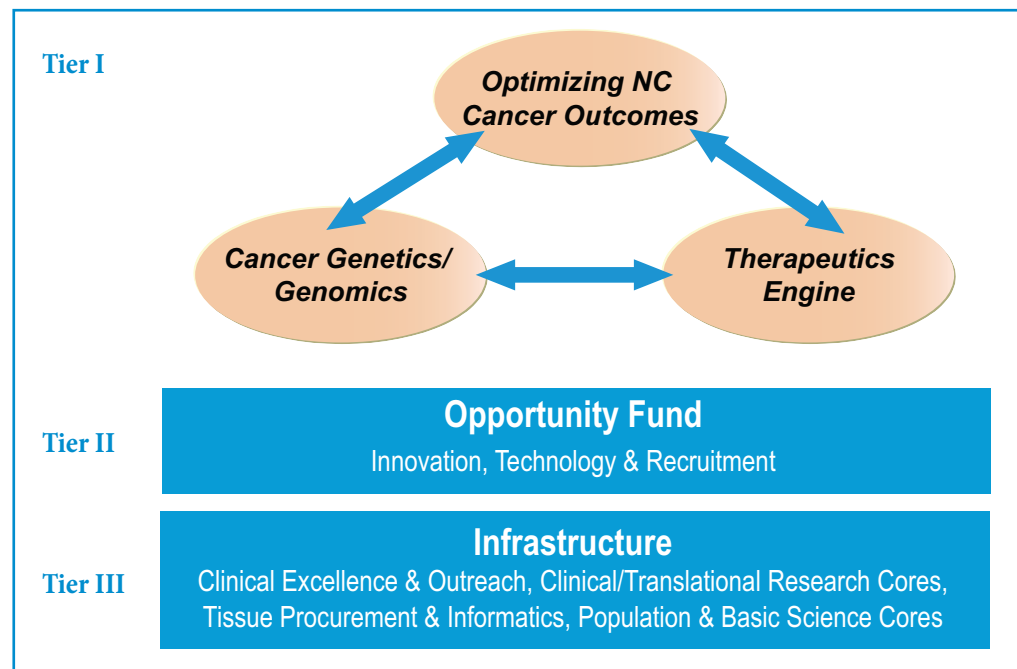
The Cancer Research Fund Committee kicked off the strategic planning process in May 2008, engaging the firm AltshulerGray as strategic planning consultants.

Early in the process, listening sessions were held across the UNC-Chapel Hill campus and the consultants conducted interviews with 50 stakeholders, surveyed more than 200 UNC faculty and met with the UNC Lineberger Program Planning Committee.

This process elicited the guiding principle that the UCRF should propel UNC and the state of North Carolina to national and international leadership in cancer research through innovation and research excellence, making a tangible impact on cancer death rates in North Carolina and beyond.

The process also resulted in three overarching research themes. As the illustration at right demonstrates, these are Cancer Genetics/Genomics, New Therapeutics and Optimizing NC Cancer Outcomes. These themes represent areas where UNC can build on existing strengths, make important discoveries, move research funding into public health and clinical practice and achieve national research prominence.

Tier I investment is targeted toward infrastructure – the shared resources needed for population/behavioral, basic, clinical and translational cancer research – including clinical excellence and statewide outreach.



Tier II – the opportunity fund – provides a consistent commitment to innovation and the ability to capitalize on emerging opportunities by recruiting top-notch faculty. Other examples include pilot project awards, powerful new equipment and technology development.

As noted above, Tier III supports the three research themes identified by the strategic planning group. Teams have been assembled to develop investment plans for the themes, including a rationale, description of opportunity, current strengths and gaps, a funding model and an implementation and launch plan.

Disease-specific teams have been charged with pinpointing current strengths and gaps in clinical care, key investments to boost clinical excellence and ways in which disease-specific research can leverage focused investments in the three research themes that make up Tier III.

These plans will be reviewed by outside experts and presented to the Cancer Research Fund Committee.

The final strategic plan document is in progress and will be presented to the Cancer Research Fund Committee for review and approval in mid-2009 before moving to the implementation phase. An evaluation plan is being designed and baseline data is being collected.

UCRF support has significantly enhanced recruitment of top-notch faculty from across the nation.

Outstanding Alumni Return to North Carolina

Thanks to UCRF support, two outstanding investigators have returned to North Carolina to help advance the state's cancer research agenda. Both Derek Chiang and Paul Armistead first came to UNC-Chapel Hill as part of the highly-selective Morehead-Cain Scholars program, where they both majored in Chemistry.

Chiang went on to complete a PhD in Molecular and Cell Biology at the University of California-Berkeley, where he was a Howard Hughes Medical Institute predoctoral fellow. He completed a post-doctoral fellowship at the Broad Institute in Cambridge, Massachusetts. He returns to UNC to work on computational tools to interpret the changes in tumor genomes, with the goal of understanding the genetic changes that cause cancer. He hopes that his research will help identify targets for individualized cancer therapy.

Armistead continued his education in the MD-PhD program at the UNC School of Medicine. He completed his residency in internal medicine at Brigham and Women's Hospital in Boston, Massachusetts. He went on to do a fellowship in hematology and oncology and an instructorship in stem cell transplantation at the University of Texas MD Anderson Cancer Center in Houston. His work at UNC focuses on identifying and testing agents to help the immune system fight leukemia.

Top-Notch Cancer Care Across the Lifespan



Kim Kasow, MD will direct the UNC Pediatric Bone Marrow Transplantation Program

Kim Kasow, MD, comes to UNC as an Associate Professor of Pediatrics and Director of the UNC Pediatric Bone Marrow Transplantation program from St. Jude Children's Research Hospital. Her extensive experience and research program focused on improving pediatric transplantation means that North Carolina kids with leukemia will get the best care anywhere.

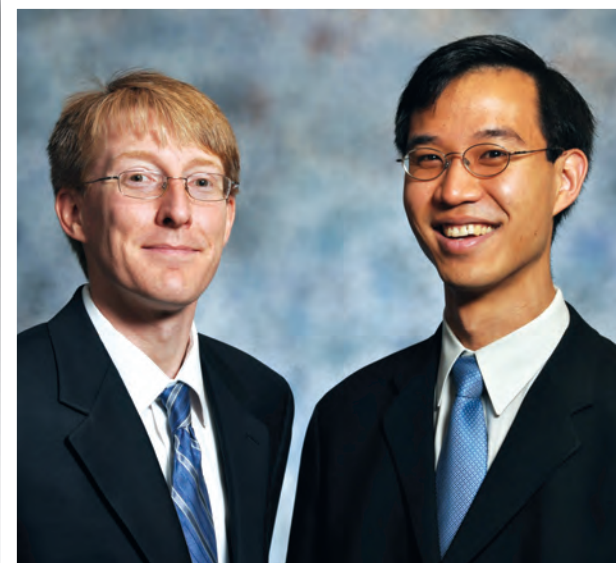


Hyman Muss, MD will create a new program focusing on providing high quality cancer care tailored to the needs of older adults.

As our population ages, more of North Carolina's elderly will find themselves facing a diagnosis of cancer. Hyman Muss, MD returns to the state to create a Geriatric Oncology Program designed to ensure the highest quality of cancer care for older patients, factoring in each individual's functional status and any existing non-cancer illnesses.

Muss comes to UNC from the University of Vermont Cancer Center. He was previously at Wake Forest University Comprehensive Cancer Center in Winston-Salem, NC, where he was a professor of medicine and associate director for clinical research.

A WORLD CLASS CREW



Paul Armistead, MD, PhD and Derek Chiang, PhD – both Morehead-Cain Scholars during their undergraduate years at UNC-Chapel Hill – have returned to North Carolina to pursue their research interests in the field of cancer, thanks to UCRF.

UCRF RECRUITS CANCER'S TOP DOCTORS AND RESEARCHERS TO NORTH CAROLINA



Dissecting Disparities



Wizdom Hammond, PhD

Wizdom Hammond, PhD, recruited from the University of California, San Francisco, with the help of UCRF funds, is an Assistant Professor in the UNC Gillings School of Global Public Health. She focuses on investigating psychological and social factors that determine both physical and mental health status for African-American men. Her investigations factor in the influence of gender, intergenerational transmission of health, socioeconomic status, and social processes such as racial discrimination, health-related attitudes, and behavior on health status.

Keith Amos, MD, recruited from the University of Texas MD Anderson Comprehensive Cancer Center with the help of UCRF funds, is an Assistant Professor in the School of Medicine's Department of Surgery. He looks at the problem from another angle, focusing on eliminating disparities in cancer care for minorities and underserved populations.



Keith Amos, MD

As a practicing surgical oncologist, he is particularly interested in how doctor-patient communication affects care. He also works to understand barriers to enrolling these individuals in clinical trials for cancer and how state-of-the-art cancer care is – or is not – implemented in minority and underserved communities.

Additional recruits include:

Jeannette Bensen, PhD
Genetic Epidemiology and Health Outcomes
(Wake Forest University)

Jonathan Berg, MD, PhD
Clinical Cancer Genetics
(Baylor University)

Wendy Brewster, MD, PhD
Director of Women's Health Research Center/
Cancer Epidemiology
(UC Irvine)

Ronald Chen, MD
Prostate Cancer Therapy, Outcomes Research
(Harvard University)

Bishamjit Chera, MD
Head and Neck Cancer Therapy
(University of Florida)

Claire Doerschuk, MD
Lung Inflammatory Biology
(Case Western Reserve)

Catherine Fine, MS, CGC
Clinical Cancer Genetics
(University of Colorado)

Matthew Foster, MD
Leukemia and Lymphoma Clinical Research
(UNC)

Rebecca Fry, PhD
Toxicology and DNA Damage
(Harvard School of Public Health)

Stephen Frye, PhD
Cancer Drug Discovery
(GlaxoSmithKline)

Tim Gershon, MD, PhD
Pediatric Brain Tumors,
Developmental Biology
(Memorial Sloan Kettering)

William Irvin, MD
Breast Cancer
(UNC)

Deb Irwin, PhD
Survivorship and Health Outcomes
(UNC)

Ellen Jones, MD, PhD
Breast and Gynecologic Cancer Therapy
(Duke University)

Larry Marks, MD
Breast and Lung Radiation Therapy
(Duke University)

Matthew Nielsen, MD
Urologic Oncology, Outcomes Research
(Johns Hopkins University)

Arlin Rogers, PhD, DVM
Veterinary Pathology, Hepatocellular Cancer
(MIT)

Don Rosenstein, MD
Comprehensive Cancer Support,
Psycho-oncology
(National Institutes of Mental Health)

Stephanie Sarantopoulos, MD, PhD
Bone Marrow Transplant,
Graft vs. Host Immunology
(Dana Farber, Harvard University)

Dinggang Shen, PhD
Image Analysis
(University of Pennsylvania)

Melissa Troester, PhD
Molecular and Genetic Epidemiology
(University of Massachusetts)

Will Valdar, PhD
Bioinformatics, Cancer Statistical Genetics
(Oxford University)

Cyrus Vaziri, PhD
DNA Repair and Cell Cycle
(Boston University)

Yisong Wan, PhD
Cancer Immunology
(Yale University)

Angelique Whitehurst, PhD
Cancer Pharmacology, Genome-wide
RNA Screens
(University of Texas Southwestern)

William Zamboni, PhD
Pharmacokinetics, Nanotechnology,
GLP Analysis
(University of Pittsburgh)



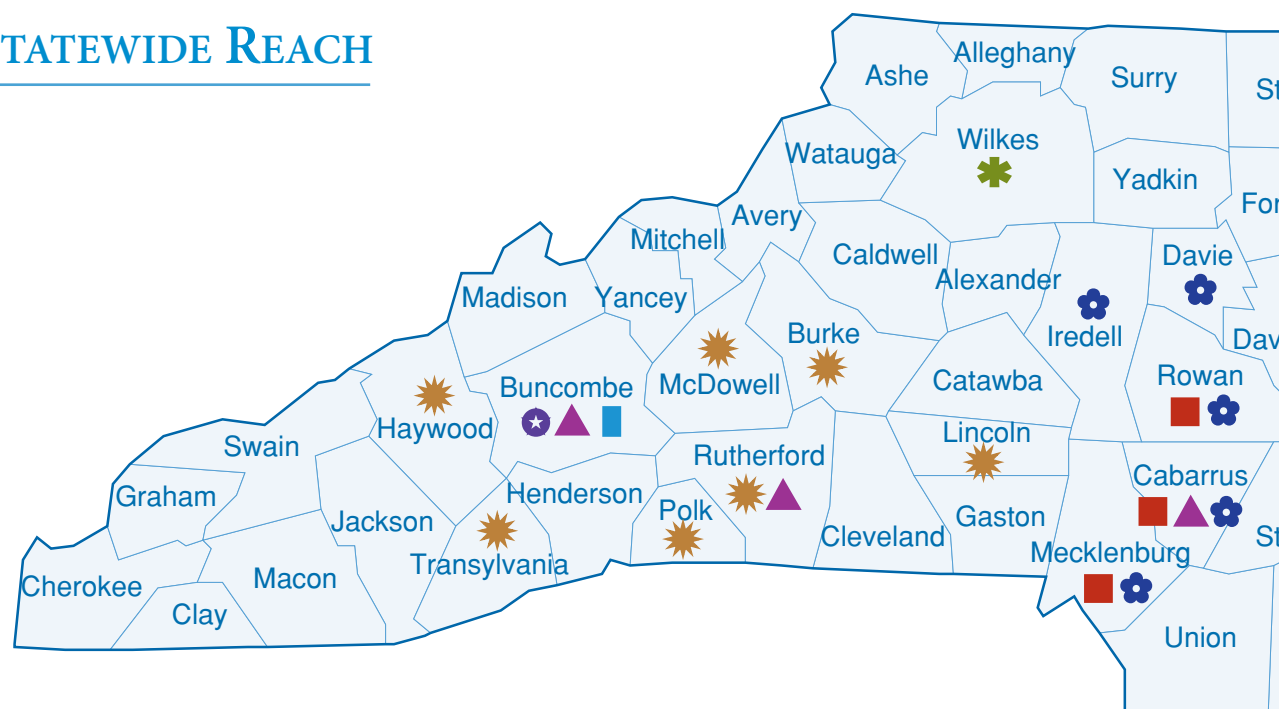
“It quickly became clear to me that both UNC and the General Assembly shared a genuine commitment to improving care for cancer patients in North Carolina. This mission was an important part of my dedication to the NIH and it is what drew me to UNC.”

Donald L. Rosenstein, MD
Director, Comprehensive Cancer Support Program

PORTS OF CALL – UCRF DRIVES STATEWIDE REACH



UNC faculty and staff collaborate with nurses based in Dare County as part of a research project assessing the impact of patient navigators on the receipt of timely, appropriate care for cancer patients.

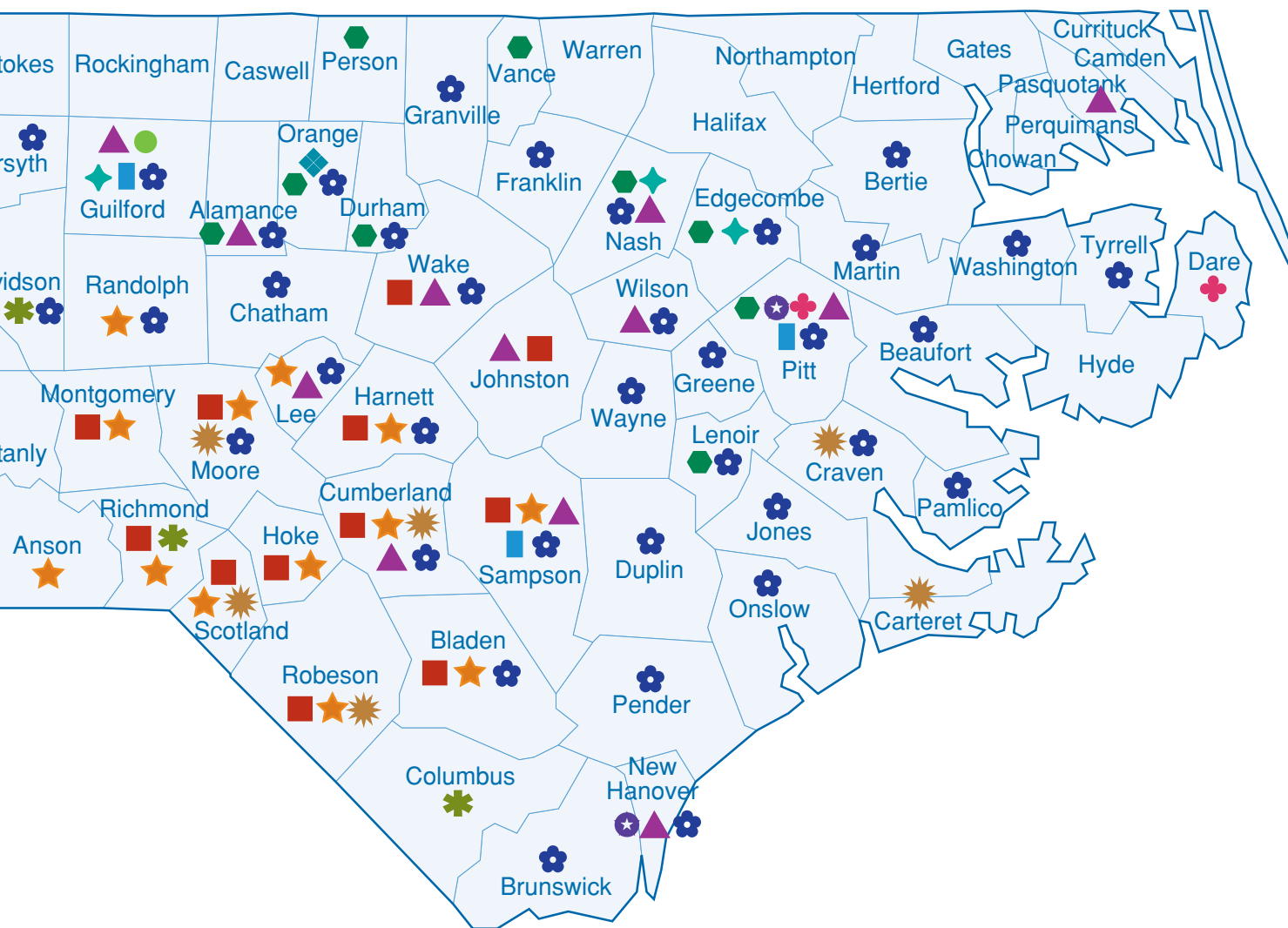


LEGEND

- Assessment and Support for Achieving Prevention (ASAP)
- ◆ Barbershop Physical Activity Pilot
- ★ HPV/Cervical Cancer Social Marketing Campaign
- Improving Colorectal Cancer Screening
- ✿ Jeanne Hopkins Lucas Study
- ☆ NC SPEED Outreach Network
- ✿ Patient Navigator Evaluation

- ◆ Reducing Disparities in Breast Cancer Screening
- ★ Smoke Free Babies (In Development)
- ▲ UNC Cancer Network - Clinical Outreach
- ◆ UNC Cancer Survivorship Cohort
- UNC Lineberger Lance Armstrong Cancer Survivorship Center of Excellence
- ✱ You Quit 2 Quit

Please see pages eight and nine for program descriptions.



UNC Cancer Network – Clinical Outreach

Improving cancer care in North Carolina means bringing the expertise of the academic medical center to everyone – no matter where they live. The network will include telemedicine, physician collaboration, and clinical trials access. Partnering with local doctors can help patients receive the best care possible in their home communities, where they have social support and established relationships with their health care providers.

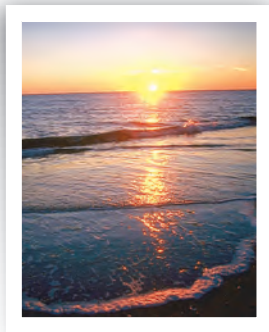
That's why UCRF funds are being used to connect oncologists in the state to the NC Cancer Hospital and the doctors and specialists who work there.

In addition to community-based consultation clinics run by UNC physicians, an investment of almost \$700,000 in teleconferencing equipment will provide community-based oncologists with computer and broadband internet access the opportunity to discuss their patients with a multidisciplinary team of doctors and specialists at 'virtual tumor boards', where specialized knowledge can be shared, questions can be answered and patient's personalized treatment plans can be discussed with the disease-specific experts at the NC Cancer Hospital. When the hospital opens in September, more than 15 sites from the mountains to the coast will already be participating in real-time through telemedicine technology.

BRIGHTER HORIZONS FOR PATIENTS, SURVIVORS



Christina Gianoplus of Wilmington, NC, shares a moment with her UNC Lineberger physician, Richard Goldberg, MD. She was interviewed by *Parade* magazine about her personal experience as a young mom with colon cancer.



UNCRF is creating brighter horizons through outreach programs that span the state of North Carolina, including:

■ Assessment and Support for Achieving Prevention (ASAP)

North Carolina's high rates of obesity and smoking are important – and potentially reversible – factors contributing to our state's high cancer rates. Both problems are associated with low socioeconomic status. Dr. Cathy Melvin and her staff work with four Kate B. Reynolds (KBR) Charitable Trust grantees to develop and implement evidence-based approaches to improve physical activity and nutrition and decrease obesity and tobacco use. ASAP staff help evaluate these programs to determine what really works – and how wellness programs that work might be improved or implemented more broadly in the future.

The four KBR grantees that partner with UNC's ASAP program are the Cabarrus Health Alliance (Cabarrus, Mecklenburg and Rowan counties), the Cape Fear Valley Health System (Cumberland, Harnett, Robeson, Sampson and Bladen counties), First Health of the Carolinas (Hoke, Montgomery, Moore, Scotland, and Richmond counties) and the YWCA of the Greater Triangle (Wake and Johnston counties).

◆ Barbershop Physical Activity Pilot

One of the fundamental premises in public health is to meet people where they are. This pilot project meets African American men in barbershops – community-based locations that can be centers for social and peer interaction. One of the key contributing factors to high cancer rates among African-American men is lack of physical activity. Increasing physical activity is often a matter of awareness and measurement. This project uses accelerometers – instruments that help people

assess how fast they are moving – to encourage increased physical activity among African American men in Alamance, Durham, Edgecombe, Lenoir, Nash, Orange, Person, Pitt, and Vance counties. The results of this pilot project will be used to prepare a proposal to the National Cancer Institute.

★ HPV/Cervical Cancer Social Marketing Campaign

In 2006 the US Food and Drug Administration approved an almost 100 percent effective vaccine for four types of the human papillomavirus (HPV). The virus is responsible for most cases of cervical cancer and has been implicated in other cancers, such as those of the head and neck. At the same time, barriers exist to getting the vaccine, including understanding whether the vaccine cost is covered by insurance, where to get the vaccine, safety and side effects, parental concerns and other perceptions. Research shows that many of these barriers can be overcome through the use of social marketing campaigns. UNC Lineberger is collaborating with the South Central North Carolina Partnership for Public Health, the UNC School of Journalism and Mass Communication, and other partners to design and evaluate a social marketing campaign and to serve on the campaign advisory committee. The campaign is expected to increase uptake of the HPV vaccine in SCPPH's thirteen-county service region including Anson, Bladen, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Robeson, Sampson and Scotland counties.

● Improving Colorectal Cancer Screening

Research shows that many individuals avoid cancer screening tests because of concerns about cost and the potential medical bills if they are found to have cancer. In Guilford County, UNC Lineberger works with a wide range of community partners to

implement current guidelines for colorectal cancer screening and build a sustainable system of follow-up diagnostic and treatment care for uninsured individuals.



Jeanne Hopkins Lucas Study

African American women in NC die from breast cancer more often than women of other races – and there is no simple answer as to why. Building on ground-breaking work done at UNC, the Jeanne Hopkins Lucas Study is conducting a comprehensive, population-based study that includes epidemiologic, biologic, and clinical data to help understand the factors that contribute to this disparity. The study is ongoing in 44 counties across the state and is named for General Assembly member Jeanne Hopkins Lucas, the first African American woman to serve in the state senate. Lucas died of breast cancer in 2007.



Reducing Disparities in Breast Cancer Screening

Why do some racial, ethnic and socioeconomic groups face disparities in the incidence of cancer and cancer outcomes? Why are some groups less likely to be screened than others? As partners in the Southeastern US Collaborative Center of Excellence for the Elimination of Disparities, UCRF is helping UNC researchers and public health professionals to assist with activities in Nash and Edgecombe Counties designed to eliminate racial disparities in breast cancer screening rates. We provide technical assistance to a similar program in Guilford County. Findings may provide important direction to similar programs across the state.



Smoke Free Babies (In Development)

High smoking rates among pregnant women and women with young children not only increase their cancer risk, but also threaten their children's physical and cognitive development and long term health outcomes. To complement the You Quit 2 Quit initiative in public prenatal care settings, the Smoke Free Babies project is being launched to improve the use of evidence-based smoking cessation treatment strategies in private obstetrical practices across NC. Activities are beginning in Burke, Carteret, Craven, Cumberland, Haywood, Lincoln, McDowell, Moore, Polk, Robeson, Rutherford, Scotland, and Transylvania counties.



UNC Cancer Survivorship Cohort

A recent report by the Institute of Medicine, part of the National Academies, notes that many cancer patients are 'lost in transition' from treatment to survivorship. Primary care physicians and other health care providers are seeking more information about the consequences of cancer, and want more explicit guidance from oncologists. A need for best practices in caring for patients with a history of cancer contributes to wide variation in care. The UNC Cancer Survivorship Cohort will enroll, monitor, and collect information on consenting patients at UNC Health Care clinics. Approximately 10,000 patients will be enrolled into the UNC Cancer Survivorship Cohort. The data collected will help researchers determine methods for improving cancer outcomes and quality and length of life after treatment.



UNC Lineberger Lance Armstrong Cancer Survivorship Center of Excellence

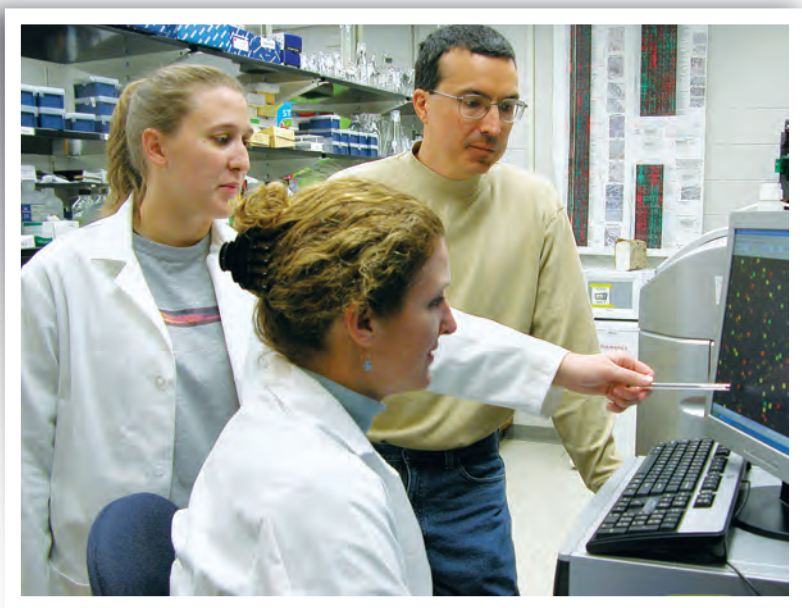
As cancer survivorship rates increase across the United States, survivors face new challenges. How do they put the experience of cancer and cancer treatment behind them and move on with their lives? How do they deal with possible lingering physical limitations or psychological challenges. How do they work with their health care providers to ensure that they are getting the best ongoing treatment and screenings?

Thanks to the support of The V Foundation and the Lance Armstrong Foundation, we are expanding these survivorship efforts across the state with outreach sites in Greensboro, Newton Grove, Greenville and Asheville.



Six-year-old patient Shellie Nobles of Chadborn, NC shares a laugh with pediatric oncologist Stuart Gold, MD.

NEW DISCOVERIES AND RESEARCH CAPABILITIES PUT NORTH CAROLINA ON THE NATIONAL MAP



Lisa Carey, MD, Charles Perou, PhD and post-doctoral fellow Katie Hoadley, PhD, examine data that predicts which treatments may be most effective for a given patient.

Almost two dozen cancer research discoveries from UNC made the local, regional and national news in 2008-2009 and hundreds of others impacted the worldwide scientific community through publication in peer-reviewed scientific journals.

Although space doesn't permit us to tell you about all of our breakthroughs here, we invite you to visit our web site at unclineberger.org for regular updates on the work going on in our labs.

The breast cancer research community is abuzz this year with news of a genetic test designed by UNC researchers to help doctors predict which breast cancer patients are most likely to survive the disease and which treatments may be most effective in increasing those chances of survival.

By specifically measuring the activity level of a small subset of the more than 20,000 genes that may be 'turned on' or 'turned off' within each tumor, the test can give patients a more accurate picture of how their disease might progress. The new test

is being designed to be performed using a new generation of equipment that will be incorporated into many hospital laboratories.

According to study co-author Charles Perou, Ph.D., associate professor of genetics and pathology at UNC, "Not only can we make good predictions about how a patient might do, but we can also define predictive markers that tell us which drugs to give patients."

Also in 2008-2009, Perou, Michael Topal, Ph.D. and Neil Hayes, M.D. collaborated with a nationwide team of scientists to uncover new genetic mutations and other types of DNA changes that have implications for diagnosis and treatment of glioblastoma, the most common form of brain cancer in adults. Not only did the team help discover the complex factors that cause these tumors and potential targets for treatment, but they also uncovered answers to why these tumors are often resistant to common chemotherapy drugs.

INNOVATION AWARDS CHART VOYAGES OF DISCOVERY

The UCRF Innovation Awards are designed to foster new research, with a preference given to multi-component scientific research in strategic areas within the UCRF's mission of discovery, innovation, and delivery.

The innovation awards are part of UCRF's investment in leading-edge researchers and innovative research ideas, which build research capacity, add technology and competitively stimulating innovative research ideas.

These competitive awards are reviewed by a panel of more than 25 scientists, physicians and researchers. In this funding cycle, 55 applications were reviewed and 12 grants have been awarded, totaling \$1.925 million.

One of these high-potential projects will test a new approach for treating often-deadly pancreatic cancer. It will be tested first in mice.

Pancreatic cancer is difficult to detect and is often advanced by the time it is diagnosed, with devastating outcomes for patients. This is particularly true in Eastern

North Carolina due to demographic and health care risk factors. Currently only 20 percent of patients whose tumors are successfully removed survive long-term, even with chemotherapy. Immunological therapy shows promise, even in some cancers that do not respond to chemotherapy.

Researchers Emmanuel E. Zervos, MD, a professor of surgery, and Rachel R. Roper, PhD, an assistant professor of microbiology and immunology at East Carolina University, are trying to introduce a gene the pair discovered into a common pox virus and use the virus to create a vaccine to treat chemo-resistant pancreatic cancers in mice. If this study is successful, it will open the door to treat this deadly cancer in humans.

Other projects funded in 2008 are innovating in fields ranging from nanotechnology and radiation therapy to personalized medicine and drug development. Researchers are looking at ways to fight metastasis, kill melanoma and childhood leukemia cells, prevent cancer with dietary supplements and fast-track drug development through computer-aided modeling.



Emmanuel E. Zervos, MD and Rachel R. Roper, PhD of East Carolina University are working to create a vaccine that may offer hope for chemotherapy-resistant pancreatic cancer.

PERSONALIZED MEDICINE A REALITY AT RAM LAB

Thanks to UCRF support, UNC-Chapel Hill is now at the forefront of clinical cancer genomics – a field that will help doctors implement personalized medicine for cancer patients across North Carolina, the United States and – eventually – world wide.

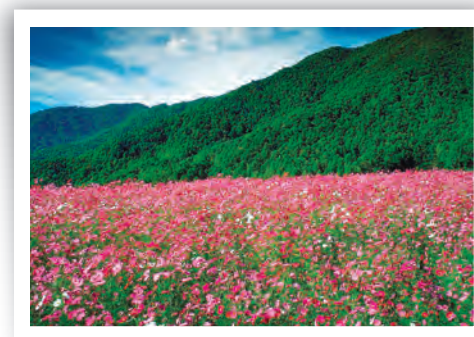
UCRF funds have equipped the RAM (Rapid Adoption Molecular) lab with the staff and high-tech microarray equipment allowing simultaneous analysis of multiple genes. As a result, the lab can characterize each patient's tumor in terms of its gene expression signature and is developing tests for use in personalized cancer medicine. These tests help doctors determine the best treatment, monitor treatment outcomes at the biochemical level, and tailor drug regimens for maximum effectiveness and minimum side effects.

Recent breakthroughs include the genetic test for breast cancer prognosis and a new KRAS gene test for colon cancer. The test identifies patients who will not respond to a new generation of expensive medicines called EGFR inhibitors – sparing them a lengthy course of ineffective treatment. New tests have also been developed to detect gene mutations in leukemia patients to help sort out whether patients are likely to respond to standard therapy or whether they are candidates for more aggressive treatments – saving precious time.



Melanoma patients with a KIT gene mutation can now be identified and given drugs that work well in leukemia patients with similar types of mutations. The KIT mutation in melanoma was just discovered within the last two years, and the RAM lab is already making it available to the state's physicians.

These new generation tests are just the beginning of a future where personalized medicine will be the standard of care – helping doctors and patients pick the most effective treatments immediately upon diagnosis.



Outreach Nurse Navigators Keep Outstanding Care Local

When Manteo resident Jerri Hopkins was diagnosed with breast cancer, friends and family recommended that she turn to the UNC Health Care system.

“This was the best thing I could have done, because I talked to a medical oncologist there and she told me about the nurse navigators in Dare County,” said Hopkins in a recent interview with the Hampton Roads Pilot newspaper.

She credits the help of the UNC Cancer Network’s outreach nurse navigators with getting her appointments arranged with her local oncologist and understanding every step of her treatment.

“The first time we met, we talked for an hour. It made me feel like there was professional help here for me and I didn’t have to go through this alone. It was very comforting,” she added.

This UCRF nurse navigator program is a collaboration of the Dare County department of public health, UNC Lineberger and the NC Cancer Hospital. It is designed to test whether navigators help supplement the local medical community to keep people at home receiving the best quality cancer care.

Over the past year, the nurse navigators based in Dare County have guided more than 100 patients through the medical system, with hands-on assistance in scheduling, coordination of care and transportation, providing information about clinical trials, cancer screenings, financial assistance and community health care resources.

A similar program is being initiated in Pitt county and is being planned for Buncombe county. In each

UCRF HELPS PATIENTS AND PROVIDERS NAVIGATE FOR SUCCESS

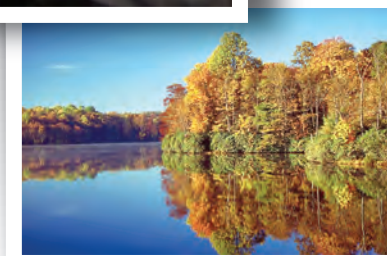
location, UNC Lineberger will evaluate the impact of patient navigators on the receipt of timely, appropriate care for cancer patients. The results of this evaluation can inform local health care systems across North Carolina and support patient navigation as an effective and efficient use of resources.

NC SPEED Takes Proven Techniques to NC Communities

Almost everyone can relate to the struggle to improve our diets and participate in regular exercise – keys to cancer prevention – in the face of conflicting information from the news media, diet books, family and friends.

The same is true for the people engaged in making our communities healthier – how can we tell if a wellness program is really going to work?

That’s where NC SPEED comes in – the Statewide Push for Excellence, Engagement and Delivery is a community-based infrastructure to help take the latest research findings to local healthcare organizations and community members to enhance their efforts at cancer prevention and screening. UNC faculty and staff work with community-based personnel to ensure that their wellness programs are based on evidence-based techniques for improving nutrition and physical activity in their target populations.



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A NEW ERA IN CANCER CARE

Dedication Ceremony: Tuesday, September 15th, 1 to 3 p.m.

Open House: Saturday, September 26th, 1 to 3 p.m.

The state-of-the-art NC Cancer Hospital will triple the current space and help provide top-notch care to all North Carolinians. Designed with the explicit input of patients, families, doctors, nurses and other providers, the hospital features natural light and natural finishes – providing a friendly, comfortable and uplifting environment for patients.

Technology abounds, including telemedicine capabilities to connect UNC physicians with oncologists across the state, an early phase clinical trial unit to bring breakthrough treatments to patients, more and more comfortable infusion stations, and state-of-the-art radiation therapy, mammography, ultrasound and other imaging equipment. The expanded patient/family resource center and comprehensive cancer support programs will provide patients and families with information and support of all kinds, and will serve as a hub for survivors and others who need information and ongoing support.

Thank you to the people of North Carolina for making both University Cancer Research Fund and the North Carolina Cancer Hospital possible – bringing the new face of cancer care to all who need it.



www.unclineberger.org • 919-966-5906

For recent updates and more information about the University Cancer Research Fund,
please visit the web site: ucrf.unc.edu.



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