BELIEVE that there is a cure. Treat patients with kindness and empathy. Imagine new possibilities. Stay upbeat. Collaborate to find a better way. Build community to support finding new questions and new answers. Maintain integrity of purpose and method. Discover the person within each patient. Link arms in research and in treatment. Realize a potential to TRANSFORM LIVES and science at the same time. Bring it all together in one place and be known for an attitude that influences outcomes.
When Robert Winship Woodruff approached Emory University in 1937, he envisioned an outstanding cancer treatment and research facility for all Georgians. Mr. Woodruff’s unremitting energy and attention to detail were key factors in his own remarkable success. Using those same qualities of high energy and attention to detail, the Winship Cancer Institute of Emory University strives to fulfill his vision today.

In 2009, Winship became a National Cancer Institute-designated cancer center—the first and only one in Georgia—a milestone that benefits patients and families throughout the state. NCI-designation gives Georgians new options in cancer diagnosis and treatment, including clinical trials of the most promising new therapies. Many trials are available at Emory’s own hospitals and long-time affiliates Grady Memorial Hospital and the Veterans Affairs Medical Center. Winship’s partnership with the Georgia Cancer Coalition (GCC) and the Georgia Center for Oncology Research and Education (Ga CORE) have helped expand availability of new clinical research to patients in every corner of the state.

At Winship, we believe our work in fulfilling Mr. Woodruff’s vision can transform lives and science. This booklet provides a glimpse of Winship’s “can do” spirit and how, over the past year, it has provided the most effective, compassionate, family-centered care available while advancing better understanding, treatment and prevention of cancer.

Walter J. Curran, Jr., MD
Executive Director
sible? WE DO.
Winship clinicians cared for more than 5,000 newly diagnosed patients last year, bringing to the task a multidisciplinary cadre of clinicians, social workers, nutritionists, and researchers at the front line of discovery, all working together to improve the outcome for each individual patient.

Nearly 80 percent of the top cancer doctors in Atlanta Magazine’s ranking for 2010 were from Winship, and stellar health professionals from around the world continued to join Winship’s teams in radiation oncology, surgical oncology, hematology, medical oncology, diagnostic imaging, and complementary therapies.

Designation as a National Cancer Institute center markedly increased therapeutic options for patients at Winship – and for the community doctors with whom Winship collaborates, helping fulfill Robert W. Woodruff’s dream that Georgians never have to leave the state for the most advanced care possible.

TURNING DOWN THE ANXIETY OF CANCER

“It’s cancer.” The words themselves can be emotionally overwhelming, the complex treatment logistically daunting. Two new Winship programs are helping change that. Caring, well-trained allies guide patients, one-on-one, on every step of the journey, from diagnosis through treatment.

The treatment maze is a lot easier to navigate with a knowledgeable advocate by one’s side.

Nurse navigators meet patients during clinic visits, sometimes accompanying them into the exam room to lend support and make sure they understand the treatment plan. They help coordinate appointments, assist with prescription refills, connect patients to help with paperwork and locate local physicians to collaborate with the Winship team for out-of-town patients. A nurse navigator is the go-to person for questions about what a pathology report means, whether the medical story in today’s paper has anything to do with the patient’s own cancer, or the long-term effects of treatment. Nurse navigators do whatever is needed to make cancer care go as smoothly as possible for patients and families. For example, when a dentist hesitated to perform a scheduled root canal after learning his patient was receiving chemotherapy, one call to the patient’s nurse navigator resolved the issue without her having to get out of the dental chair.

Only someone who’s been there and back can really understand what it means to have cancer, so in 2010 Winship created a Peer Partners Program that matches recently diagnosed cancer patients with cancer survivors. Survivors share their own experiences, from response to chemotherapy and other clinical procedures to the emotional rollercoaster they and their families sometimes rode. Spending time with someone who’s been there makes the patient’s own journey seem a little less foreign and a lot less lonely. I did it; you can too. Peer Partners listen, helping patients find answers to the questions that concern them, some that might feel too personal for even the support groups also offered by Winship. An ongoing relationship with a survivor provides a special kind of social support shown in numerous studies to be associated with better clinical outcomes. Because of its innovative structure and the unique training and materials provided volunteers, Winship’s Peer Partner program is rapidly becoming a model for other cancer centers across the country.
Winship offers Georgians more prevention, diagnosis and treatment options than ever, including access to cutting edge therapies not available elsewhere. In the most active cancer clinical research program in the state, Winship clinicians and scientists currently are conducting more than 150 therapeutic trials of new ways to treat and beat cancer, such as image-guided radiosurgery for painful metastasis to the spine; new techniques to more effectively detect the prostate cancers that come back in almost a third of patients; and more powerful treatments for patients with recurrent, drug resistant ovarian cancer. Such clinical research is vital to discover and hone the medicine of the future. It also can change outcomes for today’s patients.

Karen Godette, MD, combines compassion with today’s most advanced radiation therapy.
In the most active cancer clinical research program in the state, Winship clinicians and scientists currently are conducting more than 150 therapeutic trials of new ways to treat and beat cancer.

Some examples:

Winship is leading a national study for **patients with mutations in BRCA1 or BRCA2 genes** who have breast, pancreas, colon, ovarian, or any other types of cancer. Study participants continue to undergo standard treatments for their specific cancer, but some also take a drug called ABT-888 (valiparib), which inhibits an enzyme that helps cancer cells repair DNA damage. Scientists believe slowing down the repair enzyme may make these particularly hard-to-treat tumors more responsive to commonly used cancer drugs like carboplatin and paclitaxel.

**Lung cancer** is the leading cause of cancer death in both men and women, and Winship – whose multi-specialty lung cancer specialists care for over 700 new lung cancer patients every year – is among a small group of elite cancer centers attacking the disease on several fronts. In one ongoing clinical trial for patients with **non-small cell lung cancer**, one of the most challenging forms of the disease, the drug crizotinib targets the switch that allows cancer cells to multiply and spread to other parts of the body, causing tumors to shrink or stabilize.

Another study found that adding the drug vorinostat to standard drugs almost tripled response rates in metastatic non-small cell lung cancer. Winship also is one of a handful of cancer facilities participating in a national effort to “fingerprint” genetic changes or mutations in lung cancers in order to personalize treatment of patients with new drugs that target specific mutations.

For most women with **HER2-positive breast cancers**, Herceptin has been a silver bullet of a drug, targeting cancer cells while sparing healthy ones. However, almost 10 percent of these women are resistant to Herceptin at diagnosis and almost all metastatic HER2-positive breast cancers eventually become resistant. A recent clinical trial at Winship found that adding Taxol and RAD001 (Afinitor) to Herceptin caused the cancer to either stop growing or to shrink in almost 80 percent of Herceptin-resistant cases. A phase III trial is now under way, suggesting the new treatment may soon enter general practice.

**Multiple myeloma**, a cancer of blood cells, remains incurable, although chemotherapy can stave off the disease for a while. Now, an Emory-led clinical trial offers hope to patients who have experienced one or more relapses. When combined with standard drugs used to treat multiple myeloma, elotuzumab, an antibody engineered to attack a protein found abundantly on the surface of multiple myeloma cells, produced a positive response in 83 percent of all patients and in 95 percent of those who had not previously been exposed to the standard drug.
With assistance from survivors themselves, Winship took new steps this year to develop a formal survivorship program designed to help make every step of the survivorship path easier.

**STAYING IN THE WINSHIP FAMILY AS A SURVIVOR**

Having cancer changes you, say many survivors. In addition to offering numerous support groups, Winship has developed a Survivorship Program for every patient.

Thanks to efforts of physicians, nurses, staff and survivors such as Ned Crystal and Denise Miller, Winship has developed a multifaceted survivorship program.

**Turning off depression post cancer treatment.**

Surgery, chemotherapy, radiation, even psychological stress, all activate the immune system, leading to the release of cytokine molecules that can change the chemistry and circuitry of the brain, resulting in depression, fatigue, and impaired memory and concentration. For most patients, these changes switch off when treatment ends. Some, however, continue to suffer debilitating problems even after their cancer is cured. In the first U.S. clinical trial of its kind, Winship doctors are using the cytokine blocker Infliximab to block the release of cytokines, offering new hope to former cancer patients whose depression has failed to respond to other treatments.

**Growing up with Winship.** Although Winship focuses on adult patients, its partnership with the Emory-Children’s Center and Children’s Healthcare of Atlanta assures that pediatric cancer survivors always have an appropriate medical home, no matter what their age. As survivors of childhood cancer move into adulthood – as the majority now do, thanks to research – they are able to move seamlessly from a pediatric to a Winship oncologist and other physicians for follow-up.

That appears increasingly important. Pediatric oncologist Lillian Meacham and her colleagues recently found that former pediatric cancer patients in their 40s and 50s, even their 30s, are more likely to have high blood pressure, elevated lipids, and diabetes, making them 10 times more susceptible to heart attack than their peers. “Our goal in cancer survivor work,” says Meacham, medical director of the Cancer Survivor Program at Aflac Cancer Center at Children’s, “is to prevent long-term consequences of the cancer or its therapy or to detect them as early as possible and intervene.” Meacham also is working to change national guidelines to include earlier, more active screening of pediatric and adult cancer survivors for cardiovascular risk.

**INCREASING PATIENT SATISFACTION, ONE PATIENT AT A TIME**

This past year, Winship also created a Patient and Family Advisory Committee, designed to provide input and counsel from people who know Winship’s programs from the patient perspective. The committee advises Winship leaders on a variety of issues, from patient education materials, to improving seating arrangements in waiting areas. Their real-world, real-time feedback on programs and processes is essential for the constant improvement for which Winship strives.
Believing in cures, transforming lives

**RESEARCH**

Why do some people get cancer? How can we detect it before it spreads? How can we cure cancer—or convert it into a chronic, manageable disease? Better yet, how can it be prevented? No place in Georgia takes a more collaborative, more aggressive approach to finding the answers to these questions. No place gets findings more quickly to patients.

**TRACKING WHO, WHEN, AND HOW EFFECTIVE—ONE PATIENT AT A TIME**

As many as half of lung cancers have genetic changes or mutations, a finding that led to new therapies that are more effective and have less toxicity than chemotherapy — but only for patients with specific genetic changes. The question now is how best to identify patients who would most benefit from these therapies (and provide other targeted therapies to other patients). With the permission and support of many patients diagnosed with advanced lung cancer, Winship is one of 14 cancer centers helping identify, fingerprint, and catalog genetic changes in order to hasten the implementation of truly personalized medicine for lung cancer.

Searching lymph node tissue for the cells that indicate Hodgkin’s lymphoma is like looking for a needle in a haystack. Yet when the quantum dots developed by Emory and Georgia Tech scientists are chemically linked to proteins on cancer cells, the dots pick out the cancer cells easily. Furthermore, the methodology allows pathologists to look at more than one protein at the same time, requiring smaller biopsies and thus minimizing the burden on the patient.

Winship researchers have developed a clinical test for a retrovirus (xenotropic murine leukemia virus-related virus, or XMRV), recently found in some prostate cancer patients. Little is known about how the virus is transmitted, and no method has existed to screen blood or tissue donors for possible infection. The Emory technology, adapted from HIV antibody assays, makes it possible to do just that — and to answer important questions about the virus’s role in prostate cancer. In a separate study, Emory and University of Utah researchers found that four drugs currently approved for treating HIV also can inhibit XMRV.

**STOPPING CANCER IN ITS TRACKS**

When cancer cells outgrow their blood supply, the low oxygen level drives the cells to send out signals to encourage new blood vessel growth. Winship researchers identified a chemical, the compound KC752, which throws a monkey wrench into the cells’ machinery for responding to low oxygen conditions. This inhibits growth of new vessels, causing cancer cells to suffocate and die — and suggests new types of treatment for many solid tumors.

In another study, funded by the Department of Defense, Winship Radiation Oncology researchers are developing new imaging technology that will tell non-small cell lung cancer patients within days if a chemotherapy or radiation therapy treatment is likely to work. That would allow critical decisions to be made early, when the cancer is more treatable.
John Petros, MD, and colleagues have developed a test to detect and better understand the role a retrovirus called XMRV has in prostate cancer.
Professor of pharmacology Haian Fu, PhD, is studying how to attack lung cancer by silencing certain genes.
Research is the wellspring of Winship’s “can do” attitude. Only through research can effective treatments be developed to help end cancer – and its devastating effects on patients and families.

Winship and Georgia Tech researchers have developed gold nanoparticles small enough to enter cells and smart enough to home in on head and neck cancer cells. Then, when exposed to a laser beam of a specific wavelength, these nanoparticles convert the energy to heat, killing the cancer cells while sparing healthy ones. In another study, magnetic iron oxide nanoparticles developed at Winship are loaded with chemotherapeutic agents, which they release near or inside pancreatic tumors, one of the most deadly of all cancers. In a third study, a team in Emory’s Brain Tumor Nanotechnology Laboratory use iron oxide nanoparticles in mice to bind to and kill implanted cells of glioblastoma multiforme, the most common and most aggressive primary brain tumor in humans, without toxicity to normal brain cells.

Winship brain tumor researchers developed a method using nanoparticles embedded with different antibodies to find proteins secreted by brain tumors in the cerebrospinal fluid, a much less invasive process than drilling in the brain. Imaging can tell clinicians a tumor is present, but seeing which antibodies are attracted to it reveals the tumor’s biology. The brain tumor program also is participating in the NIH Cancer Genome Atlas, cataloguing DNA alterations in brain, lung, and ovarian cancers with the goal of finding new treatments.

Complete removal of a tumor is the single most important predictor of patient survival for most solid tumors. That’s why Winship researchers and colleagues at Georgia Tech and the University of Pennsylvania developed a hand-held device called a SpectroPen that uses a near-infrared laser to help surgeons visualize the precise edges of tumors during surgery. Clinical trials are expected to begin soon.

In an ever-expanding research partnership in cancer and other areas, Emory and Children’s Healthcare of Atlanta are breaking ground for a new shared research building on the Emory campus, thanks to funds from the Joseph P. Whitehead Foundation.
Joining together, reaching out

COMMUNITY

On Winship’s path to controlling cancer, the next step is to achieve the highest level of National Cancer Institute designation, bringing more resources to benefit Georgia patients and fuel new discoveries. Joining this prestigious group of comprehensive cancer centers will require effective collaboration among interdisciplinary teams and organizations throughout the United States. Fortunately collaboration and creation of community come naturally to Winship.

COMMUNITY SCREENINGS

The action at Emory Healthcare 500 NASCAR Spring Cup Series Race this past Labor Day was fast, noisy, and, for some of the race fans at the Atlanta Motor Speedway, life-saving. More than 1,700 visitors and race crew members participated in head, neck and skin cancer screenings provided by clinical volunteers from Winship; the Atlanta Head & Neck Cancer Coalition, the Emory Voice Center and the Department of Dermatology.

PREPARING THE NEXT GENERATION OF CANCER SCIENTISTS

A new, highly interdisciplinary PhD program — a partnership between Winship and Emory’s Graduate Division of Biological and Biomedical Sciences — will allow a select group of students to focus their training in all domains of cancer research, from basic to translational and clinical, drawing on the interdisciplinary training resources of Winship, Emory, and partners like the CDC.

REACHING OUT TO COMMUNITY PHYSICIANS

Community doctors are among Winship’s best allies in serving Georgia, and one of the responsibilities and joys of being an NCI-designated cancer center is being able to offer them more resources such as continuing education, second opinions and access to clinical trials and treatment plans so patients can remain close to home for care.

Community oncologists also have made it clear that that phase I clinical trials are critical to advancing cancer care in Georgia. With the collaboration of the Georgia Cancer Coalition and Georgia Center for Oncology Research and Education, Winship opened a new 2,000 sq-ft unit dedicated to phase I trials to determine safety and optimal delivery of new cancer therapies.

FRIENDS OF WINSHIP

Winship has made many friends in its more than 70 years of existence. Our doctors, nurses, researchers and staff have touched and saved the lives of many. Friends of Winship was formed in 2010 to build community understanding and awareness about Winship Cancer Institute while raising funds to support its research and patient care programs.
Membership is open to anyone with an interest in cancer research and treatment, and in helping Winship Cancer Institute become the premier cancer center in the Southeast. Friends of Winship will be instrumental in this process by:

- Introducing Winship’s programs and services to the wider community
- Providing an ongoing community-based volunteer corps for Winship
- Providing support, as invited, for those currently undergoing treatment and those who will seek treatment in the future
- Raising funds to support Winship’s programs in accordance with Winship’s overall fund raising strategy

Bobby Rearden, Honorary Chair of Friends of Winship and Winship patient, says, “Winship is a world-class cancer center. Becoming part of Friends of Winship is a unique opportunity to celebrate that fact and to support the vital work that goes on here.”

Founding members of Friends of Winship include:
- Kathy and Bob Bowman
- Missy and Joe Craver
- Dana Dabruzzii
- Ann Hastings
- Beth Jones
- Katherine and Eric Ohlhausen
- Sue and Randy Parker
- Marietta and Skip Petters
- Susan and David Simpson
- Leslie and David Wierman

Honorary Chair: Bobby Rearden
When James and Sarah Kennedy decided to give $4.7 million to Winship, they asked that part of the gift be used to help support cancer research not currently supported by other funding. As chairman of Cox Enterprises, Kennedy understands the value of investment, especially early in an investigator’s career. With innovative advances in mind, a portion of the Kennedy investment was directed toward “seed grants” that will help promising young investigators build a positive track record of success.

These scientists hope to have enough data to compete for and add to Winship’s impressive list of National Cancer Institute and other federal funding. As they move to second base, other young scientists will gain the funding to step up to first.

Some Winship supporters prefer to focus their giving on a specific disease. Others prefer to pool their gifts in the Winship Director’s Fund, giving Dr. Curran the flexibility to quickly address areas of new opportunity and great promise in the fight against cancer.

Still others want to support patients as they move through cancer treatment. The Winship Patient Assistance Fund helps alleviate the financial hardships many families face during cancer treatment, while patients and families of all economic levels benefit from gifts to Winship’s Survivorship Program or to the Patient and Family Resource Center.

Named funds can be established at the $25,000 level (research discovery fund) all the way up to endowed professorships and chairs, from $1 million to $2 million.

It is Winship’s conviction that every patient deserves the most effective, most compassionate care available for his or her cancer; that cure is possible; that enhanced quality of life is non-negotiable; and that cancer itself can be vanquished through research.

Whatever your interest, Winship knows how to transform gifts into action; hope into results.
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Winship Cancer Institute honors Robert W. Woodruff for his vision and generosity in bringing hope to all patients served here.

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Striving to Eliminate Cancer

WINSHIP’S VISION

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