Together we can end cancer

Ending cancer is a bold goal, but it is one that can be achieved by working together. Every day, Fred Hutchinson Cancer Research Center scientists collaborate with colleagues, physicians, study participants and thousands of private supporters to save lives. Your support is more important than ever before: Join us in celebrating our shared successes.

Together we can end cancer.
The theme of our annual report this year, Ending Cancer Together, is a distillation of Fred Hutchinson Cancer Research Center’s core strategy. Since our inception, we have been focused on eliminating cancer and related diseases as causes of suffering and death through the concerted work of a diverse and dedicated community.

Dr. E. Donnall Thomas knew the necessity of this collaborative approach. Don, who passed away in October 2012, will forever be remembered as the father of bone marrow transplantation because of his resolute efforts to establish the treatment as a cure for leukemia and other blood diseases. But he did not succeed alone — something vividly evident when we all gathered last fall with his wife, Dottie, their children, and so many of his friends and colleagues to celebrate his life and his accomplishments. Don’s achievements, which have saved the lives of hundreds of thousands of people around the world, were born of his gift for bringing exceptional people together and inspiring them all to pursue the singular goal of making bone marrow transplantation (BMT) into a lifesaving medical therapy. BMT was and still is, in my opinion, medicine’s most complex procedure. The procedure requires a wide variety of skills from laboratory scientists to incredibly skilled nurses, pharmacists and caretakers — all orchestrated into the interrelated efforts of curing leukemia and lymphoma.

Don gave us a model for selfless, focused teamwork which everyone affiliated with Fred Hutch follows to this day. Every researcher and staff member who strives for the next breakthrough and every benefactor, study participant, volunteer, and corporate and community partner who supports their research shares in that legacy. This report highlights just a handful of the many collaborations that sustain Fred Hutch’s efforts to end cancer.

I extend my gratitude to all whose contributions and energy enable us to continue pioneering better care for patients. The generosity of our benefactors and volunteers, the fortitude of our patients and families, and the audacity of our researchers never fail, and they never fail to inspire me. I look forward with great anticipation to another year of enduring partnerships and new connections that will only enhance Fred Hutch’s ability to improve human health and save lives.
Remembering the father of bone marrow transplantation

Dr. E. Donnell Thomas pioneered bone marrow transplantation and received the Nobel Prize in Physiology or Medicine in 1990.

Photo by Suzie Fitzhugh
The world lost one of the greatest figures in 21st century medicine when Dr. E. Donnall Thomas died on October 20, 2012, at the age of 92.

For his pioneering work developing bone marrow transplantation, Thomas received the 1990 Nobel Prize in Physiology or Medicine. His work was foundational in the creation of Fred Hutchinson Cancer Research Center in Seattle. With more than 1 million bone marrow transplantations performed throughout the world, Thomas’ work has touched—and saved countless lives.

One of the people deeply affected by Thomas was his friend and protégé Fred Appelbaum, newly named Hutch deputy director and longtime director of Fred Hutch’s Clinical Research Division and executive director of the Seattle Cancer Care Alliance.

In 1970, Appelbaum was a medical student when he happened to pick up a medical journal featuring a paper by Thomas on the use of bone marrow transplantation as a treatment for leukemia.

The radical concept captured Appelbaum’s imagination, and he dedicated his studies and career to the emerging field of transplantation research. In 1977, Appelbaum was working at the National Institutes of Health, researching marrow transplantation, when Thomas himself called to offer a position at the Hutch, which had opened in Seattle two years earlier.

It was an incredible turn of events for Appelbaum, who had closely followed Thomas’ pioneering research ever since he picked up that medical journal in 1970.

“Honestly, to me, it was like the heavens opening, God looking down and saying: ‘Would you like to come to Seattle?’” he said. It was the start of a long friendship and collaboration that helped to establish Appelbaum as a leading expert in transplantation research and care.
To Appelbaum, Thomas epitomized the classic image of the physician-researcher who cares deeply for his patients and dedicates his life to the science of helping countless others.

“Don was a hero. He was, by far, the most influential person in my career, and I know that many others would say the same thing,” Fred said.

At Fred Hutch, where he was a mentor and inspiration to so many, Thomas was a larger than life figure who was also counted by many as a dear friend.

“To the world, Don Thomas will forever be known as the father of bone marrow transplantation, but to his colleagues at Fred Hutch he will be remembered as a friend, colleague, mentor and pioneer,” said Dr. Larry Corey, president and director of Fred Hutch, shortly after Thomas’ death. “The work Don did to establish marrow transplantation as a successful treatment for leukemia and other otherwise fatal diseases of the blood is responsible for saving the lives of hundreds of thousands of people around the globe.”

Thomas came to Seattle in 1963 to be the first head of the Division of Oncology at the University of Washington School of Medicine. Thomas led a small team that sought to do what many medical experts at the time were convinced would never work: cure leukemia and other cancers of the blood by destroying a patient’s diseased bone marrow with near-lethal doses of radiation and chemotherapy, and then rescuing the patient by transplanting healthy marrow. The goal was to establish a fully functioning and cancer-free blood and immune system.

Alongside his research partner and wife, Dottie – a trained medical technologist – Thomas stubbornly pursued transplantation throughout the 1960s and 1970s. At the time, hematologists and oncologists preferred to treat patients with drugs, and prevailing thought was that the transplant procedure was so radical and dangerous it was unethical to administer to patients.

But years of research advances by Thomas and his colleagues steadily improved bone marrow transplantation...
“Every cancer center would aspire to creating new approaches to curing cancer, but very few have had that good fortune. Don and Dottie’s work created a completely new paradigm of cancer treatment that we continue to exploit to this day.”

– Nobel Laureate and Fred Hutch Director Emeritus Lee Hartwell

and reduced the risk posed by its side effects. That progress, as well as the procedure’s potential, convinced Seattle surgeon William Hutchinson to support Thomas and his team by establishing their own dedicated research facility. Fred Hutch broke ground in 1972 and opened in 1975.

In 1974, Thomas joined the Hutch’s faculty as its first director of medical oncology. He later became associate director and eventually director of the Clinical Research Division. He stepped down from that position at age 70 in 1990 and officially retired from the Hutch in 2002.

During his tenure at Fred Hutch, Thomas recruited scientists and physicians who could help address each of the numerous challenges associated with transplantation.

“One of Appelbaum’s favorite stories about Thomas’ humble spirit came from the day he received word that he won the Nobel Prize. When Thomas came to work at the hospital that day, the first thing he did was to go to the nurses’ station and congratulate and thank his colleagues all for the work and dedication they had shown.

“He was incredibly generous to his team. It’s just the kind of man he was,” Appelbaum said.

Don Thomas is survived by his wife, Dottie, and their three children, eight grandchildren and one great-grandchild.

Fred Hutch’s bone marrow transplantation research is made possible in part through the contributions of numerous benefactors, including a generous gift from Dr. Steve Collins made in memory of Dr. Don Thomas.
On the Fourth of July in 2009 Charles Burgess experienced the first symptoms of the aggressive brain cancer that would change his life forever.

Charlie, as his friends and colleagues call him, had a demanding but rewarding career working as a psychiatrist. Serving his Homer, Alaska community, he treated patients including children and the elderly, over a large territory. The holiday was a rare chance to relax with family and friends, but the celebration ended abruptly when Charlie blacked out. When he came to, he couldn’t speak.

“I would slip away and slip back. I was confused. My friends thought I was having a stroke,” Charlie said.

Within the next week, tests would confirm what Charlie’s medical training had led him to suspect: A glioblastoma tumor was growing fast within his brain. The news only got worse from there.

For glioblastoma patients like Charlie, the average survival time is just 12 months, and no one survives longer than four years. It was a prognosis Charlie wouldn’t

‘The cancer is really gone’
accept. He had a community that needed him, a daughter entering college in the fall and his wife of 40 years whom he planned to be with for many more years to come.

“I was determined to fight,” Charlie said.

So Charlie assembled a team of advisers that included doctors and a social worker with 30 years of experience supporting cancer patients. Charlie’s team supported his decision to enter a radical clinical trial being led by Dr. Hans-Peter Kiem at Fred Hutchinson Cancer Research Center in Seattle. Kiem’s approach was completely new. It called for protecting healthy cells with a gene therapy while attacking cancer cells with a powerful type of chemotherapy. It was a long shot, but it was the best one Charlie had.

For Charlie’s type of cancer, chemotherapy is combined with a second drug called benzylguanine. Benzylguanine helps kill tumor cells by preventing them from repairing the severe DNA damage caused by the chemotherapy. Unfortunately, benzylguanine also kills blood cells. The result: Physicians have a powerful therapy they cannot fully use.

To offer such patients potentially curative amounts of chemotherapy, Kiem developed an approach that protects blood cells by inserting an engineered gene that shields them from benzylguanine. This allowed physicians to “take the gloves off” and use benzylguanine to beat back the cancer with more force than ever before.

"Without protecting the blood cells, most patients might receive one or two cycles of therapy; the most any patient before ever received was four cycles. Charlie was able to receive nine," said Dr. Jennifer Adair, a member of Kiem’s research group.

The therapy regimen was tough, but Charlie and the Fred Hutch team formed a strong bond. “I’ve had such good people coming and taking care of me,” said Charlie.

Four years later, Charlie is cancer free. Six other patients who have received Kiem’s treatment have not shared Charlie’s miracle, but their lives were extended well beyond other glioblastoma patients.

It’s been a long road for Charlie and his wife Elaine, but finally that sense of relaxation they last felt together on that fateful Fourth of July is back. “A little over a year ago, I allowed myself to think for the first time that the cancer is really gone,”” Elaine said.

Kiem, who draws inspiration from Charlie’s story, continues to enroll patients in this small clinical trial.

“This is why I do medicine,” said Kiem.
Last year, doctors performed the world’s one millionth bone marrow transplant – a staggering illustration of how Fred Hutchinson Cancer Research Center breakthroughs revolutionize cancer treatment and save lives worldwide.

Led by Dr. E. Donnall Thomas, the Center’s scientists pioneered the procedure and have spent decades refining and improving it as a curative treatment for blood disorders, including leukemia. Now, Fred Hutch researchers are at the forefront of investigating how bone marrow transplantation can be extended to help treat a growing number of other diseases, including Crohn’s disease and HIV.

Dr. George McDonald and his colleagues recently opened a clinical trial that looks at whether transplants can eradicate severe Crohn’s disease, an inflammatory bowel disease that occurs when an abnormal immune system reacts to bacteria that have penetrated the lining of the gastrointestinal tract. McDonald’s research builds on a serendipitous discovery: When patients with leukemia and Crohn’s disease underwent transplants...
teaming up with private organizations and individuals to extend bone marrow transplantation’s lifesaving power, Drs. Keith Jerome and Hans-Peter Kiem are investigating how the procedure can lead to new treatments for patients with HIV/AIDS. Jerome, of the Vaccine and Infectious Disease Division and Kiem, of the Clinical Research Division, are building on the remarkable success story of Timothy Ray Brown – the first person cured of HIV.

Brown was diagnosed with the virus in 1995 and used antiretroviral therapy to control it. Then, in 2007, he received a bone marrow transplant to combat acute myeloid leukemia. The cells came from a donor who carried a rare gene mutation that made the donor naturally immune to HIV. These transplants eradicated Brown’s cancer and transferred the genetic variation to his immune system, curing him of both diseases. The Fred Hutch-led team, called defeatHIV, is exploring this breakthrough as a possible blueprint for new curative therapies. The goal is to take blood cells from a patient with HIV, insert genetic instructions into those cells that allow them to resist the virus, and then put the cells back into the patient.

“Timothy Ray Brown was a watershed case – he showed us that an HIV cure is possible,” Jerome said. “That never would have happened without bone marrow transplantation.”

The research might not have been possible without private philanthropy. McDonald is using a grant from the Los Angeles-based Broad Foundation to build the study’s infrastructure. The funds allow him to collect blood and tissue samples and also pay for a research coordinator and a research nurse. These two key staff members have screened more than 500 potential clinical trial participants and performed other key tasks related to FDA and FHCRC regulatory issues.

“The Broad Foundation has been essential – they gave us seed money that we can use to generate the results we need to apply for larger grants,” McDonald said.

In another example of how Fred Hutch scientists are to treat their cancer, the procedure wiped out their Crohn’s disease for as long as 15 years.

McDonald made that observation in the 1990s, but balked at using transplants on Crohn’s patients because the procedure was too dangerous to be applied to a disease that wasn’t life-threatening. Then Fred Hutch’s Dr. Rainer Storb developed reduced-intensity transplants that are less toxic and result in fewer side effects. That led McDonald to rethink transplants as a Crohn’s therapy. His new study will examine bone marrow transplants as a potential treatment for Crohn’s patients who do not have leukemia.

“Instead of giving massive-dose chemotherapy to kill the bone marrow, Dr. Storb’s reduced-intensity method of transplant can suppress the immune system and let the donor bone marrow take over,” McDonald said. “It’s a different concept and it’s much safer than traditional transplants.”

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In another example of how Fred Hutch scientists are...
A precise approach maximizes the impact

Alan and C.J. Ashton of Spokane, Wash. have been supporters of Fred Hutchinson Cancer Research Center for more than 20 years. As the couple planned their retirement, they decided to make a significant and long-lasting commitment with a gift in their will.

“We have always believed very strongly in giving our time and money to worthwhile causes, and Fred Hutch has been at the top of our list for a long time,” Alan said.

Since retiring three years ago, Alan and C.J. can think more strategically about their legacy and how to maximize the impact of their giving. In addition to supporting Fred Hutch, they have also volunteered their time at hospice and community-based assistance programs to help those in need.

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And at a Spokane hospital, the couple performs administrative work so medical staff can focus on caring for patients. “It’s been very rewarding,” Alan said.

Behind their generosity is a precise approach designed to maximize the impact of their giving. This is one reason that Alan and C.J. have chosen to include Fred Hutch in their will with an estate gift, which can be optimized to fit a benefactor’s specific circumstances while helping Fred Hutch plan for the future.

“For a research center such as Fred Hutch, there is a need for different sources of revenue. We like feeling that we are fitting in, like pieces of a puzzle that includes private sources in addition to government grants,” Alan said.

Fred Hutch is equally strategic with the private support it receives. Scientists can quickly leverage planned gifts into government grants that are often 10 or even 100-times larger than the original private investment. Together, Fred Hutch and likeminded partners can do more in the fight against cancer than otherwise possible.

“For us, the connection is how personally affected we are by family and friends who have had cancer,” Alan said.

As a prostate cancer survivor himself, Alan knows firsthand how research can impact patients and families.

“Our desire is to support cancer research as a broad-based approach to understanding the disease,” Alan said. “And Fred Hutch has such a well-rounded approach. They aren’t looking at just genetics or the environment, but anything and everything that could contribute to understanding the various causes of cancer and the development of effective treatments for those who are affected.”

ALAN AND C.J. ASHTON HAVE GIVEN TO FRED HUTCH FOR 20 YEARS.
Photo by Shane Young

“For a research center such as Fred Hutch, there is a need for different sources of revenue. We like feeling that we are fitting in, like pieces of a puzzle that includes private sources in addition to government grants.”

– Alan Ashton
After a decade of closely examining yeast cells, last year Dr. Dan Gottschling published one of the most important recent discoveries in the field of aging research.

But the breakthrough was only possible thanks to development of new technology, a willingness to cast aside old assumptions, a long-term commitment from philanthropic supporters and a talented postdoc with a “nose for research.”

Last year, Gottschling and Dr. Adam Hughes published their finding that links the onset of the aging process in simple brewer’s yeast – the model system that Gottschling and others use to provide clues to human diseases – to a metabolic change in the microscopic sacs in cells that store nutrients. The pair used special screening.
technology developed by Gottschling to determine that when acidity levels dropped in cell components known as vacuoles, another vital component of cells called mitochondria – the source of energy within cells – began to deteriorate. These were essentially the first dominos to fall in the process of aging, a phenomenon Gottschling is studying to unearth the mechanisms underlying age-related diseases such as cancer and some degenerative conditions.

It was a significant finding for Gottschling and for Hughes, who was attracted to Fred Hutchinson Cancer Research Center four years ago specifically to work with Gottschling.

Like so many discoveries in basic sciences, the findings required years of research. But one key event that made it all possible was the scientists’ decision to cast aside a long-held assumption in aging research: that mitochondria deteriorate over time due to their chemical reaction with molecules containing oxygen.

“We eschewed this idea and decided to let the cells tell us what was going on,” Gottschling said. “As a geneticist, this meant doing experiments in an unbiased manner. This is what led us to the discovery of the role of the vacuole in causing the mitochondrial defect with age in yeast.” This approach, and developing new technology to measure changes in the cell, allowed the two scientists to make their discovery.

Gottschling believes basic sciences research, which yields many insights for treatment advances, can thrive only in an environment like Fred Hutch, where its value is understood and supporters invest in it over the long-term. But the breakthrough was also made possible thanks to scientific talent, and Gottschling credits Hughes for taking a fresh approach to the research and for painstakingly studying and analyzing results.

Taking their discovery a step further, the two scientists were able to extend the life of yeast cells and maintain ideal acidity levels within vacuoles by reducing their nutrient intake. This observation may help explain why some species, including mammals, live longer when calorie levels are restricted.

The discovery’s clinical potential lies within monitoring the process on a grander scale, which could help scientists gauge where patients are in the aging process, and how diseases like dementia and cancer develop.

“There is still plenty of room for more discovery,” Gottschling said.

Fred Hutch’s Basic Sciences Endowment – which provides a reliable source of funding for fundamental research like Gottschling’s – was established in 2011 through a generous anonymous estate gift and has been supported by numerous benefactors, including Karl and Carol Ege.
An innovative approach to treating pancreatic cancer – a discovery detailed last year in Fred Hutchinson Cancer Research Center’s annual report – is advancing through clinical trials and continuing to offer hope to patients with few treatment options.

In June, Dr. Sunil Hingorani delivered promising results from a Phase 1b clinical trial at the annual meeting of the American Society of Clinical Oncology. He reported that the trial confirmed that an experimental combination of chemotherapy and a special enzyme known as PEGPH20, designed to help deliver chemotherapy into pancreas tumors, could in fact be administered in safe doses. Participants are now being enrolled in a randomized Phase 2 clinical study, which will determine the effectiveness of the combination treatment. With luck, the trial will show that the enzyme and chemotherapy together do effectively fight pancreas cancer.

The novel treatment approach was seeded through a partnership between Hingorani and a California-based foundation that saw the potential in his work. In 2007, the Giles W. and Elise G. Mead Foundation awarded Hingorani a three-year grant to develop a preclinical trials program using the pancreas cancer model he developed. That model, which has become the standard for studying the disease, led Hingorani to discover that pancreas tumors encase themselves in a fibrous tissue that deflects chemotherapy. Encouraged by these results, the foundation has continued to support Dr. Hingorani’s research.

“This type of work is not possible unless you have a partner like the Mead Foundation willing to take the big risk with you in return for the possibility of a big gain in terms of impacting human suffering,” Hingorani said. “They have really enabled us to try some ideas that we felt very strongly about but were very different from conventional approaches and therefore difficult to get supported through traditional sources.”

Calder M. Mackay, president of the Giles W. and Elise G. Mead Foundation, said his organization hasn’t limited its funding to any specific lines of inquiry, which has allowed Hingorani’s lab to apply it in the most effective and flexible ways possible.

“The directors of the Foundation are very proud to be connected with this work that is advancing against such a deadly cancer,” Mackay said.

Dr. Sunil Hingorani’s advances in pancreatic cancer research are made possible in part by grants from the Giles W. and Elise G. Mead Foundation, generous gifts from David Jones and Maryanne Tagney-Jones, and the fundraising efforts of Charlene and Greg Steinhauer.
Dr. Stephen Tapscott has labored for years at Fred Hutchinson Cancer Research Center to unravel the mechanisms that drive muscular dystrophy, a condition that steadily deteriorates muscles until they stop functioning.

Last year that work caught the attention of a key partner that could be critical to transforming Tapscott’s research into an effective therapy.

Understanding muscular dystrophy can be tricky, because some dystrophies are caused by more than one genetic flaw. Tapscott co-led a team that used new genome-wide technologies to overcome this hurdle and identify two genetic factors behind facioscapulohumeral muscular dystrophy, or FSHD. Specifically, the researchers found that two genetic variants, either on the same chromosome or on two different chromosomes, cause FSHD1 and FSHD2, respectively.

“The presence of these two genetic variants in the same individual causes the body to produce a toxic protein in skeletal muscle and that causes FSHD,” Tapscott said. The finding builds on previous years of collaborative research that had shed light on how the genes and mechanisms behind muscular dystrophy work.

The potential of this work was clear to British pharmaceutical company GlaxoSmithKline PLC. In December, GSK partnered with Fred Hutch, which at the time was the company’s first agreement with a U.S.-based institution under the company’s academic partnership program. The agreement is aimed at developing new therapies that can block production of the FSHD-causing protein.

“GSK has huge expertise in developing agents against protein activity, so our opportunity to work with them is fantastic,” Tapscott said. Although a new treatment is the primary goal, Tapscott said the partnership may also lead to new tools for better understanding some types of muscular dystrophy.

The agreement with GSK is one of the most comprehensive collaborations Fred Hutch has entered into with a drug company. Due to waning federal research funding, it’s a partnership that will likely be increasingly important to translating Hutch science into lifesaving treatments.

“With GSK’s help, Stephen’s research has a better opportunity of being translated into a treatment that muscular dystrophy patients currently lack,” said Ulrich Mueller, Fred Hutch’s vice president of Industry Relations and Clinical Research Support.

Dr. Stephen Tapscott’s work is made possible through generous support provided by the Friends of FSH Research and George Shaw.
This past year, Wall Street Journal columnist Laura Landro traveled from her home in New York City to Seattle to mark the 20th anniversary of the bone marrow transplant that saved her life. She did not make the trip, or the much longer journey it commemorated, alone.

The 2012 celebration reunited Laura with several members of a team that began to form shortly after she was diagnosed with chronic myeloid leukemia in 1991. Her first step had been to reach out to family, friends and journalism colleagues for help investigating treatment options and tracking down medical experts. That exhaustive, nationwide search eventually led her to Fred Hutchinson Cancer Research Center, where her one chance at a cure — bone marrow transplantation — had been pioneered.

Once at Fred Hutch, Laura’s team, augmented by doctors and nurses, supported her throughout the grueling treatment. Her mother, Beverly, who is a nurse with expertise in oncology, and a close friend were diligent caregivers. Her brother Chris donated the marrow for her transplant while her other brother Art supplied platelets to keep her blood clotting properly.

Chris, Art and their families were among those in Seattle for the anniversary party in 2012, which included an excursion to
Mount Rainier. The dominating peak has become a totem of the team’s success in overcoming Laura’s cancer, and the group, particularly Laura’s nieces and nephew, delighted in the opportunity to build snowmen in June.

Also present for the snowy gathering was Laura’s husband, Rick Salomon. Since meeting Laura after her transplant, Rick has been by her side through every check-up, two recurrences and the months she spent reliving every detail to write a book about her experience, “Survivor: Taking Control of Your Fight Against Cancer.”

He was by her side again in December 2012 when the couple returned to Seattle, this time to publicly honor another team member who had been instrumental in Laura’s cure, her physician, Dr. Rainer Storb. During an emotional evening at the Hutch Holiday Gala, Laura and Rick stood with Rainer on stage, representatives of the partnerships that make transplantation and other cancer breakthroughs possible.

“I felt so honored to be there and especially gratified to see Rainer recognized,” Laura said. “He is such a pioneer, with Don Thomas, in this amazing treatment.”

Over the years, through Laura’s treatment successes and setbacks, Rainer has become more than just a trusted doctor. He and his wife, fellow Fred Hutch researcher Dr. Beverly Torok-Storb, have forged a special bond with Laura and Rick, finding common ground in their no-nonsense approach to life and their tastes in wine — Rick and Beverly prefer reds while Laura and Rainer enjoy whites.

Rick and Laura have also become steadfast friends of Fred Hutch. “Once you have a relationship with someplace like the Hutch,” Laura said, “You don’t want to lose it. Ever.”

One way she and Rick remain so connected is by directly funding research. His expertise in investment management and philanthropy, and their shared appreciation for the lifesaving power of Fred Hutch science, led them to establish an endowment for leukemia research. Supporting research, they say, is a way to give back for all they have received.

Laura also gives back in her professional life. After her transplant, her journalism training spurred her to share what she had learned as a cancer patient so others might benefit. She wrote essays and her book, and she traded in the Hollywood beat at The Wall Street Journal for a column she conceived, and continues to write, called “The Informed Patient.” In it she covers news that helps readers better navigate the health care system.

As a well-known journalist, Laura is frequently contacted by other cancer patients seeking guidance. When your health is at stake, she said, “You call in every chip you have, but sometimes it’s hard to get connected to the right people.” Knowing how critical her network of supporters has been, Laura now finds it gratifying to be able to direct others to resources they can use to assemble their own teams — teams that may one day gather to celebrate more joyful milestones.
n Cape Town, South Africa, Fred Hutchinson Cancer Research Center staff have spent the past year building a state-of-the-art lab that will be one of Africa’s most advanced scientific facilities.

The lab will play a critical role in the quest to find a vaccine that ends HIV’s deadly march. It will analyze results from upcoming trials of innovative new HIV vaccines and will help African scientists advance their own research. This new lab illustrates how Fred Hutch is constantly seeding new, international collaborations that bring researchers together to take on some of the world’s most pressing health challenges.

“We wanted to test the vaccines in a place where they could have the biggest benefit, and we needed the infrastructure to do that without shipping samples all the way back to Seattle,” said Dr. Julie McElrath, a Hutch
senior vice president who is director of Fred Hutch’s Vaccine and Infectious Disease Division and directs the Hutch’s HIV Vaccine Trials Network’s Laboratory Center.

Headquartered on Fred Hutch’s Seattle campus, the HVTN is the world’s largest network dedicated to testing vaccine candidates for the prevention of HIV. The upcoming South Africa trials will test new and improved versions of vaccines which, in a trial conducted in Thailand, were shown to reduce the rate of HIV infection by about 30 percent—the most promising HIV vaccine result to date.

HVTN staff have spent the past two years fanning out across southern Africa, scouting trial sites and laying the foundation for trials that will involve roughly two dozen new sites and several thousand patients. Phase 1 studies are already taking place to make sure the vaccines are safe. The goal is to launch a large Phase 3 trial – which confirms effectiveness and determines any side effects – in 2015.

The lab will analyze blood samples from trial participants to see how their immune systems react to the vaccine and interact with the virus. If the trial confirms the Thai trial’s results, researchers may learn which responses future vaccines should aim to produce. That would position scientists to launch smaller, more targeted trials that try to quickly zero in on an effective vaccine.

“If we get the right results, we could potentially make the vaccine far more effective in a relatively short period of time,” said Dr. Larry Corey, Fred Hutch’s president and director and HVTN principal investigator. Corey launched HVTN in 1999.

The project received critical funding from the Bill & Melinda Gates Foundation and represents a partnership between Fred Hutch and South Africa’s research community. The lab will collaborate with local researchers and aim to increase the country’s scientific capacity in the fight against HIV, said Dr. Erica Andersen-Nissen, director of the lab.

“That’s a really important goal – to partner with African scientists and clinicians to lay a foundation for research that extends far beyond the HVTN,” she said.
For many prostate cancer patients, there is a window of opportunity following diagnosis when cancer’s progression or recurrence may be stymied. Dr. Janet Stanford’s latest research targets this window by evaluating the re-purposing of a popular and seemingly unrelated type of medication.

This year, Stanford, who co-directs Fred Hutch’s Prostate Cancer Research Program, published her finding that cholesterol-reducing medications called statins significantly reduce prostate cancer mortality. The study was conducted in collaboration with a researcher from...
“This study represents an important partnership between researchers, patients and donors, all of whom are critical to the successful completion of this discovery aimed at reducing prostate cancer morbidity and mortality.”
– Janet Stanford

Maastricht University in the Netherlands. Funding support was provided by the Dutch Cancer Society, the National Cancer Institute, Fred Hutch’s own Innovators Network, and a Creativity Award presented to Stanford by the Prostate Cancer Foundation in Santa Monica, Calif.

The discovery could have broad impact as prostate cancer is the most common type of malignancy and the second leading cause of cancer-related deaths in men, and more than a quarter of all men in the U.S. take a statin to reduce their cholesterol level.

“My hope is that this work will stimulate further research on the potential role that statins may play in reducing prostate cancer-specific mortality, which accounts for almost 30,000 cancer-related deaths a year in the U.S. alone,” Stanford said. “If such medications are confirmed to reduce the risk of fatal prostate cancer, then that would offer hope to many of the almost 240,000 U.S. men each year who are diagnosed with the disease.”

Importantly, Stanford said, this research has relied on the participation of hundreds of Seattle-area men whose data and biospecimens have become a critical resource in support of various prostate cancer research efforts underway at Fred Hutch.

“This study represents an important partnership between researchers, patients and donors, all of whom are critical to the successful completion of this discovery aimed at reducing prostate cancer morbidity and mortality,” Stanford said. One such partner is Jim Kiefert, a retired school district administrator and current chairman of the Pacific Northwest Prostate Cancer SPORE, a consortium of four regional research institutions. Kiefert has also facilitated a cancer support group for about 20 years.

Stanford said it seems unlikely that federal research funders would support a large randomized trial on the topic given the current budget constraints, but she hopes other researchers with access to data on statin use among prostate cancer patients will further test the hypothesis set forth by her work.
LYNN LIPPERT, LEFT, AND SAL JEPSON BONDED OVER THEIR LOVE OF MOUNTAIN CLIMBING AND SHARE A COMMITMENT TO SUPPORTING BREAST CANCER RESEARCH AT FRED HUTCH. Photo by Leah Nash

Survivor, partner make hope and survival their lives’ work

At 71 years old, Lynn Lippert has climbed so many mountains she’s lost track of them all. But she remembers every summit she’s topped to raise funds for Fred Hutchinson Cancer Research Center’s Climb to Fight Breast Cancer.

Lynn remembers them in part because she always carries a banner with the names of more than 1,000 people touched by cancer – in celebration of their survival or their memories. There are so many names she’s had to add an extra panel. “It’s a symbol that there’s just way too much cancer in the world,” Lynn said of the banner.

But it’s also a symbol of hope, which is something the three-time cancer survivor knows a lot about.

Lynn grew up hiking with her brothers in Oregon. It wasn’t until college where she trained to become a physical therapist that she began summiting peaks, starting with Mt. Hood outside of Portland. Over the next 50 years, Lynn’s passion for climbing led her across the western United States, Ecuador, Nepal and Africa.

While working as a physical therapy teacher, Lynn met avid climber Sal Jepson. The two became climbing partners and soon life partners. Sal’s support would be critical to helping Lynn overcome her greatest obstacle.

Continued next page >
In 1997, as Sal was going back to school to start a second career as a veterinarian, Lynn was diagnosed with breast cancer after a routine annual mammogram. She underwent a lumpectomy, radiation and chemotherapy treatment, a regimen that seemed to work. But in 2000, Lynn’s doctor discovered a tumor in her other breast during another mammogram. She opted for a double mastectomy to remove the tumor and reduce the risk of future cancer. The strategy was effective for several years, but in 2009 Lynn experienced pain in her pelvis and an examination showed that the cancer had metastasized in her bones. Fortunately, Lynn caught it early enough to stop its growth and reverse it into remission, where it remains today.

Lynn’s diagnoses brought her and Sal closer together. During each ordeal, the two stayed hopeful, kept active, focused on the positive and remained committed to enjoying life. The couple took a trip to Hawaii after Lynn’s first bout with cancer. After her second diagnosis, the pair took a year off and traveled around the world, a trip that included summiting Mt. Kilimanjaro, Africa’s highest peak.

“Almost a year to the day from my last chemo treatment, we were standing on the summit of Kili,” Lynn said. “That was a very sweet and emotional moment. Coming down, I felt like I was getting on with my life.”

Sal believes Lynn’s unwillingness to let cancer dictate her life allowed her to stay strong in spite of two primary tumor diagnoses and a recurrence.

“Lynn has a very powerful story to show you can thrive and survive and have a wonderful life in spite of cancer,” Sal said. “I think her story is compelling to those who have the diagnosis and think life is over. It’s not over until it’s over.”

It was Sal who first learned about the Climb to Fight Breast Cancer and thought it was the perfect outlet for Lynn. In 2005, Lynn completed her first Climb to Fight Breast Cancer peak.

Since then, she has topped 15 more mountains, the most recent one – Mt. Olympus in Washington state – on her 71st birthday. Over the course of her climbs, she has raised more than $200,000 for the cause.

The commitment to cancer research, and the incredible amount of support that Lynn has received through the Climb to Fight Breast Cancer, left a permanent impression on her and Sal. In August 2012 the couple established a $50,000 endowment to support breast cancer research at Fred Hutch. A year later, they added another $50,000 to their fund.

Sal said she and Lynn live the way they do so they can make the kind of commitments they have to breast cancer research.

“We have a vested interest in finding a cure and are impressed and intrigued with the Hutch pilot projects, which need funding but aren’t quite ready for large National Institutes of Health grants,” Sal said. “We truly believe one of those brilliant researchers will be the one to make a breakthrough and find a cure.”
Army of detectives discover colon cancer’s genetic clues

Sifting through millions of genomes to find genetic clues as to why some people face a greater risk of colorectal cancer requires a team approach. In fact, it requires a small army.

That’s why scores of researchers from Fred Hutch and 40 other institutions around the world have joined forces. Co-led by Drs. Ulrike “Riki” Peters and Li Hsu at Fred Hutch, the group recently identified variations in four genes linked to an increased risk of colorectal cancer.

The four genes – NABP, LAMC1, CCND2 and TBX3 – were not previously associated with colorectal cancer, and Peters and colleagues found variations among them can increase cancer risk by 10 to 40 percent.

The study drew from some 40,000 samples collected and evaluated by the Genetics and Epidemiology of Colorectal Cancer Consortium. The consortium’s coordinating center is housed at Fred Hutch and Peters is its principal investigator.

The discovery could lead to new drug targets, or even help identify people at increased risk of colorectal cancer. Although colonoscopies are an effective screening tool, understanding exactly who is at the greatest risk of colorectal cancer can help physicians determine more precisely when to request a colonoscopy and how often it should be performed.

With the continued development of faster, less expensive DNA sequencing technologies, Peters said knowledge gleaned from studies like hers will have increasing value as more and more of the population’s genomes are sequenced.

Peters and colleagues plan to build upon their discovery. Further study could yield hundreds more genetic variations linked to colon cancer risk.

“We want to bring in more partners. We will need to get bigger and bigger and will bring in about 40,000 more samples as part of our ongoing research. That’s an important way we can understand more about the genetic risk factors for colorectal cancer,” Peters said. ■

Dr. Ulrike Peters’ research was made possible in part by support from the Nelda Kleinschmidt Estate.
Resistance to chemotherapy is almost as frustrating for oncologists as it is heartbreaking for cancer patients.

Thanks to a breakthrough by a team of scientists led by Fred Hutchinson Cancer Research Center, science is a significant step closer to understanding why chemotherapy fails to wipe out all of the tumor cells it targets.

The multi-center collaborative study, led by principal investigator Dr. Peter Nelson, determined that a normal, healthy cell found in connective tissue surrounding the tumor cells, the fibroblast, sustains DNA damage when exposed to chemotherapy. As a result of that damage, fibroblasts crank out a protein called WNT16B, which actually enables cancer growth and resistance to therapy.

Nelson and colleagues analyzed tissue samples from patients who underwent chemotherapy for prostate, breast or ovarian cancer. Their findings underscore the complexity of the microenvironment, or “neighborhood” in which cancer cells live and how changes in that environment impact cancer growth. Their findings also suggest that identifying a way to block fibroblast response to chemotherapy may improve treatment effectiveness.

“Cancer therapies are increasingly evolving to be very specific, targeting key molecular engines that drive the cancer rather than more generic vulnerabilities, such as damaging DNA,” Nelson said. “Our findings indicate that the tumor microenvironment also can influence the success or failure of these more precise therapies.”

The collaboration of scientists included researchers from the University of Washington, Oregon Health & Sciences University, the Novato, Calif.-based Buck Institute for Research on Aging and the Lawrence Berkeley National Laboratory in Washington, D.C.

“This study is an example of collaborative, translational research that capitalizes on years of federally funded investments into the development of tissue banks and clinical trials in which we were able to track long-term patient outcomes. Investing in this type of infrastructure is critical but may take many years to see payoff,” Nelson said.

Hutch leads charge that uncovers chemo resistance

Dr. Peter Nelson’s research is made possible in part through support provided by David & Doreen Keyes Foundation, the Canary Foundation and the Prostate Cancer Foundation.
For Gary and Catherine Bylund, supporting Fred Hutchinson Cancer Research Center is all about personal connections: not just the family links through which they were introduced to the organization, but the relationships they have since developed, especially with scientists. Through these relationships, the Bylunds have become personally invested in the innovative research they fuel with their contributions.

Catherine’s first, very personal encounter with Fred Hutch came long before she met Gary, when researchers were still pioneering bone marrow transplantation as a cure for blood cancers. She worked at a nearby funeral home where she met families of patients who had died despite receiving the then-experimental treatment. But soon Catherine noticed a shift. Fewer families were coming to the funeral home.

“I saw the outcomes [of transplantation] change and change very dramatically in a very short amount of time. I knew something exciting was going on in Seattle,” Catherine said.

Gary, meanwhile, had become a Fred Hutch supporter through his first wife, Jackie, and her family’s annual Fourth of July celebration known as the Sign of the Orz. What started in 1969 as a simple family gathering — with an auction added
to keep everyone entertained between lunch and dinner — quickly grew into an impressive fundraiser for local organizations. Fred Hutch was among the first beneficiaries the family chose to support.

When Jackie died suddenly in 2005, Gary and the family made sure the tradition continued. Today, Gary and Catherine still host the event, bringing together hundreds of family members and friends and raising tens of thousands of dollars for Fred Hutch research each year.

Those original ties have since multiplied thanks to Gary and Catherine’s thoughtful engagement with Fred Hutch. As charter members of the President’s Circle, for example, they have found many opportunities to interact with others who share their passion for lifesaving research.

“There’s a symbiotic relationship between the scientists and the donors. We’ve connected with a number of scientists and are following their stories and successes. That, for me, has forged a lifelong relationship with the Hutch.” – Catherine Bylund

one day be survivable with the help of Mark’s approach, Gary knows well the potential impact of the work. “It will be one of those game-changing discoveries,” he said.

More recently, Gary met another visionary researcher, and what began as an impromptu discussion sparked a whole new experiment: Fred Hutch’s first crowdfunding campaign. When Gary first talked with Dr. Bonnie McGregor, he was immediately struck by her passion for her latest project, developing and testing a web-based program to support ovarian cancer survivors. But he also recognized Bonnie’s apprehension about obtaining funding for work that was too novel to qualify for a federal grant. They hit upon the idea of crowdfunding — a mechanism that enables networks of individuals to pool donations, usually via the Internet, to support a defined project.

“Sounds like something we should do at the Hutch,” Gary told Bonnie. “It could be a new vehicle for funding start-up thoughts and projects.”

So, with Gary’s encouragement and a generous pledge to help catalyze the effort, they set out to test the idea. Bonnie launched her campaign on Indiegogo.com in May 2013, and in 40 days her crowd, including the Bylunds, raised more than $12,000, surpassing her original goal of $10,000.

Creating opportunities for more people to connect with Fred Hutch — whether through holiday celebrations with family and friends or the power of online networks — seems to be a natural byproduct of the thrill Gary and Catherine get from being so closely intertwined with the research.

“We’re in this fight together,” Catherine said. “I really like that. I can wrap my arms around it and get behind it.”
MESSAGE FROM DOUG WALKER,
BOARD OF TRUSTEES CHAIR, FISCAL YEAR 2013

Without your support, there would be no lifesaving advances

Cancer is a problem we must overcome together. That’s why Fred Hutchinson Cancer Research Center has built a collaborative research environment that enables our scientists to pursue innovative approaches in medical research. This approach has attracted some of the world’s brightest minds to Fred Hutch. These brilliant minds have made huge advances in preventing, detecting and treating cancer and other diseases.

We need people like you who share our extraordinary vision of eliminating cancer and other life-threatening diseases. Medical research can only go so far without clinical trial participants, volunteers and benefactors whose contributions empower our scientists to push the boundaries of research and save more lives.

Without your support, there would be no lifesaving advances. Fred Hutch is poised to make great advances in research fields such as immunotherapy, HIV, muscular dystrophy and several kinds of cancers. Your support not only allows us to conduct entrepreneurial science that no health agency or drug company would fund, but also helps our discoveries realize their lifesaving potential. This is our fight to win. With your help, we can end cancer together.
Fred Hutchinson Cancer Research Center relies on private contributions to accelerate scientific advances. This crucial support aids in the pursuit of novel ideas, sustains promising research and enables scientists to explore new directions as they emerge; all paramount in the fight against cancer and related diseases. We are grateful to each of the 19,755 benefactors who provided $24.1 million in contributions and in-kind gifts between July 1, 2012 and June 30, 2013. Each of the individuals, corporations, foundations and organizations listed below contributed $1,000 or more within the 2013 fiscal year. We are grateful for the generous investment from all of our supporters in our relentless pursuit to improve the prevention, detection and treatment of cancer and related diseases.

**ENDING CANCER TOGETHER**

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FRED HUTCHINSON CANCER RESEARCH CENTER
FISCAL YEAR 2013

(IN THOUSANDS OF DOLLARS)

OPERATING REVENUES
FISCAL YEAR 2013

- Research Grants and Contracts: $329,211 (80%)
- Other Income: 50,204 (12%)
- Net Contributions: 19,182 (5%)
- Investment Income: 12,261 (3%)

OPERATING EXPENSES
FISCAL YEAR 2013

- Program Services – Research: $331,834 (78%)
- Facilities and Administration: 87,049 (20%)
- Fundraising: 9,256 (2%)

SOURCES OF CONTRIBUTIONS
FISCAL YEAR 2013

- Major Gifts: 25%
- Corporate and Foundation Relations: 22%
- Annual Giving: 18%
- Gifts of $10K - $49K: 13%
- Planned Giving: 13%
- Events: 9%

Fiscal year 2013 numbers are unaudited