



CANCER INFORMATION & COUNSELING LINE (CICL)
1.800.525.3777

The Cancer Information and Counseling Line (CICL) was established in 1981 by AMC Cancer Research Center to provide toll-free telephone counseling to all who are affected by cancer.

The CICL provides:

- Confidential emotional support from professional counselors
- Local and national resource referrals
- Concise, up-to-date and easy to understand medical information

Who can call the CICL?

- Recently diagnosed cancer patients
- Cancer patients who are in or who have finished treatment
- Family members and friends
- Members of the public

Benefits

- Our service is unique. During a short term session via the telephone, the CICL counselors take time to talk with you about your cancer concerns. All calls are confidential.
- Hearing the words "you have cancer" can be very frightening, often followed by feelings of shock, numbness and disbelief. The medical terms can be confusing. It is often felt by cancer patients that they aren't being heard or understood. Our counselors provide well-informed and caring support. They provide simple and clear answers to medical questions. With our counselors, you can address your issues and figure out ways to communicate with others about your diagnosis.
- After your treatment is complete, there may be feelings of abandonment, confusion and worry. The CICL counselor can help you acknowledge these feelings and adjust to your life as a survivor.
- Friends and Family members of the cancer patient need help and support in coping with their feelings along with those of their loved one who has been diagnosed with cancer. During a telephone session with our counselors, it is possible to gain an understanding of what the patient is dealing with as well as guidelines on how to deal with your own emotions.
- Our information about cancer is concise and up to date.

Our counselors are available Monday through Friday, 8:30 am to 4:30 p.m. MST.

WHAT CAN YOU DO ABOUT CANCER?

Make Healthy Choices

- Eat a minimum of 5 fruits and vegetables each day
- Exercise regularly
- Avoid tobacco and second-hand smoke
- Avoid the sun between 10am and 3pm
- Use SPF 15+ sunscreen every day of the year
- Use alcohol in moderation
- Get proper rest and relaxation

Have Regular Screenings

Women

- Monthly breast self exams
- Annual pap smears
- Regular mammograms after age 40

Men

- Regular prostate exams

Everyone

- Regular colorectal exams after age 50



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We see a world without cancer

AMC is a proud member of



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CELEBRATE SURVIVAL



We see a world without cancer



Annual Report 2008

MISSION STATEMENT

AMC is a national, not-for-profit research institute dedicated to the prevention and control of cancer and to discovering the causes of cancer, through laboratory, behavioral, clinical and public health research. AMC funds research to develop programs that will help people lower their risk of developing cancer, and help people who have had cancer live longer, healthier lives.



LETTER FROM THE CHAIRMAN
James L. Basey

In my capacity as Chairman of the Board of Trustees of AMC Cancer Research Center, I am privileged to receive a steady flow of exciting and transforming information about the progress in the fight against cancer. The research scientists and clinicians who AMC supports with grants and program funding, report advances in new knowledge and patient care in the diagnosis and treatment of all forms of cancer.

Dramatic evidence that progress is being made on all fronts rests in cancer survival rates; more people than ever before survive cancer. AMC devotes its energy and resources to help patients and families cope with this dreaded disease. Our Cancer Information and Counseling telephone line is but one tool our professional staff deploys to assist cancer patients in managing their illness. As a former bank executive, I can honestly assure those who donate to cancer research that it is an investment that will pay wonderful returns in the future.



MESSAGE FROM THE SCIENTIFIC DIRECTOR
Al Marcus, Ph.D.

As I wrote in this column last year, cancer survivorship is emerging as a high priority for both service programs and research in the United States. Current estimates indicate that the number of cancer survivors nationwide is now approaching 11 million. This phenomenal increase in the number of cancer survivors (up from about 3 million in 1970)

is presenting a huge public health challenge for the nation. How can we provide specialty care for such a large population of cancer survivors post-treatment? As a member of the nationwide LIVESTRONG™ Survivorship Center of Excellence Network (funded by the Lance Armstrong Foundation), AMC and the University of Colorado Cancer Center (UCCC), in collaboration with The Children’s Hospital (Denver), recently launched a new and innovative clinic for adult survivors of childhood cancer. We are also in the planning stages for launching a similar clinic for survivors of adult cancers at UCCC (also in partnership with the Lance Armstrong Foundation). Taken together, these two new cancer survivorship clinics could provide models for disseminating similar clinical programs nationwide. Also noteworthy is that AMC’s Cancer Information and Counseling Line (1-800-525-3777) will be highlighted as a key referral resource for survivors attending these two new clinics, thus making our clinical programs especially unique and distinction nationwide.

Our pioneering efforts in launching these two new clinical programs reflect an increased programmatic emphasis at AMC on cancer survivorship, which once again places AMC at the forefront in cancer control research, augmenting our current nationally recognized expertise in cancer prevention research. Nationwide, we are winning the war against cancer, and AMC will continue to provide leadership across the entire continuum of cancer research, including research that focuses on the prevention of cancer, early diagnosis of cancer, and now cancer survivorship post-treatment.

UPDATES FROM OUR SCIENTISTS



Pepper Schedin, Ph.D.
Scientist

My laboratory is focused on developing breast cancer chemopreventive strategies that are targeted to specific windows of breast development. Breast tissue is unique in that it undergoes dramatic changes in form and function depending on reproductive state; that is, adolescent mammary gland development, menstrual cycling, pregnancy, lactation, and weaning-induced involution. Each of these reproductive states has unique biology that contributes to increased risk for developing breast cancer. By developing interventions specific to each reproductive state, we can target each population to reduce their breast cancer risk. So, rather than a “one-size fits all” approach, interventions will be tailored to a woman’s age and reproductive state. As a result, the duration of treatment will be defined and of relatively short duration. In addition, limited treatment exposure is anticipated to reduce treatment side effects. As such, these strategies are anticipated to be well received by physicians and high-risk patients alike. Major areas of investigation include adolescent breast development, mammary epithelial cell interactions with their environment, tissue remodeling, mammary carcinogenesis, and chemoprevention using rodent and 3-dimensional culture models and human tissue.



Andrew Thorburn, Ph.D.
Scientist

My laboratory studies cell death and the interaction between two processes called apoptosis and autophagy that are important in cancer development and progression and the response to therapy. Apoptosis is a process whereby cells activate a suicide program by switching on enzymes that chop up particular proteins to cause the orderly demise of the cell. Autophagy is a process whereby cells consume parts of themselves to recycle the building blocks that make up cellular proteins and other components. Both processes go awry in tumors and also determine the response to therapy. Projects in our laboratory examine how anti-cancer drugs activate the apoptosis response with a particular focus on studying new therapeutics that target proteins that reside on the surface of tumor cells called TRAIL receptors and a class of drugs called targeted toxins, which are artificial proteins consisting of a targeting region that seeks out tumor cells fused to a bacterial toxin (part of the diphtheria toxin protein) that then kills the cancer cell. We collaborate with medical oncologists and scientists to study how apoptosis and autophagy are activated by these drugs and to determine how best to use them to treat a variety of different tumor types.

AMC FINANCIAL REPORT
FISCAL YEAR ENDING 6/30/08

	Unrestricted	Temporarily Restricted	Permanently Restricted	2008 Totals
REVENUES				
Contributions	1,709,059	626,001		2,335,060
In Kind Contributions	44,101			44,101
Special Events	75,375	1,023,570		1,098,945
- Less: Direct Benefit Costs	(40,871)	(67,829)		(108,700)
- Net Revenue from Special Events	34,504	955,741	0	990,245
Program Grants	4,742			4,742
Change in Valuation of Trusts	-	(45,456)	(228,620)	(274,076)
Interest	27,462	41,353		68,815
Other	-	-	-	0
Total Revenue, Gains & Other Support	1,819,868	1,577,639	(228,620)	3,168,887
Net Assets Released from Restrictions	5,131,654	(5,131,654)	-	0
Total Revenue, Gains & Other Support & Net Assets Released from Restrictions	6,951,522	(3,554,015)	(228,620)	3,168,887
EXPENSES				
Contributions to UCCC	3,845,783			3,845,783
Research	480,050			480,050
Fundraising	316,432			316,432
Administrative and General	714,422	-	-	714,422
Total Expenses before Provision for	5,356,687	0	0	5,356,687
- Pledges Receivable				
Provision for Pledges Receivable	-	-	-	0
TOTAL EXPENSES	5,356,687	0	0	5,356,687
Total Change in Net Assets before Gain on Sale of Assets & Forgiveness of Debt	1,594,835	(3,554,015)	(228,620)	(2,187,800)
Gain on Sale of Assets	1,743,410	-	-	1,743,410
Changes in Net Assets	3,338,245	(3,554,015)	(228,620)	(444,390)
Net Assets, Beginning of Year	(827,322)	4,555,201	2,947,223	6,675,102
Net Assets, End of Year	2,510,923	1,001,186	2,718,603	6,230,712